Mistakes: ‘focus on preventing recurrence’

DON’T BLAME THE VET when an operation goes wrong or a patient receives the wrong medication: it may be the system at fault rather than the individual.

Speaking at the recent BVA congress on the cause of errors in human and veterinary practice and how they may be prevented, Anne Pullyblank, a consultant surgeon with North Bristol NHS Trust with a particular interest in patient safety issues, said that in terms of risk, “hospital treatment is up there with bungee jumping, which is not something that I would choose to do”.

This issue has been examined more thoroughly in NHS hospitals than in veterinary clinics – and with good reason. About 11% of patients treated in hospital experience some form of adverse event and in about one-third of those cases the consequences can be death or disability, she said.

Indeed, the problem may be worse than the official figures suggest. “We are supposed to report such events but doctors are less likely to do so than nurses, as they forget. It has been estimated that nine out of 10 preventable deaths are not recorded, so we may be seeing the tip of the iceberg,” she said.

One of the main problems is that medical staff tend to “normalise” the harm that they cause to patients. “We used to think that Clostridium difficile infections were just something that happened to very sick people. But if you do all the right things – washing your hands, giving timely and appropriate antibiotics – the incidence of central line infections can be reduced to zero,” she said.

The main cause of medical mishaps is that hospital staff are human and they do make mistakes. Such errors are much more likely when people are put under pressure and this overcomes their capacity to deal with stress.

Modern medicine is an increasingly complex activity and “even women have a limited ability to multitask”, she said. So when concentrating on the main task, it is easy to miss out on other things going on in the operating theatre, sometimes with disastrous results.

As it is impossible to eliminate human error, mistakes are less likely....

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Group makes first acquisitions outside UK

CVS has acquired its first two practices in The Netherlands, following the launch of its online pharmacy business, Anmed Direct, into France last year.

The company says further acquisitions are expected in Europe during 2017, in addition to continued growth in the UK.

The two acquisitions are the Kliniek voor Gezelschaps Dieren, a three-site small animal practice based in the central Netherlands, and a single-site small animal practice, Dierenzienkenhuis Drachten, based in the north of the country.

Both practices cited the business support and staff development opportunities offered by CVS, combined with the clinical freedom and practice autonomy it allows, as key reasons for choosing to join the company.

Commenting, Simon Innes, CEO at CVS, said: “We see many parallels between small animal practice in the Netherlands and the UK and have been talking to practices in the country about the benefits of joining us for some time.” He added that during 2017, CVS will continue to explore opportunities to extend its activities into Europe, particularly in The Netherlands and in Ireland.

Defence Society said the VDS was working on a range of documents for different situations in practice.

Miss Pullyblank acknowledged that checklists will not eliminate all sources of medical error, but they are a vital safeguard and will also improve communication between different members of the team.

Surgical staff have much to learn from those working in the catering trade for companies like Starbucks: “When they ask for your order, they will repeat it back to you to make sure that they have got it right – this is called closed loop communication and it is really important,” she said.

Another important element in ensuring that a surgical team communicates well is to “flatten the hierarchy” and ensure that the junior members can have their say.

She recalled the investigation into an incident at a Welsh hospital in which the patient had the wrong kidney removed.

“There were two people in that room who knew that the surgery was making a mistake: one person said nothing and the other was a medical student whose objections were brushed aside.”

Dr Oxtoby emphasised the need to learn lessons from any adverse events. But when discussing an incident during a morbidity and mortality review it was necessary to focus on the events that led up to the error being made rather than simply discussing what happened and the clinical consequences.

Miss Pullyblank added that examining “near miss events” would be equally informative – this was standard practice in the aviation industry and was now beginning to be part of NHS practices.

NHS staff were often reluctant to acknowledge their mistakes in front of patients, she said, lest that made it more likely that they would sue the hospital trust – but she encouraged colleagues to admit an error. Patients who have suffered harm are not normally vindictive in wanting punishment for the person responsible.

“They want to know that the same thing is not going to happen to someone else. We must also acknowledge that in many situations it is appropriate that patients should receive compensation for lost income when they are unable to work.

Compensation and blame are entirely separate matters.”

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“They want to know that the same thing is not going to happen to someone else. We must also acknowledge that in many situations it is appropriate that patients should receive compensation for lost income when they are unable to work. Compensation and blame are entirely separate matters.”

**Congratulations to Michaela Cragg of Lympstone, Devon, whose name was selected at random from all the entries received to win the iPad Air in the exclusive VP+ app competition run by Veterinary Practice at the London Vet Show. Thanks to everyone who called at the stand and to the many who entered the competition. The answer was “ophthalmology”.”**

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**VetsSouth 2017**

Have you booked yet? Our flagship CPD event for the south of the UK is fast approaching. See pages 11-13 for more reasons than you need to attend this essential two-day event!

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Will the profession continue to maintain the high ground?

I WONDER WHEN THE INIMITABLE Michael Gove coined the catchphrase “People in this country have had enough of experts,” he was fully aware of the import of his sound bite?

It was certainly effective and, as the world continues to struggle to come to terms with the UK’s Brexit decision and the incoming Trump era of life in the US, it seems to me that what has come to be known as the “post truth society” has effects that go far, far beyond politics.

Indeed, people are largely unconcerned by politics unless they think it will directly affect them – the regularly low turnout for the RCVS elections poses a good example – or unless they see politics as a suitable mechanism to achieve social change that they’ve been unable to effect by other means.

Those whom Hillary Clinton somewhat ill-advisedly described as the “deplorables” have found an unstoppable blunt-nosed weapon to carry their message of abject discontent and, whatever our own individual or collective concern – for the future, for our children, for our freedoms, for the planet – we now live in a “post truth society”. One where perceived reality can be, and frequently is, nothing more than another person’s wilfully disguised artefact clad in a party frock of an emotive issue of the moment.

New Scientist recently described this as fiction masquerading as fact and, whether we talk about the Brexit bus and its patent falsehood of £50 million a day to be refunded to the NHS or Trump’s claim that the Mexicans would pay to build the wall – these are simply politicians pandering to our collective need to be swayed by emotion and self-interest.

If this can be pumped up by a well-timed injection of injustice, the more the media will support it and relay it as immutable fact, further fuelling fear and resentment.

Perhaps through some process of incoherent reasoning, I find myself cutting the politicians more slack than the electorate – after all, the politicians’ job is to get elected and to stay there as long as it suits them and the media’s job is to sell newspapers, not to report the news.

What then is our job? Is it to place unswerving trust in those who represent us and those who control the media or to seek discernment and proper, sound evidence to support our points of view? Surely the latter.

Is it then any surprise that America revolted and turned its face against the old ways and towards the messianic promise offered by the new guard? The same arguments will continue to rage throughout Europe and whatever type of Brexit we manage to achieve, without profound change it’s unlikely that the UK will be the only state to leave.

Reason must prevail

What we need, everywhere in our immediate and intricately-interlaced modern world, is for reason to prevail and, for that to happen, we need a world view that is based on real reality. If that sounds like a pleonasm, it’s probably little more than an early product of our “post truth society”.

How can reality be anything but a description of what is real? Until we accepted that a persuasive sound bite is a more powerful, even if grievously untrue, mechanism of getting one’s own way, we used to call this lying and our old order soundly rejected it.

So, what else goes out the window along with truth? The short answer is everything. Our domestic relationships, our love affairs, our business dealings, our unspoken relationships with banks, with HMRC, with those who teach us, diagnose and treat us, even those who might be there at the very end of our lives are all predicated on the truth.

