The New Paradigms Needed in Equine Practice

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With fewer new graduates choosing a career in equine medicine (less than 2% for the last decade) and significant numbers of equine veterinarians transitioning to other sectors or retiring each year, many practices are struggling to fill openings for associates. New paradigms of equine practice are needed to change these trends. Finding our way forward as an industry will require innovative ideas, flexibility, family-friendly cultures, shorter work weeks, better boundaries, capturing all revenue, improved efficiency, and higher fees. In addition, improved internships, collaborative emergency services, better support and mentoring for new graduates, client education, and competitive salaries will be needed. Fostering connection, minimizing injury, and modifying restrictive covenants are also important. Together, we can build a better, more satisfying life for equine practitioners. Author’s address: PO Box 192, Virginia City, MT 59755; e-mail: amyvmdmba@gmail.com. © 2021 AAEP.

1. Introduction

Equine practices are widely varied in size and scope. According to AVMA statistics, equine veterinarians are a small fraction (5.6%) of the total number of private practice veterinarians, representing 4,151 of 74,554.1 Females have become the majority, comprising 55.5% of equine veterinarians. Veterinary students are now 85% female as an average. In the membership of the AAEP, 44% are over the age of 50 years, of which 17.4% are 51–60 years, and 26.6% are greater than 60 years of age.2 The AVMA estimates that there will be about 60 equine DVM retirements per year, growing 3% per year. According to the 2016 AVMA AAEP Economic Impact Study, 52.8% of equine practices have two or fewer full-time equivalent veterinarians, whereas just 20.6% have six or more.2 With these demographic changes come challenges. One of the most stressful and alienating aspects of equine practice is the need to provide emergency care 24/7/365. The 2012 AAEP Owner Trainer Survey showed that one of clients’ top priorities in choosing a veterinarian is the availability of on-farm emergency care.3 This need contributes to high attrition in the field, perhaps because new female entrants often have more family responsibilities leading to more difficulty in providing after hours care. In the last 20 years, about 50% of new graduates that were AAEP members have let their membership lapse within five years of graduation. The number of new graduates entering equine practice has also been decreasing. From a high of 5.7% in 2003, this number fell to 1.0% in 2019 before rising to 1.4% in 2020.4 There is currently a shortage of veterinarians to fill available jobs in all sectors. Sixty-six percent of job postings have 0 applicants, according to AVMA figures.5 The companion animal job to applicant ratio is 0.0–0.5 for more than 50% of states. Salaries, work hours, and emergency service requirements are more attractive to many young graduates in the companion animal sector than the equine sector. Both

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unemployment (0.8%) and underemployment are currently very low for veterinarians. Veterinary employment is projected to grow 19% percent from 2016 to 2026, much faster than the average for other occupations. Geographic maldistribution is likely to remain a problem in the profession, which could leave some areas underserved. As the U.S. population increases, pet ownership % forecast to remain stable, so demand for veterinarians will continue to increase. However, pet horse population numbers have fallen 61% in the last 5 years, according to the 2017–2018 AVMA Pet Owner Demographic Survey. These statistics illustrate some of the factors in the recent difficulties in attracting and retaining equine veterinarians in equine practice. A recent study indicated that equine veterinarians leave equine practice primarily due to lifestyle and number of work hours required, emergency on-call duty, and mental health and stress. New paradigms are necessary to mitigate these factors.

2. Discussion

Innovative thinking is necessary to relieve the pain points that equine veterinarians experience. Embracing necessary change requires flexibility and the willingness to try things that may be outside of one’s comfort zone.

