10 years of Cat Friendly

The primary goal of ISFM and AAFP's Cat Friendly Clinics and Practices (CFCs/CFPs) has always been to reduce the stress experienced by cats and their caregivers when visiting the veterinary clinic, but there is now growing evidence to show there are also wider reaching benefits.

Reducing stress is just the beginning ...

Since the launch of Cat Friendly Clinics/Practices (CFCs/CFPs), most adopters of the programmes have been veterinary professionals who share a similar ethos. They choose to become a CFC/CFP because they are committed to improving the welfare of cats in their care, and engaging in the programme helps them to both achieve and demonstrate this.

The ultimate aim of the CFC/CFP programmes has always been to make visiting the veterinary clinic less stressful for cats, and therefore also easier for their caregivers and the veterinary team. The criteria required for an accredited or designated clinic/practice, along with other cat friendly resources provided by ISFM and AAFP, demonstrate that this can be achieved in a variety of ways, from making adaptions to the physical veterinary environment to changing how the veterinary team interact with and handle cats. At the heart of the recommendations is understanding the individual cat's needs in order to make them more comfortable.

As the programmes have grown and become more mainstream among the veterinary profession, there has been an increasing need for clinics to look beyond the benefits that being a CFC/CFP have for their feline patients and caregivers, and for there to be wider-reaching reasons for a practice to engage with the programmes. This evidence has been developing over the years – both in terms of the business case and the health and safety of the veterinary team – and ISFM and AAFP are actively working with various partners to continue to build on this.

The business case

A retrospective study performed in Spain by Veterinary Management Studies compared 8490 economic transactions from feline patients in 29 accredited CFCs with 123,674 transactions in feline patients from 337 non-accredited clinics across the same time period (2015–2017). Both groups had comparable clinic size and geographic distribution. The study results are reported in the box below.

The health and safety case

Injury to small animal veterinarians is common, with 67% and 48% of Australian veterinarians reporting skin-penetrating bites or scratches from cats and dogs, respectively, over a 12-month period. UK veterinary group, Linnaeus, recently found cat-related injuries accounted for 24% of their injury data, compared with 19% for dogs. However, when assessed as a proportion of footfall, injuries from cats were four times greater than those from dogs. Linnaeus reported that reducing the risk of injury to staff is a key motivating factor for their engagement with the CFC programme.

In another UK veterinary group, CVS, cat-related injuries to staff were analysed to investigate if there was a difference between CFCs (n = 82) and non-CFCs (n = 139) over a 16-month period (2019–2020). CFCs had a significantly lower (P = 0.023) cat-related injury rate compared with the non-CFCs within the group, indicating that cat-friendly handling and interactions with cats have the benefit of reducing injury to the clinical team.

In addition, AAFP, in partnership with the American Veterinary Medical Association Professional Liability Insurance Trust, have demonstrated that the CFP Program reduces the risk of injury to those working in the practice (see pages 676–677).

References


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