Our society still exists because we all agree to do the correct thing. If half of us decide tomorrow to pretend that we’d like to be French and drive home on the right-hand side of the road, the carnage would be beyond imagination.

This is hardly new; even in recent years we’ve become used to the Wikipedia platform being based on the reader accepting uncontrolled postings as fact, the internet is full of opinion persuasively dressed up as fact, misinformation and a load of stuff that no sane person should have to see but, as grown-ups, we’ve decided that we can hack it and make informed, selective decisions for ourselves.

The problem is that to make an informed decision, one needs information whose provenance we can assess and judge to be reliable. I’m no longer sure where among mainstream media I would find fact and not interpretation and opinion and have quietly given up on all TV news feed for that very reason.

“Bully for you!” might be your response to that but, even if I have a case to make here, the Russian-American novelist and philosopher Ayn Rand rather pitifully pointed out that we can evade reality but we cannot evade the consequences of reality.

It seems to me that, as a profession, we are just as vulnerable to any damage to the public’s perception of trust as any other sector of society.

The veterinary profession will also have to make its way in this greenhouse of a world which seems to celebrate bigotry and division and the only solid ground will, as ever, be the high ground.

If we are to maintain the high ground, maybe we need to reconsider some of the areas where we’ve not always been as transparent as we could have been: the conflict between science and business concerning vaccine intervals is an example which springs to mind alongside our obsession with EBM which sits comfortably alongside our energetic embrace of nutraceuticals.

These are my own bêtes noirs and you will have a number of your own – possibly including the propensity of columnists to round off an article with a homily.

As Tracey Brown recently wrote in The Guardian, “People’s attraction to some of the dodgier claims of the referendum was a signal of many things, but it was not an invitation to people in authority to abandon the principle of truthfulness in public life.”

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Quantifying economic benefits of pet ownership

PETS account for millions of pounds worth of economic activity in the UK and may reduce NHS costs by nearly two-and-a-half billion pounds, according to a report, Companion Animal Economics, published by CABI last month. The report, developed by Daniel Mills, professor of veterinary behavioural medicine at the University of Lincoln, and Dr Sandra McCune of the Waltham Centre for Pet Nutrition, documents the economic impact of pets in the UK – the first such assessment in nearly 40 years.

“Vets are well aware how important companion animals are to their owners, but it is important that they appreciate the positive impact that they can have on the physical, mental and social health of both individuals and society more widely,” says Professor Mills. “This book should help raise awareness of this and their economic importance in times of economic uncertainty.”

When evaluating the contribution of companion animals to the UK economy, both positive and negative aspects were considered. The cost of NHS treatment for bites and strikes from dogs is estimated at £3 million per year. The report also estimates that pet ownership in the UK may reduce use of the health services by up to £2.45 billion per year. This is described as a conservative conclusion drawn through examining healthcare savings through reduced numbers of doctor visits.

For more information about the report, go to: http://www.cabi.org/bookshop/book/9781786391728.

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THE MERCURY COLUMN

in which a guest columnist takes the temperature of the profession – and the world around

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THE MERCURY COLUM...
Super Surgery - taking your business to the next level

Owning a veterinary practice is a big step, but Huw Morgan-Jones explains how he turned his surgery into a Super Surgery.

Many vets and nurses dream of owning their own practice, having clinical freedom as well as offering a range of facilities, having a good work-life balance and being able to manage and develop their own business.

However once vets and nurses achieve their goals, it can be difficult to know which direction to grow the business.

“After seven years we found ourselves running out of space, especially during busy times, which meant we weren’t able to provide the service that we wanted. So we made the decision to expand to a Super Surgery.”

“We looked into different sites or moving into the Pets at Home space, but it was logistically difficult, so the Vets4Pets support office came up with the idea of expanding upwards. Even though we were the first ones to do it, we were really excited.”

“Now the practice has so much space; we have another theatre, six consult rooms, a colleague room and we were able to invest in an ultrasound machine and endoscopy. We now have much more room and can work in the way I always wanted to.”

“After opening the Super Surgery things have changed, now I can step back slightly from doing the vet work on a daily basis. I really enjoy teaching and we’ve hired an intern as well as another vet who is really interested in surgery, so I’m coaching them both.”

“Vets4Pets really helped to support my ambitions for growing the practice. They supported me with marketing and attracting new clients once we expanded, as well as helping with the financial plan and approaching the banks. It’s hard to do it all on your own especially when we were creating the design and layout.”

“The support from Vets4Pets has been incredible. Any concerns I had at the start have been addressed and I would advise anyone to go and speak to a joint venture partner as it’s been a really positive experience for me.”

The Joint Venture Partnership (JVP) model is a framework with owners having complete clinical freedom to continually develop clinical skills. Partners are supported by experienced business professionals under the umbrella of an established brand.

For more information visit: www.myvetpractice.co.uk/be-a-jvp
2017: A YEAR OF UNCERTAINTIES

GARETH CROSS looks forward to the year ahead and some of the expected developments, such as the Brexit fallout and the RCVS’ Alternative Dispute Resolution trials

VETERINARY PRACTICE

AS SEEN BY STEVE LONG

RCVS | Disciplinary Dept.

Mr Cross? We’ve received a complaint from one of your clients that you fell off your chair laughing, and in so doing injured their dog...

VETERINARY BUSINESS is fairly recession-proof, but the wider economic climate will play a role in all our fortunes this year. Brexit and the uncertainties surrounding it will be a big factor, the uncertainties often having a bigger impact on consumer confidence than the actualities, which in any case cannot come into effect for another two years.

Employment rights and law will certainly be affected by Brexit. In 2015 I wrote on various types of veterinary employment and several clear trends were evident (main source being the RCVS survey of the profession).

There are more of us working part-time, especially female vets, but an increasing number of men too. Also, veterinary businesses are becoming more corporate-owned, currently about 20%.

Talking to people involved in finance in the wider health sector and opticians, there has been peaking of this trend in the optician industry with the growth of independent practices just overtaking corporate ones last year. We are often told we are 15 years behind the optician industry in this regard, so there may be a few years to go, but there will be a time when we reach peak corporate ownership as a percentage of businesses. I don’t think it will be 2017 though!

So for the time being we will be a profession of increasing numbers of employees, not small business owners, and increasingly part-time. This puts many vets in quite a susceptible position to the winds of change in employment law.

Erosion of rights and benefits

The march of Brexit will doubtless lead to an erosion of some of the rights and benefits enjoyed by employees currently. Paternity rights may well have peaked. In the wider world there are many workers doing various jobs through apps and for companies such as “Just Eat” and “Uber”.

These companies have so far managed to dodge assuming responsibilities for their workers as they have denied that they are employees. A recent court ruling has stated that Uber drivers are indeed employees and that Uber must ensure their rights as such are upheld and that they are paid the minimum wage.

It will be an interesting year to see how this develops as more and more people work in the gig economy. For those of you who have heard this phrase and are not sure what it means, your tireless correspondent here has done at least 30 seconds’ research and can tell you that: “A gig economy is an environment in which temporary positions are common and organisations contract with independent workers for short-term engagements. The trend toward a gig economy has begun. A study by Intuit predicted that by 2020, 40% of American workers would be independent contractors.”

This may not affect that many veterinary surgeons yet, until sites such as vetsurgeon.org and others develop locum apps that cut out the middle men and women at the agencies, and cut their commissions too.

I am sure this will come, and the Uber ease will be very pertinent. What it will affect much sooner is vets who are employers and may use agency or casual workers.