Family-Friendly Culture

When young women attend college followed by veterinary school in the usual temporal fashion, they graduate with their DVM/VMD at the age of 28. Biological imperatives imply that starting a family (if this is what they desire) will be most successful if undertaken within the next several years. Within human medicine, a geriatric pregnancy is one that occurs any-time a woman is over the age of 35. Unfortunately, this timing coincides with the important first years of a new graduate’s career. Owners of equine practices often must invest profit for a year or so to augment a new hire’s salary until they grow their gross revenue production sufficiently to support their compensation. If a new hire fails to build a client base quickly enough, profitability of the practice suffers. Practicing while pregnant can be dangerous, and women may wish to avoid some of their usual duties. Disability of pregnancy and delivery must be treated like any other disability and, when uncomplicated, lasts 6–8 weeks. Some women desire to take additional maternity leave or prefer to return to work on a reduced schedule initially. All of these factors can create short-term challenges at a practice, but good communication, flexibility, and genuine caring can increase loyalty and job satisfaction. Thinking through and having a collaborative plan in place in advance for maternity leaves is smart business. The alternative is often losing talented associates permanently. Veterinarians with young families generally cannot work long hours each day, 6–7 days per week, as has traditionally been the norm in equine practice. Having a “hard stop” to the day is often necessary to allow children to be picked up at daycare or from after school activities. Household necessities such as grocery shopping and doctors’ appointments must be attended to. Many female veterinarians are married, with spouses that are employed full time and often not available for these responsibilities. Many of these young families do not have relatives living nearby to provide help for these needs. Practices that offer shortened work-days and work weeks will attract and retain associates more successfully. A 4-day work week with no routine appointments scheduled to begin past 3 or 4 p.m. can help provide the time that current associates need. To cover the needs of the practice, more veterinarians may be required, efficiency must be improved, or other steps must be taken.

Boundaries

The Gallup’s State of the American Workplace poll in 2017 revealed that 53% of employees say that a greater work-life balance is “very important” to them. Workplace boundaries can help veterinarians achieve and safeguard work-life balance and physical as well as mental health. These limits may have to do with how much or what kind of work a veterinarian is willing or not willing to take on (e.g., Will that doctor collect stallions or obtain spinal fluid in the field?) or what kinds of relationships they are willing or not willing to establish with colleagues and clients from work. Creating boundaries in practice can be tricky because there is the real worry of being fired by clients or receiving negative feedback from colleagues or an employer. Yet with clear communication, practice, and preparation, it can be done successfully. It is generally easier to set boundaries when first starting a job or a practice. “Start as you intend to continue” is good advice. It is much harder to change in midstream. When a person believes in the validity of their own personal boundaries, others typically will, too. The adage “you teach what you tolerate” is a true statement. There are three major types of work boundaries:

- **Physical boundaries** refer to the rules that define personal space and touch (e.g., hugs vs. handshakes) in the workplace.
- **Emotional boundaries** may cause a doctor to decline certain tasks at work (e.g., euthanizing a young healthy horse), and this type of barrier will not allow others’ attitudes to have influence, because it is seated in personal values.
- **Mental boundaries** refer to thoughts on matters in the workplace. For example, an opinion on the ethics of certain behaviors at work will not be swayed by someone else’s ideas of how things should go.

When considering and defining boundaries for an equine practice, it is important to consider the
number of hours each veterinarian should plan to work; under what circumstances and conditions they will need to work after-hours; how they will be referred to by clients and staff, and to which clients, if any, they will give their cell phone number. Setting boundaries for the practice will protect team members from burning out and/or finding themselves in uncomfortable situations that could have been otherwise avoidable. Setting boundaries is important because without them practice members will likely start to feel undervalued, underappreciated, disrespected, or worse. Examples of workplace boundaries could include the following:

- Expecting to be called Doctor Last Name by colleagues, clients, and staff;
- Saying no to scheduling routine appointments on the weekends;
- Decreasing availability by teaching clients not to expect team members to continue to check emails, texts, and answer nonemergency communication after work hours;
- Not answering nonemergency emails, calls, and texts after hours;
- Saying no to opportunities that, although enticing monetarily, or because they would enhance status, do not suit lifestyle needs;
- Utilizing paid time off when sick, needing a mental health day, having a funeral to attend, or wanting to take a vacation or go to a horse show;
- Turning down tasks that are not within the practice’s current professional capabilities; and
- Staying professional with colleagues, even if some of them are unlikable.

Dr. Erin Denney-Jones, AAEP Board member and solo practitioner in Florida, stated, “Better boundaries are needed to decrease burnout. When clients encourage veterinarians to become a ‘member of the family’, this makes boundaries much more difficult. ‘Family’ tend to expect discounts, which can lead to disappointment and feelings of betrayal when these clients move on to a new veterinarian.” In addition, moving away from being addressed as “Doctor” leads to disrespect, and always being available and giving full access to clients downplays the respected role of a veterinarian. Dr. Denney-Jones added, “Does your physician give you their personal cell phone number? Do you call them with routine questions on Sunday evening?” To improve boundaries, Dr. Denney-Jones carries two cell phones, one personal, and one professional.

