DARE I say, the equine sector of the veterinary profession is in rude health. In economic terms, it continues to grow at a rate of somewhere between 5 and 10 per cent per year, with only a brief shrinkage/flatlining during the recent recession. Individual vets, practices and hospitals continue to exploit new niches, deploy advanced imaging equipment and develop new techniques. Challenges remain, but perhaps these are what make the sector exciting.

Facts and figures
Of the 19,000 practising vets in the UK, some 10 per cent are equine vets. There are some 500 equine practices in the UK, including mixed practices with equine departments. Between them, these practices turn over around £300 million per year (10 per cent of the total veterinary services turnover of £3 billion). There are approximately one million horses, ponies and donkeys in the UK, but because some 25 per cent of these are not seen by a vet in one year, the average annual spend on veterinary fees and drugs is greater than £300 per horse.

The equine industry has an economic impact of £7 billion, not far behind that of agriculture at £9 billion, and it employs around 250,000 people. About half of this employment is in horseracing (excluding betting), the remainder being in the hobby and sports horse sector (British Horse Industry Confederation 2006, RCVS 2013, IBISWorld 2015).

Brief history
The UK veterinary profession was founded by a racehorse. Eclipse lived in Epsom and died of colic in 1789 aged 24, and his skeleton is displayed at the Royal Veterinary College (RVC). A vet was brought in from France, where the profession was already established with the opening of Lyon Veterinary College in 1762, to perform a postmortem examination, and this directly led to the establishment of the Veterinary College of London in Camden in 1791 (now the RVC). Vets usurped farriers as the guardians of the war horse during the Napoleonic wars and, despite owner attrition, the mutual respect of these two professions remains.

After the mechanisation of agriculture and transport in the first half of the 20th century, thoroughbred racing vets came to dominate the small equine sector, with one or two vets in traditional mixed practices serving the provinces outside Newmarket, where the single large equine-only practice existed. The disparate nature of the equine sector and the isolation of the individual practitioners led to the founding of the British Equine Veterinary Association (BEVA) in 1961 with Colonel John Hickman as the unanimous founding president of 157 members. Deidre Carson of Rossdales, Newmarket, was the 50th president in 2011 and by that time BEVA had grown to 2400 members. On its formation, BEVA was close to being called the European Equine Veterinary Association – how visionary those founding vets were!

Until the 1970s, the large equine partnership in Newmarket, Greenwood Ellis, which recently became the Newmarket Equine Hospital, was, essentially, unique. In the 1970s, Peter Rossdale formed a breakaway practice – a classic example of the veterinary profession’s painful but standard business model! Smaller practices supported the racing industry in Berkshire, Gloucestershire, Yorkshire and Sussex.

The rest of the equine veterinary sector was diverse and ill-defined. Mixed practitioners and equine general practitioners cared for hunters, pony club ponies, riding club horses, riding schools, trekking centres, hacks and the occasional competition horse. However, the 1980s saw massive growth in the equine sector. National prosperity and an aspirational society saw the development of equine departments within mixed practices and the establishment of new practices. The 1990s were a decade of consolidation, with increasing specialisation within the sector. The 2000s were a second decade of growth, expansion, building of new hospitals and technological development (Fig 1).

Changes affecting the equine sector
In the second in a series of articles in Veterinary Record discussing the state of different sectors of the veterinary profession in the UK, Ben Mayes gives his perspective on developments affecting the equine veterinary sector and the challenges it may face in the future.

Feature

Vet futures

Ben Mayes was president of the British Equine Veterinary Association in 2011/12 and is currently vice-president of the Federation of European Equine Veterinary Associations.

Ben Mayes, MA, VetMB, MRCVS, Mayes & Scime Equine Veterinary Practice, Dawes Farm, Bognor Road, Warnham, Horsham, West Sussex RH12 3SH e-mail: ben.mayes@equinevetpractice.co.uk
Current situation
Now, in 2015, 2000 or so equine vets serve an increasingly diverse market. We find ourselves, almost unintentionally, serving niches. The racing industry remains a significant part of what we do, with approximately 15 per cent of our time devoted to this.

The thoroughbred industry experienced a marked downturn when the recession began to bite, since which time there has been a 25 per cent reduction in foal production in the UK (from over 5500 foals to just over 4000), and recovery is slow, although production in Ireland has stabilised much sooner. The shortfall of UK foals for National Hunt racing is most apparent (Thoroughbred Owner and Breeder 2014).