Bovine TB in the headlines

TB and its decades-long failed struggle to gain control will again be in the headlines in 2017. I was talking to a mixed beef and sheep farmer on the edge of Dartmoor a few weeks ago. He had been clear of TB for years but was the subject of a contiguous test the following week.

He asked my opinion on the badger cull. We both agreed that one risk of this is movement of populations of badgers from around the edge of the cull.

“I like my badgers,” he said, slightly tongue in cheek. “I know they don’t have TB. When do they do the trial cull in your region, who knows what will happen when the badgers all start moving around to fill the areas that suddenly have no badgers in?”

ADR trials

A story I will be keeping an eye on this year is the RCVS’s ADR, or Alternative Dispute Resolution, trials. The most recent trial in progress also follows the opticians’ model.

I would urge you all to keep an eye on this and feed back to the RCVS when asked to, as it is an issue that potentially affects us all.

One of the encouraging comments from the RCVS last year was that they wished to move away from a blame culture and that vets should not be afraid to admit to making, nor be punished for making, a simple mistake.

Human error should not be a potential cause for serious professional misconduct. So a good direction of travel for the RCVS there.

However, I fell off my chair laughing when I read something in their latest missive to the effect that they were surprised to learn that many vets worked in daily fear of the RCVS and it can affect vets’ mental health and the way they practice and prescribe. Well, as they say, No Sh*t Sherlock.

Maybe if a trial they could declare a month where no matter what you did the RCVS would not come after you, ever, for it. I tell you now, RCVS, that you wouldn’t suddenly have a load of vets going nuts; what you would have is a massive drop in the prescription of antidepressives in defensive medicine manner, breeders of extreme breeds would get a few home truths, and we would all get a great month of sleep to catch up on.

Another news story that broke recently but will have massive repercussions for the industry is the ruling from our old friends at the CMA (previously known as the Competition Commission, which forced us all to write free prescriptions for a year); they have stood up to big pharma and fined Pfizer /42.2 million (or to put it another way, five days’ profit) for hiking the price of that radical new drug, phenytoin, 2,600% overnight.

Maybe they could take a look at the people selling Florinef…

Social media

A few years ago I would be reporting on the new phenomenon of social media and its effect on our business, a few years before that the effect of the internet.

As a digression, I jumped into the owner of our local angling shop recently. This is a smart shop in our little seaside town, which a few years ago started a website. He told me that now 80% of his sales come via the internet.

He spends a fortune on Google advertising and tells me the margins are tiny, but it’s been the salvation of his shop, and the death of many others like his who did not embrace online sales.

What I see over the next few years is a levelling off of the effect of the internet on the veterinary sector. We will see a very small number of written prescription requests, partly because we have kept an eye on online prices and price-match if we can.

So what will 2017 ultimately bring for us all? Probably much the same as 2016 or, as my colleagues in Goa used to say, “Same same but different.”
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Come & see us at VetsSouth 2017.
MUCH TO CONSIDER FOR THE YEAR AHEAD

IT IS CUSTOMARY AT THIS TIME to wish everybody a Happy New Year and so I sincerely wish it to all of you.

In world terms 2016 was a year to remember, largely it has to be said (in my view) for all the wrong reasons. I won’t bore with you a list (you can probably guess the big two I’m thinking of), but I would highlight also the huge array of continuing armed conflicts around the world for which there appears little rational hope of resolution, in the near future at any rate.

"But this is a veterinary magazine, I hear you say, what about issues of greater importance to the veterinary profession?" To which I would reply that the profession is not an island and we should be interested in big world events because we are highly educated and should have an opinion on all sorts of things that we can defend.

I take your point, however, so let us have a look at some of the issues that have come to light recently which may or may not impact on the profession in the coming months and years ahead.

First up are the recent recommendations from the Environment, Food and Rural Affairs Committee, EFRACom. Perhaps most controversial is the recommendation that the RSPCA should be stripped of its powers to prosecute animal cruelty and welfare cases in England and Wales, and instead leave the decision as to whether to prosecute to the Crown Prosecution Service (CPS).

I have no great love for the RSPCA, believing them to be a little too overzealous in their approach to what constitutes good or bad welfare. But I also accept that they have more expertise in prosecuting animal welfare cases than all other organisations put together and that includes the CPS.

Putting all the onus on the CPS to make the decision as to when to prosecute would be an unmitigated disaster in my view. I think it likely that most CPS prosecutors would have next to no interest in taking forward any but the most horrendous cases of animal neglect and abuse. They have bigger fish to fry.

I say let the RSPCA continue with their current role and let the court system impose the checks and balances that are necessary to ensure that should they overstep the mark, they are censured appropriately at the time.

Another issue

I take issue with another of the recommendations of EFRACom: the recommendation to ban the third-party sale of dogs such that they are only available to purchase from licensed regulated breeders or approved rehoming organisations.

Now I see the logic behind this and I can sympathise and agree with the sentiment up to a point, but I can’t help thinking this would once again be the “Nanny State” stepping in with a far too heavy-handed approach.

Many years ago when my own kids were little, we bred a litter of pups from one of our own pet dogs. It was such good fun and the kids got so much out of it and all the pups were sold to good homes as far as we could make out.

I assume that if EFRACom’s recommendation came into force then this simple pleasure would be denied us, or at the very least there would be a mountain of paperwork to wade through in order to gain the necessary permissions.

That doesn’t seem very fair to me. Are licensed and regulated breeders always going to behave in a more responsible way than a responsible member of the public?

Enough already

Surely there is enough legislation out there already that could be used to prevent the rogue dog supplier from functioning. After all, the Animal Welfare Act 2006 (and its Scottish equivalent) have fairly broad powers in terms of prosecuting someone for failing to meet an animal’s five needs. If that is not to be enforced, is any other legislation going to make it any better?

All it will do is prevent responsible private citizens from breeding a litter of pups. The irresponsible will carry on with gay abandon and claim ignorance if they are, in the most unlikely event, brought to task. My advice to EFRACom is to think again on this measure too.

There has been a lot of discussion in 2016 (will it be any different in the foreseeable future?) concerning the control of bovine TB and of course the role or otherwise of badgers in its maintenance and spread. The science appears to be quoted by every fanatic on either side of the argument to justify diametrically opposed control strategies.

Because of this I remain sceptical about the current science and models of transmission and whether they are worth the paper/computer chip they are written on. Call me reactionary, but it is usually possible to “prove” the unprovable if one has the zeal of the committed.

My take on bTB is that those responsible for its control could do a lot worse than look back to the sixties, seventies and eighties of the last century and analyse carefully when it all started to go wrong: how it was brought back under control; and when and why it all started to go wrong again.

Once that analysis has been done, I think the answer to its control today (notwithstanding the changes in herd sizes and management that may have taken place in the last 30 years) will be, in common parlance, “bleeding obvious”.

I’m just glad it’s not me who has to make the decisions on this.

Finally, spare a thought for the veterinary insurance companies who during a recent BVA Congress debate claimed that the whole pet insurance market was a mess.

What can now be done in veterinary practice (as opposed perhaps to what should be done) to treat our pets bears no resemblance to the situation of 20 years ago. Likewise the costs. Pet insurance has almost certainly helped fuel this change, but there will come a time when the premiums become so eye-wateringly large that many members of the public will have to re-appraise what they can and can’t afford to provide for Fido.

The insurance companies have asked for greater collaboration between them and the vets providing the treatment, which seems to me like a reasonable and rational request. Failure of the profession to fully engage will almost certainly result in the killing of the goose that lays the golden egg. Oh no it won’t; oh yes it will; it’s behind you.