Capturing Revenue

Not capturing all the revenue for the work done can have a marked effect on practice financial health. Failing to account for all services and dispensed supplies on invoices is common. Discounting is widespread. When all the revenue earned is not invoiced and received to offset expenses, the funds needed to pay competitive salaries may simply not be there. All discounting is not bad, but much of it is. Planned discounting that incentivizes behaviors that flatten out the seasonality of equine practice is much different from reactionary discounting. When bills are reduced for clients who complain or harangue or threaten, morale falls. The “good” clients that are grateful for the service pay full price without discussion. The unfairness of rewarding bad behavior affects everyone working in the practice. Special deals are also sometimes made with clients who are friends, or who insinuate that their veterinarian is “like family.” Disharmony can result among partners when profit leaks away from this type of behavior. Clients begin to perceive that fees are negotiable. When an associate charges the “list” price, and the practice owner gives a discount, the negative possibilities multiply. Discounts bleed away profit, leaving less money for compensation. Forming clear practice financial policies and then abiding by them has the power to increase clients’ and associates’ respect for the profession and the practice.

Efficiency

Equine ambulatory practice generally involves many hours driving from client to client, or farm to farm. This is not billable time, and as service providers, veterinarians have only their time to sell. Utilization of an assistant can make these hours more efficient. If the employee is the driver, the veterinarian can be preparing laboratory submission forms, finalizing invoices, looking up history for the next call, scheduling appointments, or making callbacks. If the doctor prefers to drive, a well-trained assistant can accomplish most of these tasks. For those doctors that are solo in the truck, driving time can pivot to personal time by visiting on the phone with friends or family, or listening to a favorite podcast. When driving time is productive, the workday shortens because there is less to do at the end of the day. Scheduling calls in geographically segmented areas on an unvarying routine basis (e.g., north on Tuesday, south on Thursday) allows less driving time, and sets expectations for clients as to when you will be in their region. For this to work best, Dr. Jim Zeliff, AAEP Board member and managing partner of Allegheny Equine, suggests having a “float doctor” to do daytime emergencies each weekday in a multi-doctor practice. By helping to keep the other doctors on schedule, they can finish at the time they anticipated. When doctors stop operating as silos, share the work, and limit the length of days by not scheduling any routine calls after 3 or 4 p.m., scheduled workdays can have a “hard stop” when the doctor is not on emergency duty. This allows veterinarians with young children to pick them up at daycare or from school at a predetermined time and creates space for life outside of practice. In some areas of the country, trailer ownership is common, and haul-in
facilities are the rule rather than the exception. This can markedly increase efficiency and productivity, but the facility must be utilized regularly to offset the additional costs involved in maintaining a physical building. In areas where ambulatory service at the farm is the cultural expectation, re-training of clients to a haul-in model should focus on the benefits that out-patient appointments at a central location will bring to them. This may involve less cost for haul-in appointments than for farm visits (by raising farm trip fees), access to more specialized equipment, more comfortable temperature-controlled surroundings, and other advantages. Providing emergency service limited to haul-in can be less onerous for equine veterinarians, as they can work in a well-lit, heated space with their supplies and equipment close at hand, and no driving time. Dr. Erica Lacher, a practice owner from Gainesville, Florida, has recently taken a different approach to emergency service by offering coverage to other veterinarians in the area. In order to increase efficiency, the practice is moving to a model where horses come to the veterinarian rather than the veterinarian to the horses. This model requires training clients to purchase a trailer or develop a transportation plan before an emergency occurs.

Fee Increases

Salaries in the equine veterinary field are substantially less than in the companion animal sector. Part of the reason for this difference is the inherent efficiency of having small animal patients booked in a central facility every 15–20 min and use of veterinary technicians for many tasks. To have compensation increase for equine practitioners, gross revenue production must increase. This could occur through working more hours, performing services with higher yields, or charging more robust fees. As equine veterinarians that are leaving equine practice cite long work hours as a primary factor, working more hours is not a solution. Concentrating services in an area of high value can result in higher wages, but these opportunities are not available to all equine doctors. General practice is still the most prevalent practice type, and most horses primarily need wellness and low-level acute care, rather than high-level diagnostics or surgery. As a consequence, higher salaries will need to come at least in part from fee increases. As equine veterinarians become more scarce (decreased supply) and the number of horses remains stable (stable demand), this will put increased upward pressure on prices. To have service, horse owners will have to pay higher fees. When one considers the cost of having an appliance repair person come to the house to repair a stove, suddenly the prices of the professionally educated doctor do not seem so high. Dr. Zeliff of Allegheny Equine remarked, “Most equines are no longer herd animals—they are pets, not livestock, so every horse should get a physical exam with vaccines. Fees need to increase. Equine veterinarians should be able to earn gross revenue sufficient to support a $100,000 salary in a 4-day work week. This will require educating clients, collecting fees at the time of service, and minimizing accounts receivable.”