Meanwhile, the sports horse sector has blossomed. Equine vets are now serving an increasingly diverse and thriving market. The private sector has grown extraordinarily with British Horse Society Riding Club membership and participation in British Equestrian Federation-affiliated dressage, showjumping and eventing. Competition centres have sprung up throughout the UK. Polo clubs have expanded and this is now a thriving student sport. The iconic success of the equestrian events at Greenwich at the London 2012 Olympics has been inspirational in this and has stimulated the sector to lift from the economic downturn.

Some 84 vets – specialists and practitioners – plus nurses, physiotherapists and farriers were Gamesmaker volunteers at Greenwich and it proved an extraordinary bonding experience for the industry.

Business models
Ambulatory practice forms the linchpin of all equine veterinary practices. Nearly all hospital practices need referrals to achieve the case throughput and allow them to support the massive investment in staff, facilities and equipment required. This leads to a delicate relationship between the hospital practice’s field service and neighbouring feeder practices. The small number of equine vets, shared goals and experiences has led to camaraderie and mutual respect, allowing a reasonably successful balance between support and competition (Fig 2).

Many of the larger equine partnerships have become limited liability partnerships (LLPs) in the past decade (consolidation period). Fear of litigation along with advice from accountants seem to have been the primary drivers. However, a surprising number of practices remain under sole

![Gamesmaker volunteers at the equestrian events in Greenwich at the London 2012 Olympics. Eighty-four vets, nurses, physiotherapists and farriers volunteered, and it proved an extraordinary bonding experience for the industry](image)

BEVA
Morale and camaraderie among equine vets remains high, despite the challenges ahead. Most equine vets are members of BEVA and attending congress and courses is an important way of staying in touch. BEVA currently has 2850 members – with 900 members from overseas, 450 student members and 100 nurse members. BEVA’s charitable status cements its priority of education and equine welfare, and it remains dominant in the global journal market with the publications Equine Veterinary Journal and Equine Veterinary Education, as well as the European CPD market with some 53 courses and an annual three-day congress held in September with 1200 delegates. Free mobile apps and webinars for members complement the CPD programme. Practising UK equine vets accept that BEVA represents their interests as best as it can, but developing member and practice support services remains a challenge.
propriety or as partnerships. Limited companies now seem to be the preferred set-up, although good accountancy and legal advice is essential with respect to goodwill valuations, capital gains tax, entrepreneurs’ relief tax, loans, limitations and expectations. The large ‘corporates’ have acquired several mixed practices with an equine component, but only three ‘established’ equine practices are currently owned by corporates.

Veterinary specialist accountants, professional associations (such as the Society of Practising Veterinary Surgeons) and pharmaceutical manufacturers’ financial support services offer benchmarking performance indicators with other equine practices. Accurate benchmarks are hard to establish and the subtle variations in practice set-up, overhead commitments and markets limit their usefulness. Benchmarks may include procedures, percentage drug sales, turnover per vet, salaries, vehicle costs and premises’ overheads (Fig 3).

**Insurance**

There are two distinct categories of equine insurance. All Risks of Mortality Insurance usually relates to bloodstock and their value. Vets’ Fees and Loss of Use Insurance applies to leisure and sports horse owners, and has been a significant contributor to the sector during its specialisation and growth. Some practices may have over 50 per cent of their patients insured. Working within the constraints of insurance claims, with respect to excesses (commonly £150 or a percentage), maximum spend per condition (£5000), a 12-month time-limit from onset, and exclusions of conditions depending on history (eg, prior episodes of lameness or colic), is an increasing challenge in the sector. Owner education and understanding of the limitations of their policy is the primary challenge. Similarly, vets have to understand the policy limitations and strive to understand the clients’ ability and/or intention to pay in view of their case outcome expectations from the outset.

Understanding the principles of equine insurance is key – it was always intended for unforeseen injury or illness and not to investigate suboptimal competition performance.

An informal group involving the main equine insurance providers, occasionally meets with BEVA to discuss these challenges. Communicating the issues and forging mutual respect between equine vets, especially those entering the sector (more recent and overseas graduates), and the insurers remains a challenge for the industry.