And on that note I wish you all once again a very happy and prosperous New Year.
Great value CPD for Vets and Vet Nurses!

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9-29 Jan 2017: Ophthalmology in dogs and cats
Natasha Mitchell MVB DVLOphthal MRCVS, Veterinary Council of Ireland Recognised Specialist in Veterinary Ophthalmology

Ophthalmic conditions are a common presentation in small animal practice and it is important to keep your knowledge refreshed and updated. The aim of this course is to increase your knowledge, skills and confidence in approaching these cases. It is important to perform a thorough examination to achieve a diagnosis and outline the available treatments. Aimed at vets.

9-29 Jan 2017: Anaesthetic monitoring for vet nurses
Denise Prisk DipAVN (Surgical), VTS (Anesthesia & Analgesia), LTCL, LGCI, RVN

Monitoring anaesthetised patients is one of the most crucial aspects of a veterinary nurse’s role. This course will be suitable for nurses who want to update or refresh their knowledge. Both basic and more advanced methods of monitoring anaesthetised small animal patients will be covered. The periods of induction, intubation and recovery will also be discussed. Common abnormalities will be covered, e.g. cardiac arrhythmias, hyper and hypocapnia, together with the action that should be taken to address them.

6-26 February 2017: Cutaneous mast cell tumours
Dr Chiara Penzo DVM Dip ECVIM (Oncology) MRCVS, European and RCVS Recognised Veterinary Specialist in Oncology

Mast cell tumours (MCTs) represent the most common cutaneous neoplasia in dogs. MCTs can be very aggressive requiring additional treatment after surgery. This online course offers practical answers to the most frequent challenges encountered in their clinical management. Aimed at vets.

6-26 February 2017: Rabbit clinical care
Livía Benato DVM MSc CertZooMed Dip ECZM (Small Mammals) MRCVS.

This course explores topics such as anaesthesia and peri-operative care, surgery (neutering, urinary and GI tract surgery, abscess treatment, ear surgery, dentistry), critical care and emergency treatment, as well as the approach to care for geriatric patients. Clinical cases will be provided to help participants understand the concepts presented, plus a forum and MCQ exam. Aimed at vets and vet nurses.

6-26 February 2017: Diabetes in cats and dogs
Dr Kit Sturgess MA VetMB PhD CertVR DSAM CertVC MRCVS.

This course will cover pathophysiology and aetiology of diabetes mellitus in cats and dogs, its diagnosis, management and monitoring, and address the handling of diabetic emergencies – ketoacidosis, hyperglycaemia and hyperglycaemic hyperosmolar syndrome. Case studies will be used throughout the modular series along with a forum for discussion. Aimed at vets and vet nurses.

6-26 February 2017: End-of-Life Discussions
Caroline Hewson MVB PhD MRCVS

Euthanasia is the final common pathway of many diseases. But what can you do when a client disputes the need for euthanasia? And how can you more accurately judge when exactly euthanasia is now in this animal’s best interests?

The course will give you an understanding of the different responses to loss, and knowing how to manage the different client touchpoints during animals’ end-of-life with maximum peace of mind, no matter the situation. Ideal for vets, vet nurses and reception staff.

*Early Bird Offer ends 28.2.17 - order today!
Becoming reflective and reflexive...

WHAT HAVE YOU DECIDED TO DO as a New Year’s resolution?

Our Royal College would like us to be more reflective about our CPD. Quite rightly they want it to involve more than sitting in lectures at conferences and reading books and journals.

There’s so much more to learning than the mere transfer of knowledge from the lecturer to the student. But we are a little behind the times.

David Schon wrote his seminal text The Reflective Practitioner: How Professionals Think in Action back in 1984. I’ve had the delight of doing a Masters in Education in the Faculty of Education in Cambridge, which taught me to think in a much broader and deeper manner than the relatively narrow scientific world view I had engaged with previously. And showed the importance of being reflective – and reflexive too.

That’s to say I’m thinking not only about the studies I am doing, but about how they are affecting my inner feelings and ideas, and how those thoughts influence what I am doing.

Now that may seem a lot of woolly mumbo-jumbo, but it really does work and has changed my perspective on the work I do. Others might term it mindfulness, a whole perspective on life very much in the news at present. As mindfulness needs instruction to be able to make full use of it, so does being reflective and reflexive.

The educator and philosopher John Dewey had already written about reflection as a key part of working practice nearly a hundred years ago. This is how life works much more generally. Do you remember learning to ride a bike? You start yourself going, fall off, scratch your head and try again. Ironically, if you try to conceptualise how to ride the bike from a physical sciences perspective it is jolly difficult, rather it’s trial and error.

Might something similar be true of our reflective practice? Imagine the nightmare scenario of leaving a swab in a bitch’s abdomen after a particularly haemorrhagic spay. Your excellent nurse always counts the swabs before and after surgery, but several have gone in a congealed lump on the floor and it isn’t until the dog is almost awake that the error is realised.

The mistake is corrected, the swab found and removed, and all is well. The waiting room is filling up and there isn’t time to think about it now. Perhaps it’s better to forget the whole thing. But that is just when reflection is essential.

You call everyone involved back together the next day, first to congratulate the nurse who spotted the error, then to ask why it happened in the first place. Tension and stress in a situation where that ligature had slipped off for sure. The fact you could see that time was slipping away quite as much as the suture.

How do we avoid that in the future? The dog had been fractious and required premedication with morphine and medetomidine. Had this influenced the blood loss which seemed particularly pronounced?

An online review of the literature brought up Mylonakis and colleagues’ paper Bleeding time in healthy dogs related with morphine and medetomidine in 2011, which seemed to suggest not. Even so, reflecting on the problem rather than burying it was likely to ensure it was less likely to happen again.

Indeed getting the whole practice together in a morbidity and mortality round table would be valuable and would certainly count as useful CPD. But the literature search, undertaken by the two new graduates you had recently employed, had also brought up the potential advantages of laporoscopic ovarioectomy. Now there is something worth investigating too in the longer term.

This sort of proactive CPD, as opposed to the reactive sort, should follow the cycle as suggested by the Royal College of “plan, do, record, reflect”. Again this is by no means new. Terry Borton’s 1970 book Reach, Touch and Think was the first to popularise a simple learning cycle with the questions “What?”, “So what?” and “Now what?”.

David Kolb was only five years later with his cycle of learning where experience leads to reflection and the development of new concepts which are then tested to produce new experience. This cycle is iterative; reflection after experience leads to change, and this results in new experience followed by further reflection... and so on.

Teachers have been using this sort of a cycle for many years, as have nurses. One of the most useful articles is by David Somerville and June Keeling, freely available at http://bit.ly/2gJ08l and well worth a read.

So much for being reflective on one’s work. What then is reflexivity? The central issue is that any reflection on an action is not objective. It is always impacted by the underlying influences on the interpreter. Understanding this is crucial in providing an appropriate response in the cycle we talked about above.

It would be important in the discussion following the spay crisis realising that stress and tension in the surgeon did not help the situation is key – admitting that takes a fair bit of guts. Reflexivity means looking within as well as reflecting on what is outside.

How can we to develop these strategies and techniques? In his 1994 book The New Production of Knowledge Michael Gibbins noted that we have two ways of developing knowledge. Mode 1 knowledge is the sort of thing we all learnt at vet school – scientific discipline-oriented information. Mode 2 knowledge, however, is far more based on application.