Internships

As the numbers of veterinary students with an equine interest have diminished, opportunities for learning basic skills have also been depleted. With an increase in private referral hospitals across the United States, many universities now see mostly complicated cases that are not representative of general practice. Students must work hard to find circumstances where they can develop the basic skills that are essential for an entry-level equine veterinarian. Many employers do not have the time or temperament to mentor a new graduate this intensely. In addition, clients’ expectations have become increasingly sophisticated. Well-constructed internships may offer the best way for new graduates to acquire the skills they need for a successful career in equine practice. Unfortunately, some practices that offer internships have a business model that utilizes interns as low-paid technicians and provides little formal skill acquisition and mentoring in return. For internships to be the bridge to a great career in equine practice, there must be a mutually beneficial exchange where the practice takes pride in the mentoring relationship and the intern emerges with the skillset and confidence of a much more experienced practitioner. Systems must emerge that rank internships by their success in keeping equine interns in equine practice. Students must begin to seek internships in practices that will best position them for the career they want, not choose simply on the basis of name recognition or size. Seeking externships at smaller practices with internship programs may reveal better learning opportunities for general practice skills. Practices should consider offering weekly case rounds, journal club, and radiology rounds for all doctors to attend. Mentoring interns is a two-way interaction, as the newest technicians and medication uses at universities can be learned from new graduates. The objective must be a mutually beneficial arrangement, where interns receive as much in mentoring, skill acquisition, and experience as they give in time, money (in the form of reduced salary) and effort.

Emergency Service

Another primary reason for the exodus of equine veterinarians from the field is the burden of emergency duty. Being on call to attend emergencies can be stressful and exhausting, especially for small or solo practices. With more than half of equine practices having two doctors or less, it is not uncommon for equine veterinarians to be on call 50–100% of the time. After the arrival of children, this increasingly can become untenable for female veterinarians. Among larger ambulatory
practices that do not share emergency duty with other practices, the increased radii of service and high numbers of clients often lead to very busy on-call shifts, even when those shifts are reduced in number. Another not uncommon situation in larger practices is the inequitable sharing of emergency duty, with owners opting out entirely, or doing minimal shifts. Other negatives associated with emergency duty include not receiving additional compensation for emergencies, not having control over last-minute coverage changes, and being scheduled for excessive shifts compared to veterinarians with more seniority. Emergency cooperatives are increasingly filling the need for minimal scheduled days of emergency coverage, with small practices in a region banding together to share the responsibility of urgent care. Veterinarians of more recent generations seem to find the collaboration, cooperation, and comradery a positive addition to their lives, with minimal competitive drives. Doctors in these cooperatives have covered periods of maternity leave for each other, as well as stepped up when a colleague is ill or injured. Those that meet regularly also provide a tribe that can add a sense of belonging. Changes that can help mitigate the negatives of emergency duty include paying 100% of any collected emergency fee to the attending doctor, creating an equitable schedule on a quarterly, half-year, or annual basis that rotates in a regular pattern, rotating holidays equitably, and joining an emergency cooperative if one exists in your region. Charging robust emergency fees, refusing emergency service to nonclients, and giving a compensatory day off in the week following a weekend on emergency call are additional ways to sweeten the taste of emergency service. Dr. Michelle Egli of Delmarva Equine in Dover, Delaware, heads a corporately owned practice of four equine veterinarians, working a rotating four-day week out of three trucks. The rotating on-call schedule is shared with two local solo practitioners, with a total of five doctors in the rotation. Each veterinarian has a rotating weekday (Monday–Friday) on call each week, and works on call one weekend (Saturday and Sunday) in five. “When you’re off, you’re off”, said Dr. Egli. The practice cell phone is left at the practice on days off. The clients are bonded to the practice, not to a particular veterinarian, although each veterinarian sees certain clients routinely. The practice does a lot of reproductive work, and this too is shared among whichever veterinarians are working that day. These changes to traditional equine work life can allow associates to be much happier in their work.