**Paraprofessionals**

The ‘back man’ has been part of the horsey psyche for centuries. The 1966 Veterinary Surgeons Act (VSA) exempts ‘physiotherapists’; that is, any physical therapist. Farriers operate under the Farriers’ Registration Act and several prominent equine vets are members of the Worshipful Company of Farriers. The British Association of Equine Dental Technicians (BAEDT) has over 100 members who have passed BAEDT/BEVA exams. Interestingly, a third of these are vets. Non-vet BAEDT members are clear as to the procedures they are ‘allowed’ to carry out – essentially tooth rasping, but allowing the use of mechanised tools – under a BEVA/RCVS agreement. However, an

**RCVS practice standards**

BEVA welcomed the RCVS practice accreditation scheme when it was launched in 2006. In 2014, 105 equine general practices (clinics) and 26 equine hospitals were registered in the scheme. There is no measure of how many of the 1115 core standard practices are equine, but the 2014 figures show good commitment to this voluntary scheme by the sector. However, many ambulatory practices remain outside the scheme and BEVA is uncertain whether the revised, modular and scored system will improve this. Both BEVA and the RCVS must continue to incentivise practices to join the scheme. Above all, it assures the profession, as well as the public, that the many laws and regulations affecting our operations are understood (RCVS Facts 2014).

**Fig 3: An example of equine practice benchmarking performance indicators (in £millions) for the different business models of equine veterinary practice**

Equine veterinary practices usually cooperate with paraprofessionals, such as farriers who operate under the Farriers’ Registration Act, and several prominent equine vets are members of the Worshipful Company of Farriers.
Increasingly, EU vet schools are teaching in English and it is likely that, with high UK student fees and competition for places, UK nationals will train on the continent.

Vets’ demands for an improved work-life balance with more flexible and part-time working, whether they are male or female, will change working practices in the equine sector, and there is some serious catching up to do compared with the rest of the profession in terms of how this is managed. Meanwhile, customer demand for seven-day-a-week routine vet care will apply more and more to the equine sector. In addition, the health and safety requirements for lone workers, veterinary attendance at equestrian events, 24-hour cover and the Working Time Directive (foalings and colic surgery only happen at night) make equine practice management, and ownership, more and more of a challenge. As a consequence, the financial and lifetime commitment of practice ownership – and traditional succession – is becoming less attractive. Experienced, skilled vets expect a decent salary for their expertise – a promise of the never-never of practice partnership is no longer an incentive, and so the equine vets’ jobs market is becoming increasingly fluid.

The equine sector is going to change, quite radically, in the next decade of growth and consolidation. We have already started. Mergers, corporate acquisition and small ‘pop-ups’ are here.

Equine veterinary practices usually cooperate with paraprofessionals, albeit often begrudgingly, to, for example, appease clients and/or to sedate the horse. However, some have embraced the situation by training and employing physiotherapists and equine dental technicians as part of the practice team.

**Challenges for the future**

The challenges currently facing the equine sector are similar to those applying to the profession as a whole (Fig 4). In 2014, the RCVS registered 1639 new vets – 844 from outside the UK (RCVS Facts 2014). Overproduction of veterinary graduates in the EU as a whole is more of a challenge than the opening of new UK vet schools.

*Fig 4: Challenges facing the equine veterinary sector*

‘equine dentists’ VSA Exemption Order remains elusive in the current political climate.

One of the six core BEVA committees, chaired by the junior vice-president and BAEDT member Vicki Nicholls, is dedicated to the relationship between equine vets and paraprofessionals, and all-in-all this ‘reach-out’ project has been a great success. BEVA currently recognises four musculoskeletal organisations on its website – animal chartered physiotherapists (ACPT), osteopaths (SOAP), and two McTimoney chiropractic organisations. Members have to be qualified in their discipline and have had training specific to horses. BEVA is helping these organisations to establish an Animal Health Professionals’ Council.

Equine veterinary practices usually cooperate with paraprofessionals, albeit often begrudgingly, to, for example, appease clients and/or to sedate the horse. However, some have embraced the situation by training and employing physiotherapists and equine dental technicians as part of the practice team.

**Challenge:**

The equine sector are similar to those applying to the profession as a whole (Fig 4). In 2014, the RCVS registered 1639 new vets – 844 from outside the UK (RCVS Facts 2014). Overproduction of veterinary graduates in the EU as a whole is more of a challenge than the opening of new UK vet schools.
Changes affecting the equine sector

Ben Mayes

Veterinary Record 2015 176: 457-460
doi: 10.1136/vr.h2069

Updated information and services can be found at:
http://veterinaryrecord.bmj.com/content/176/18/457

Email alerting service

These include:
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/