Going back to the bitch spay, the anatomy and physiology involved are all Mode 1 knowledge, but understanding how to work in a team and dealing with complications are issues which can’t so easily be taught in a lecture theatre but are learnt on the job and in collaboration with others. We need Mode 1 knowledge for sure, but Mode 2 concepts are equally important to grasp. Perhaps that is where EMS is so important for students to model themselves on a clinician and see how they deal with veterinary issues.

Mode 1 knowledge and Mode 2 concepts are equally important. Perhaps that is where EMS is so important for students to model themselves on a clinician and see how they deal with veterinary issues. The reflective and reflexive essentials of the new model of CPD which our Royal College is looking to promulgate are mostly Mode 2 knowledge.

We can learn new information in lecture courses or by reading books and journal articles, but Mode 2 knowledge comes through the learning cycle of “plan, do, record, reflect”. Maybe our new year’s resolution can be to do just that!
providing top-quality CPD presented by renowned speakers, plus compact exhibitions, day-long refreshments and delicious buffet lunches at affordable prices in superb locations
How to give great customer service and develop a truly awesome team...

ONSITCH IS TO DELIVER A DAY OF SESSIONS exploring the impact of people in VetsSouth 2017’s practice management day. Each of the seven 50-minute sessions will focus on practice management day. Each of the impact of people in VetsSouth 2017’s DAY OF SESSIONS exploring the

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6. Winning the testimonial battleground by being the best in town. After convenience, recommendation is the most important factor driving practice choice and continued use. We’ll show you how to measure client engagement (and improve, if required)

7. Delivering a memorable consulting room experience. This 10-minute appointment is what the client is paying for, so it’s essential that she not only feels valued, but also that she feels she has received great value for money. A seven-step communication model used in human medicine across the world will help your team deliver.

VetsSouth 2017
SANDY PARK CONFERENCE CENTRE, EXETER
Wednesday 8th and Thursday 9th February

DELEGATE BOOKING FORM

Name(s) ...............................................................................................................................................
Practice ............................................................................................................................................... Address ......................................................................................................................................................
.................................................................................................................................................... Postcode ..............................................................
Telephone ...........................................................................................................................................
E-mail .................................................................................................................................

Two-day passes @ £170 per veterinary surgeon
@ £150 per veterinary nurse
includes refreshments and buffet lunch each day, etc., plus proceedings

One-day passes @ £95 per veterinary surgeon per day
Wednesday [ ] or Thursday [ ]
@ £85 per veterinary nurse per day
Wednesday [ ] or Thursday [ ]
includes refreshments and buffet lunch, etc., plus proceedings

Workshops/masterclasses @ £30 extra each
each is restricted to 12 persons – money will be refunded if all spaces taken
Wednesday – dentistry [ ] dermatology [ ]
Thursday – imaging [ ] wound management [ ]

Large animal day (Wednesday)
please indicate if you are likely to attend so we can ensure adequate seating

Management day (Thursday)
please indicate if you are likely to attend so we can ensure adequate seating

Mind Matters (Thursday)
please indicate if you will be attending so we can ensure adequate seating

Dinner on Tuesday [ ] and Wednesday [ ] venue TBA
please indicate if you are likely to be there: from c.£14.50 for a two-course meal

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* VAT is payable on all bookings

Accommodation
Rooms (plus breakfast) are available in the main event hotel, Express by Holiday Inn (Guardian Road, Exeter EX1 3PE), on Tuesday and Wednesday nights. To make a reservation call 01392 261000.
Rooms are available at the nearby Premier Inn and there are many other hotels in the vicinity.

Payment can be made by cheque (payable to VP Publishing Ltd) and sent with this form to VetsSouth 2017, 15 Chaseside Gardens, Chertsey, Surrey KT16 8JP; or by BACS [VP Publishing Ltd: 309153, 00084205]; or by credit card via www.vetssouth.com.

Morning sessions
1. Getting owners through the door – top tips, practical advice and case studies from UK practices which have understood the importance of standing out in a crowded market. We’ll look at how to identify your practice’s unique selling point (USP) and show you how to communicate it clearly and consistently.

2. Winning potential clients at the first call. Converting callers into clients is crucial for business – successful small animal practices should aim to convert 40% of calls into paid appointments. We’ll look at a proven five-step process for call resolution, helping your team manage enquires confidently and effectively.

3. Delivering a memorable consulting room experience. This 10-minute appointment is what the client is paying for, so it’s essential that she not only feels valued, but also that she feels she has received great value for money. A seven-step communication model used in human medicine across the world will help your team deliver.

4. Winning the testimonial battleground by being the best in town. After convenience, recommendation is the most important factor driving practice choice and continued use. We’ll show you how to measure client engagement (and improve, if required)

Day of sessions

People power: two of the speakers – Diane Horner (above) and Lisa Winter – for the Onswitch event.
so your team can encourage delighted clients to spread the word.

Afternoon sessions
5. Becoming the employer of choice, growing your own.
Earning a reputation as a practice where good people want to work is not always easy, requiring commitment and consistency. We’ll look at measuring staff engagement as well as developing initiatives to attract and retain vets and VNAs early in their careers.

6. Recruiting people who fit your culture.
A great practice doesn’t just treat animals, it does so in a caring and appealing way. It’s no good having superior surgical competences if you rub colleagues up the wrong way and clients are scared of you. High-performing practices understand that while everyone has different skills, all share a commitment to quality and a desire to achieve the practice vision.

7. Managing out team members who don’t fit.
Sometimes it just doesn’t work out when it looked so promising on paper. Retaining team members who don’t “get” the practice’s culture lowers morale – divisive and dispiriting behaviours can shatter the strongest of teams. We’ll explore how to regain the balance without falling foul of HR laws and best practice.

We promise a hugely informative, lively and entertaining day – a day which will benefit anyone and everyone involved in practice management.

JUST OVER SIX MONTHS AGO, BVD Free England was launched. For years, Professor Joe Brownlie has addressed veterinary meetings to discuss the disease and its impact and finally a national initiative is in place.

Veterinary practices are actively involved in promoting control of the disease and the industry organisations are backing the initiative. But how successful is BVD control with individual practice clients? What are the difficulties and issues that are arising both technically and practically?

VetsSouth 2017 has brought together a programme to examine BVD and other diseases of threat to the livestock industry because the control of BVD does not happen in isolation. Veterinary surgeons will be balancing on-farm ambition with technical and economic reality. So what is that reality?

This one-day programme for the large animal part of the conference is personal. A group of vets from practice will have the opportunity to interact with the presenters and clarify the aspects that are important for practice clients and for individual vets.

The speakers are all very good at thrashing out the aspects that are in need of clarification and having an interactive discussion. The final session brings together all the technical, promotional and economic information into one question: “Where is the veterinary practice benefit from ongoing disease control initiatives?”

If you have an opinion, then be prepared to share it. There is no right or wrong approach to these issues for practices, but activity on the ground by veterinary surgeons is essential for disease control.

If a change of direction, or fine tuning, or case histories, or training, or money is needed for a successful outcome, then please make your views known.

The day – Wednesday 8th February – will open with a session on assessing disease risk, with Dick Sibley sharing his awareness in establishing and operating the My Healthy Herd resource. For the farmer and the vet, a traffic light approach enables risk to be clarified. How many client herds are within the green, yellow or red categories?

Information and support for practices and farmers is targeted by AHDB Dairy and Derek Armstrong has been actively involved in bringing together the technical and practical awareness. Just who is expected to do what?

One of the aspects of the disease control programmes, and particularly with BVD, is that the whole industry is committed to success. This includes the vaccine companies and three of them, with BVD products, have agreed to discuss their activity.