Mentoring and Support to Reduce Burnout
In many long-established equine practices, the unwritten rule is to work as much as possible, always seeking to grow the practice by saying “yes” to all client requests as the default expectation. If an associate pushes back against this culture, they are sometimes told without words that “you don’t deserve to be here.” Young veterinarians can burn out from never saying “no.” The culture at some practices to never say “no” is most often intended to increase revenue and business growth. Young equine veterinarians are generally full of grit and determination, and they usually look up to the senior doctors as icons and seek their approval. Because of their work ethic, they will usually soldier on until one day they may simply find they are exhausted, depressed, and have nothing left to give. Although sometimes the advice given for overcoming burnout is to become more involved in outside activities, or giving back by volunteering, this really means doing even more! “Just do more” may not be the answer. With the gender shift in the profession, the majority of equine veterinarians are women. The responsibilities of family, children, and household often are theirs, layered on top of their career responsibilities. Keeping these talented doctors in equine practice often requires them saying “no” more often and doing less rather than more. Moving to a 4-day work week with shared emergency duty is a first step in reducing the stress that leads to burnout. Having the practice leaders (those senior doctors that the younger doctors respect and seek to please) model the way is important in building real change in the practice culture. Showing support for associates’ needs can help keep them in the profession. Humans are hard-wired to “belong,” and when veterinarians’ needs conflict with belonging to the traditional equine veterinary culture, they suffer. Culture change is imperative.

Re-Educate Clients
Increasing horse owner regard for the value of equine veterinarians is needed. The use of first names, the liberal sharing of personal cell numbers, and the 24/7/365 availability without boundaries has eroded some clients’ respect for equine veterinarians. Lay practitioners are frequently consulted by many owners, despite a lack of credentials. Veterinarians often inhabit a culture of scarcity, anxious that if they charge appropriate prices or erect professional boundaries their clients will abandon them. As one veterinarian stated,

We need to create a culture where equine veterinarians are respected. Bills need to be collected, on time and in full. Clients need to set up appointments to have medical questions answered. Veterinarians need to stop allowing clients to dictate their medicine. And they need to deal with their fear of losing clients. A bad client that doesn’t pay you is worse than not servicing that client at all. There are clinics out there that have a statement written in contracts that allows them not to pay the associate if money has not been collected from the clients. But then they allow clients to avoid payment and don’t allow associates to refuse service or fire those clients. So who gets punished here?

Changing the expectations of clients will require ongoing education. The value of an equine veterinarian has been eroded by many factors. Striving for a
high degree of professionalism, having appropriate boundaries, providing a high value for a fair and robust fee, providing compassionate care and honest communication, and adhering to strong ethical and moral values can elevate our profession to its former position over time.

Compensation
With educational debt at higher levels than ever, the average debt to income ratio (DIR) of equine veterinarians in the last decade is more than twice what is considered reasonable. Equine-oriented students have less debt than other students at the time of graduation, but the substantially lower entry level salaries create this untenable ratio. Although about 70% of new equine veterinarians have educational debt, they persist in following their dream of being equine practitioners despite the challenges. New models of compensation are necessary to keep them in the equine sector. With the passage of the CARES Act in 2020, employers were given the opportunity to pay educational debt of employees as a nontaxable benefit directly to the lender up to the amount of $5,250 through 2024. This is a deductible expense for the practice and is a good additional compensation to consider for every associate with student loans. With equine jobs far exceeding applicants, starting salaries have increased. The total acceptable cost of employing an associate equine veterinarian, including salary, benefits, payroll taxes, licenses, memberships, and continuing education, has risen from 25% to 30% of their gross revenue production. This means that practices are lowering their practice profits by investing in increased salaries to compete for associates. This will likely be followed by fee increases over time. However, new models are essential in navigating this challenge. One innovative model takes the approach that it is a veterinary team that produces results, so the team doctors should share the commission on shared revenue. If a less experienced associate can stay busy with health maintenance, general practice and cover daytime emergencies, allowing a more experienced doctor to concentrate on more lucrative specialty work, perhaps the combined gross revenue is apportioned to the team, rather than the individual. By creating learning opportunities for the newer doctor to acquire more skills with each year that enhance revenue production, the rising tide then raises both boats. This approach can be extended to the entire practice team, with a certain percentage of the practice profit being set aside to share with them. Each employee could have three measurable, attainable annual goals. If, at their annual review, they achieved all three, they would receive 100% of their piece of the profit. If they achieved just two, they would receive 70%. If only one, their reward would be 30% of their possible total share. When the practice owner shares ideas of where profit leaks from the practice (missed charges, discounts, improperly priced invoices, etc.), employees typically apply diligence to corrections. The financial results of these efforts may more than compensate for the profit sharing. Another action to take in increasing compensation for younger equine veterinarians is in facilitating practice ownership. Increasing numbers of young equine practitioners are leaving associate positions to open their own practices. This often increases their income substantially. With increased choice and control, the ability to set boundaries according to their own values and needs, and experiencing collaborative emergency coverage, many young veterinarians find this path to be much more rewarding than being an employee. If established practices wish to keep young doctors, they may need to offer them the opportunity to buy a meaningful share of the practice fairly early in their tenure. A token 5% is unlikely to have the desired effect, as the associate typically understands that the gesture is simply to lock them in place at the practice. Veterinarians interested in practice ownership want decision-making capability, increased income, and the ability to shape the practice in new ways. When ownership is held out as a possibility and then repeatedly postponed, offered as a tiny percentage, or the practice is then sold to a corporate entity, bitterness and departure is often the result.