Professor Joe Brownlie has won many plaudits for his technical knowledge but veterinary surgeons know that his enthusiasm for the control of BVD is infectious, he is easy to listen to and interaction with a discussion group is arguably his greatest skill.

This is an educational day, qualifying for CPD hours, and also a chance for your voice to be heard. Simply register to attend VetsSouth 2017 and tick the box to be at the Large Animal Day.

Vets the ‘control group’ in mental health interventions

SOCIETY HAS MADE GREAT PROGRESS over the past few years in removing the stigma associated with mental illness and in providing support for those affected. But has the pendulum now swung too far with costly and sometimes ineffective measures being introduced to help those who are merely victims of life’s minor vicissitudes? That was the question BVA members were asked in a session at the association’s annual congress.

Kathryn Eccleston, professor of education at the University of Sheffield, argued that emotional vulnerability was now being categorised alongside genuine mental illness as something needing “therapy”.

This was particularly evident in the higher education system where observers as diverse as former Conservative education minister Nicky Morgan and the National Union of Students were predicting “apocalyptic” levels of anxiety and stress-related illness within the student body. “Since about 2003 we have seen a rise in the number of psychological and emotional interventions of various sorts intended to foster resilience, empathy, emotional intelligence and self-esteem. It is assumed that we can teach those things, that this teaching will have long-term effects and that it can be transferred between different life and work contexts. The evidence for that is highly dubious,” she said.

Prof. Eccleston believed that extending the definition of “vulnerable” to include those suffering from relatively minor emotional issues may diminish the real progress that has been made in de-stigmatising serious mental health problems and offering suitable treatment.

“I think there is a danger that we are starting to blur the boundaries between real psychological need, requiring specialist interventions, and everyday life which we know is sometimes horrendous, problematic, stressful and unpleasant. In doing so, we are diverting resources away from people who need it most.”

Veterinary surgeon and educationalist Jenny Moffett rejected those claims, saying there was great value in providing support for those dealing with their emotional problems. “There is a danger of throwing the baby away with the bathwater if this view is accepted by those responsible for providing funding for mental health services.”

There were especially good reasons for universities to continue providing help where it is needed for students in the veterinary faculty. “In some ways we are the control group in terms of mental health and well-being interventions as those terms have not traditionally formed part of our lexicon – even five years ago this sort of discussion would not have happened at a veterinary meeting.”

However, the insistence among veterinarians that they should be able to sort out their own problems has not proved a particularly successful approach. Studies of both qualified vets and students across the world show high levels of mental health problems, stress and anxiety disorders, as well as the most infamous manifestation of this phenomenon – an elevated risk of suicide.

“What we have done so far to deal with this has not worked for the veterinary profession,” she said.

Dr Moffett believes the veterinary profession needs to adopt some fresh ideas in trying to deal with the pressures affecting its members at all stages of their careers. One possible step would be for those in practice to allow themselves longer consultation times, as this would have the potential to reduce stress levels and improve job satisfaction.

“In the UK, there are still many practices where the standard consultation time is 10 minutes, although many have extended this to 15 or even 20 minutes. But in the United States, the average length of a consultation is 30 minutes and they are still able to make a living.

“We need to carry out a study to look at the financial implication for a practice of doing the same sort of thing here,” she said.

Veterinary surgeons and other members of the practice team are invited to sign up for the “Mind Matters” session at VetsSouth 2017 next month. Anyone buying a ticket for the congress in Exeter can attend the three-hour session on the Thursday morning [please tick the box on the booking form].
Rapid surgical level hand disinfection

VET Direct, in association with Ecolab, has introduced Skinman Soft Protect surgical hand rub, which is said to offer surgical level hand disinfection in 90 seconds.

It has a vitamin E, glycerine and panthenol-based skin formulation specifically designed to protect, nourish and regenerate skin, says Leon Wright, the firm’s managing director. “It has a superior antimicrobial efficacy which provides an immediate and sustained effect.”

For more information see www.vetdirect.com.

Teeth cleaning gel for dogs – and a survey

PETTURA UK, based in London’s Fleet Street, has introduced Pettura Teeth cleaning gel – and a survey

PETTURA, based in London’s Fleet Street, has introduced Pettura Teeth cleaning gel.

A survey of 2,000 dog owners, commissioned by Pettura, found that 53% of dog owners have never cleaned their dogs’ teeth although 88% recognised that oral hygiene is important to their dog’s health; the owners associated bad breath (76%), tooth loss (67%) and inflamed gums (63%) with poor oral hygiene; 11% identified heart disease as a potential cost of poor oral hygiene and 7% understood the liver could be affected.

For more information see www.vetdirect.com.

Mycobacterial diagnosis tackled by new company

PBD Biotech Ltd, a company specialising in novel bacteriophage-based diagnostic technology, has been established.

The firm uses proprietary technology developed at the University of Nottingham that can be used to detect the presence of mycobacteria such as Mycobacterium bovis and Mycobacterium avium subspp. paratuberculosis.

Formerly applied to the diagnosis of tuberculosis in humans, the technology has been transformed for the veterinary sector such that results can be delivered within six hours of sample receipt.

For details see www.pbdbio.com.

Canine OA product back in stock

ZOETIS reports that Trocoxil, its once-monthly treatment for canine osteoarthritis, is back in stock following a supply shortage.

The chewable tablets are used for the treatment of pain and inflammation associated with degenerative joint disease in dogs aged 12 months or over.

Donations to Vetlife handed over at LVS

GEOFF Little, president of Vetlife, received a donation of £2,500 at the London Vet Show from Mike Brampton, MD of Thames Medical, and Alasdair Hotson-Moore of Bath Vet Referrals.

Together with Peter Dobrowolskiy, they had raised the money on their recent Scottish Tour de Vet, a blood pressure coaching/CPD tour starting in Worthing and ending at the VetTrust Conference in Stirling three weeks and 1,300 miles later.

Vicky Gower of practice management consultancy Vet Dynamics is shown handing over £3,000, the proceeds of a drive to raise funds for Vetlife during its annual practice conference, to Graham Dick, the charity’s treasurer.
Group’s academy courses open to wider profession

VETS4PETS is opening its Academy of Learning & Development to the wider profession.

The group hosted three free CPD sessions at the London Vet Show – delivered by Dick White (clinical director of the specialist division at the Pets at Home Vet Group), David Walker (head of internal medicine at Anderson Moores Veterinary Specialists) and Anne-Marie Svendsen Aylott (leadership coach and trainer at PurpleCat Coaching).

A brochure has been produced, detailing non-clinical courses such as leadership development and receptionist development, and clinical courses including ultrasound for all levels, behavioural medicine for vets and nurses, dentistry, emergency surgery and orthopaedics.

Further information is available at www.myvetpractice.co.uk/courses.

MMI Research Symposium in Edinburgh this month

THE first Mind Matters Initiative (MMI) Research Symposium will take place on 20th January at the University of Edinburgh’s Pollock Halls under the theme “Understanding and supporting veterinary mental health”.

Speakers will include Professor Rory O’Connor of the Suicide Behaviour Research Lab at the University of Glasgow; Dr Debbie Cohen, who chairs the Faculty of Occupational Health at Cardiff University; and Chris O’Sullivan of the Mental Health Foundation.

Tickets cost £30 (or £54 including dinner the night before in St Leonard’s hall), and are available at www.mmiresearch.eventbrite.com.

Insurer in link with buying groups

AGRIA Pet Insurance has announced partnership agreements with buying groups St Francis Group and Vetswest.

The move, says the firm, aims to make it easier and more rewarding for practices to support and recommend its insurance cover.

Practices which are members of the groups will receive additional rewards for new policies taken up by pet owners while practices already working with Agria are expected to benefit from the aggregate activity of buying group members.

Third video on canine ophthalmology

BAYER Animal Health has launched the third and final educational video in its “Back to Basics” series on canine ophthalmology.

In this 15-minute video, Chris Dixon, director of Veterinary Vision Ophthalmic Referrals, provides guidance on examining the cornea and discusses two of the most common ocular conditions in dogs: corneal ulceration and keratoconjunctivitis sicca (KCS).

Included is practical advice and tips on how to perform a close examination of the cornea, assess corneal ulceration, how to perform a Schirmer tear test, diagnosing and treating dogs with KCS and optimal use of artificial lubrication.

The video can be seen at https://www.youtube.com/watch?v=1sO36LX1o6M.

Chris Packham keynote speaker at BSAVA in April

CHRIS Packham is set to champion conservation at the 2017 BSAVA congress.

The presenter of Springwatch, Autumnwatch and Winterwatch on BBC2 is to be the keynote speaker on the opening day of the event to be held in Birmingham from 6th to 9th April.

He is expected to share his concerns about extinction and ideas for inspiring young people to get involved in animal welfare and conservation and says he will be encouraging the profession to work together to change the world.

The lecture is free to attend for anyone with a lecture pass to the congress. Registration is now open at www.bsavacongress.com, with early bird rates available until 31st January.

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A round-up of recently published papers in the field of cardiology

RNA sequencing to identify genes linked with dilated cardiomyopathy
Steven Friedenberg and others, North Carolina State University
Dilated cardiomyopathy is the second most common acquired heart disease in dogs. It is an inheritable condition in several breeds but finding the mutations concerned has proved challenging and they appear to differ between breeds. However, a novel method of genomitic analysis, RNA sequencing, has been shown to be extremely sensitive in detecting unusual gene transcripts and those expressed at low frequency. The authors report a study to identify differential gene expression in dogs with and without this condition. They took cardiac muscle samples from dogs euthanased because of DCM or various other conditions, and extracted the RNA fraction. They found that genes involved in cellular energy metabolism were significantly down-regulated in dogs with this condition. These findings suggest that RNA sequencing may provide important insights into the pathogenesis of DCM, revealing pathways that may be exploited in identifying causative mechanisms and developing novel therapies.


Right ventricular involvement in feline hypertrophic cardiomyopathy
Karsten Schober and others, Ohio State University
Hypertrophic cardiomyopathy is the most frequently diagnosed cardiac disease in cats. The condition is generally considered to be morphologically limited to the left ventricle. However, the authors examined 200 cats with HCM looking for changes in the right ventricle. Compared with echocardiograms from healthy control cats, those with the condition were found to have an increased right ventricular wall thickness. There was an association between the severity of left and right ventricular hypertrophy. There was also a strong link between left-sided congestive heart failure and increased right ventricular wall thickness.


Survival of dogs with atrial standstill following pacemaker implantation
Justina Thomason and others, Kansas State University, Manhattan
Persistent atrial standstill is a condition described in humans and dogs resulting in bradycardia and congestive heart failure. It has sometimes been linked to Emery-Dreifuss muscular dystrophy and may be diagnosed by echocardiographic findings of reduced P-wave and AV nodal escape rhythm. The authors fitted pacemaker devices to regulate heart rhythm in four client-owned female dogs. Three dogs were still alive between 14 and 39 months after treatment and the other was euthanised 10.5 years after the procedure, suggesting that this method may extend the survival of affected dogs.

Canadian Veterinary Journal 57 (3): 297-298.

Clinical features of 13 infective endocarditis cases in cats
Jean-Sebastien Palerme and others, Iowa State University, Ames
Infective endocarditis is a much rarer condition in cats than dogs. The authors carried out a retrospective analysis of records from two tertiary referral centres and found 13 cases with confirmed disease. Those cases tended to be older cats, which typically presented with clinical signs of respiratory distress and locomotory abnormalities. Echocardiography detected lesions consistent with endocarditis on the aortic and mitral valves. Nine cats were diagnosed with congestive heart failure at the same time and the prognosis was grave, with a median survival time of 31 days.


Pimobendan effects on cardiac function in canine mitral valve disease
Stephanie Apple and others, Virginia Tech, Blacksburg
Pimobendan is a dual action cardiac drug which both improves the contractility of heart muscle and increases vasodilation. The authors used novel echocardiographic contrast agents to investigate the effects of pimobendan in dogs with myxomatous mitral valve disease. They found that treatment decreased pulmonary transit time in dogs with advanced disease while myocardial perfusion was not significantly different to that in healthy controls. The results of this pilot study also show that contrast echocardiography is a valid and complementary tool for analysing cardiac function in dogs with mitral valve disease.

Australian Veterinary Journal 94 (9): 324-328.

Echocardiographic features of cats and dogs with tetralogy of Fallot
Valerie Chebboul and others, National Veterinary School, Paris
Tetralogy of Fallot is a complex congenital heart disease that is a rare abnormality in humans, dogs and cats, but much less common in cats. The authors examined the echocardiographic features of this condition in 15 dogs and 16 cats. Their findings included pulmonic stenosis characterised by a variable systolic Doppler-derived pressure gradient and large ventricular septal defects. The median age to cardiac-related death was similar in both species at around 23 months. With few exceptions, cardiac-related death occurred predominantly in young adult cats and dogs and most cases had severe clinical signs at the time of diagnosis.

Journal of the American Veterinary Medical Association 249 (8): 909-917.

Heart rate variability in horses with acute gastrointestinal disease
Erin McGonachie and others, University of Georgia, Athens
Variation in beat-to-beat intervals is characteristic of healthy cardiac function in horses under resting conditions. Reduced HRV has been linked to mortality risk in human cardiac patients and those with sepsis. The authors investigated heart function in horses with acute gastrointestinal disease about to undergo exploratory laparotomy. They found that reduced variability was strongly associated with ischaemic gastrointestinal disease and non-survival. HRV analysis is a non-invasive and technically simple tool that can provide useful diagnostic and prognostic information for the management of horses with severe gastrointestinal disease.


Measuring minimal ductal diameter in dogs with patent ductus arteriosus
Robert Sanders and Bari Oliver, Michigan State University, East Lansing
Patent ductus arteriosus was diagnosed in a 24-month-old spayed female German shepherd dog, based on echocardiographic findings. Closure of the defect was recommended and the owners elected to have a minimally invasive transcatheter closure. However, standard ductal angiography failed to provide adequate measures of the minimal ductal diameter. The authors describe an alternative method using angiography and balloon occlusion catheter. The defect was repaired using an Amplatz canine ductal occluder without complications.


Smartphone-based electrocardiographic measurements in dogs and cats
Marc Kraus and others, Cornell University, New York State
Standard 6-lead electrocardiograph measurements have been in clinical use for almost 100 years to measure heart rate and diagnose cardiac arrhythmias. Smartphone-based systems have recently been developed which appear to provide an inexpensive and practical alternative. The authors compared the results achieved with a bipolar, single-lead recorder coupled to a smartphone, compared with the standard technology. Their results suggest that smartphones devices may allow clinicians to manage cardiac arrhythmias relatively inexpensively at the cage-side and to rapidly share data with colleagues.

Journal of the American Veterinary Medical Association 249 (2): 189-194.