Connection
With many newer graduates experiencing different pressures than their employers did when they were new to practice, young equine veterinarians often yearn for connection with their peers. Mental health concerns due to feeling overwhelmed by the competing demands of practice and family may exacerbate these stressors. As achievers, veterinarians are often perfectionists, and may find they cannot perform perfectly in all or any of the areas of their life, leading to distress. Mentoring by older, more experienced practitioners can be helpful for career advice, difficult cases, and interpersonal difficulties with coworkers or clients, but networking with others of their cohort has value in helping them feel they are not isolated or alone in their struggles. Mentors are available through the AAEP Outrider Mentoring program, and networking through groups such as Decade One. Extending these types of connection to veterinary students interested in equine practice may help to support their retention.

Physical Demands
Equine practice is physically demanding and dangerous. The British Equine Veterinary Association reported, following their study in 2014, that being a horse vet in the United Kingdom appeared to carry the highest risk of injury of any civilian occupation in the United Kingdom. Some young veterinarians may feel pressure from their employers not to ever refuse to work on a horse, may feel guilty if they feel fear, and may get into dangerous situations as a result. Associates need to
advocate for themselves and make their safety a priority. Because about 40% of equine practitioners are in solo practice, unless they return to work swiftly after injury they risk losing clients and essential income. Returning to work against medical advice is currently the norm among equine practitioners and may be a cultural imperative at some practices. To decrease both acute and chronic injuries, practices should foster safe work practices, utilizing veterinary assistants or technicians whenever possible, using and advocating for adequate sedation and restraint, and not setting a bad example by allowing doctors to continue working with fractured limbs or with a head injury. Personal protective equipment should be available (e.g., helmets and vests in recovery or collecting stallions) and its use encouraged or mandated.

Restrictive Covenants

New graduates entering equine practice are overwhelmingly female. Many are married, and their spouses relocate and take positions where their veterinarian wives are working, or vice versa. With two careers to manage, excessive noncompete clauses in an employment contract can contribute to veterinarians leaving the equine sector in order to avoid the need for relocation. Corporate practices often have the resources to litigate even minimal breaches of restrictive covenants. Litigation is very expensive—even getting a declaratory judgment from a judge to rule if the noncompete as written is valid or not valid can be beyond most young doctors’ means. This can trap an equine veterinarian at a practice where they are unhappy if they want to continue treating horses. Frank Muggia, an attorney specializing in veterinary practices, feels that keeping equine associates productive and happy is more successful in retaining staff than an onerous noncompete clause. Although many states have abolished noncompetes, as a protection that is not typically available in the marketplace, if a practice is in a state allowed to have one, it will be more defensible if it names specific barns or current clients than a mileage radius. Time frames longer than 6 months may be dismissed, as the judge is likely to determine that reestablishing goodwill should take no longer than that. Job seekers should be careful to negotiate restrictive covenants with their future in mind, and not sign those that they could not keep without leaving their chosen career.

3. Conclusion

If our profession is to prosper in the future, we must attract and retain dedicated equine veterinarians. New paradigms must evolve that allow our changing workforce to have the flexibility and support that they need while still keeping practices financially healthy. We must all contribute to bringing about the changes that will keep the equine veterinary industry viable for the future.

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Declaration of Ethics

The Author has adhered to the Principles of Veterinary Medical Ethics of the AVMA.

Conflict of Interest

The Author has no conflicts of interest.

References and Footnotes


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