Cardiac exams with CT and 1- and 3-dimensional echocardiography
Katherine Scollan and others, Oregon State University, Corvallis
Assessments of left ventricle size and function are among the most common applications of echocardiography in veterinary and human medicine. The authors investigated the performance of one-, two- and three-dimensional ultrasound in comparison with the reference standard imaging method, multi-detector computed tomography. Their findings show that the values for end-diastolic volume and end-systolic volume obtained using 3-D echocardiography had a high correlation with the CT results, albeit with a slight underestimation. These results are similar to those obtained in human patients.


Citrabacter freundii-induced endocarditis in a yearling colt
Emmanuel Benediti and others, University of Turin, Italy
Bacterial endocarditis is a rare condition in horses, compared with other species, but is associated with a particularly high mortality rate. The authors describe the clinical, echocardiographic and pathological features in a 10-month-old colt with a three-week history of weakness, hyperthermia and intermittent, shifting lameness. Due to its worsening condition, the patient was euthanised and post-mortem examination revealed vegetative masses on the mitral valve, which yielded Citrobacter freundii. This is an aerobic, Gram-negative bacillus found in the environment and in human and animal intestinal tracts.

Canadian Veterinary Journal 57 (7): 767-770.

Platelet activation and function in Cavalier King Charles spaniels
Linda Tong and others, Murdoch University, Western Australia
Chronic valvular heart disease is the most frequently identified heart condition in dogs and is a particularly common finding in Cavalier King Charles spaniels. The authors investigate various parameters of platelet function in CKCSs with subclinical mitral valve disease. Their findings showed there was a significant effect of mitral regurgitant jet size on platelet closure time, which was consistent with platelet dysfunction. However, platelet activation, assessed on the basis of the mean platelet component concentration and platelet component distribution width was not a feature of subclinical valvarul disease in these patients.

Getting more out of ECGs in horses

INTERPRETATION of an ECG requires a thorough knowledge of basic ECG principles and cardiac pathophysiology, Professor Gunther van Loon of Ghent University in Belgium told the equine stream during the London Vet Show.

Noting that cardiac arrhythmias are commonly found in both normal and diseased horses, he said that assessing their importance, in relation to performance and safety, could be very challenging.

An ECG had to be recorded in order to make an accurate diagnosis; an exercising ECG was mandatory for assessing the impact of an arrhythmia on performance; and in some cases an esophageal and/or intracardiac recording might help identify the origin or pathophysiology.

After discussing various techniques, he said that only good quality recordings should be evaluated. Artifacts would always be present and it was extremely important that a clinician could identify them. As well as rate and rhythm, the correlation between P waves and QRS complexes, and the morphology and duration of the different complexes and intervals, should be assessed.

Clinicians had to be aware, he continued, that there were a number of pitfalls that complicated the analysis. These included: artifacts – e.g. during exercise typical movement artifacts occur and often these are more pronounced in obese animals; ventricular premature depolarisations – which produce a QRS complex with different morphology and longer duration; atrial premature depolarisations (ADPs) – the P wave can have a different morphology and often can be virtually impossible to discern from normal ones; and atrial tachy-arhythmias – multiple successive ADPs which represent a risk of atrial fibrillation.

Five developments making a difference

DR Ashley Saunders, an associate professor of cardiology in the Department of Small Animal Clinical Sciences at Texas A&M University College of Veterinary Medicine and Biomedical Sciences, recently highlighted five developments in veterinary cardiology. In an article in Today’s Veterinary Practice, published by the NAVC, she said that digital radiography, cardiac biomarkers, smartphone apps and devices, cardiac medication, and interventional procedures were making a difference in the diagnosis and management of dogs and cats with heart disease.

With digital radiography, she said that improvements in technology and image quality produced radiographic images that were undoubtedly helpful in diagnosing and monitoring cardiac disease and congestive heart failure, and also in identifying non-cardiac causes of cough such as mainstem bronchial compression, tracheal collapse and inflammatory airway disease.

She said that among the benefits of DR was the rapid acquisition of images and the ability to make contrast adjustments that improve image quality without having to change settings and retake images.

A biomarker is a measure of a biological or pathologic process that can be used to detect disease, monitor disease progression, potentially determine the treatment approach and predict prognosis. Cardiac biomarker measurement, she said, is not a stand-alone test but rather part of a diagnostic evaluation that includes thoracic radiographs, electrocardiography and echocardiography – these collective diagnostics determining the clinical picture for each patient.

Smartphone apps and devices have become valuable tools in the diagnosis and monitoring of heart disease, she said, and listed the AliveCor heart monitor device (alivecorvet.com), compatible with the iPhone 4/4S/5/5S/5C, which wirelessly communicates with the free downloadable Veterinary AliveECG app; and the Resting Respiratory Rate App (yourdoggreat.com), for both iPhone and Android devices, which provides a mechanism for owners to record resting respiratory rate (RRR) and allows the data to be transmitted from owner to vet (it can be used with both dogs and cats).

Under medication, Prof. Saunders gave details of pimobendan which has proven efficacy in managing heart failure in dogs with DCM5 and degenerative mitral valve disease (DMVD) and is currently recommended as a standard of care for managing heart failure in dogs, along with furosemide and an angiotensin-converting enzyme (ACE) inhibitor.

Its benefits and indications for use continue to expand as the results of clinical trials are published and it may be included in the management of heart failure in dogs with other diseases, most notably pulmonary hypertension and congenital heart disease, such as patent ductus arteriosus.

Interventional procedures use minimally invasive techniques in the diagnosis and treatment of congenital and acquired cardiovascular disease. These procedures, she said, are performed by specialists with appropriate training and require specialised equipment, including fluoroscopy, a range of catheters, wires and devices, and imaging capabilities.
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Close calls in latest Front-of-House Awards

IT WAS CLOSE, VERY CLOSE, in both categories in the 2016 Front-of-House Awards. And not just as marks awarded were concerned: the practices which won turned out to be quite close geographically as well – barely 15 minutes from each other by car.

They could, however, scarcely be more different from one another: the larger one, a practice in the Watkins & Tasker Veterinary Group, being in a converted warehouse – formerly used for storing toilets; the smaller one, Eastville Veterinary Centre, which is part of the Highcroft Veterinary Group, on the end of a row of shops.

In terms of their front-of-house facilities and services, however, they proved remarkably similar: both being given near maximum marks by some of the judges. One judge commented afterwards that she was glad she didn’t have to decide between the two!

All entries were given marks under 10 headings, ranging from exterior and interior appearance and signage, including notice boards, etc., plus parking, the reception, waiting and merchandising areas, and even the lighting. Practices shortlisted after this preliminary examination were re-examined and also subjected to mystery shops (in person and by phone); websites and social media activity were looked at and an appraisal made of practice literature.

Marking was extremely close and although the winners were just ahead in each case, it was not possible to separate the runners-up and so two were named in each category, with several other practices missing out by minuscule amounts.

Unusually for this award scheme, which is organised by Veterinary Practice and sponsored by Royal Canin, the majority of the entries were from the southern half of England.

THE WINNERS

■ Eastville Veterinary Centre is easy to spot: whether driving on the M32 into Bristol or crossing the roundabout very near it, a remarkable mural is impossible to miss.

This was the practice’s way of overcoming the problem of graffiti on its end wall. “Street Art” is popular in this area of Bristol and the practice commissioned a well-known and respected local graffiti artist known as Zase, whose work is on other buildings in the area, “to create a meaningful and attention-grabbing feature wall”. It is hugely effective and passers-by, in vehicles or on foot, frequently stop to take photos.

The practice was struggling when it became part of the Highcroft Veterinary Group in May 2014. It was refurbished and relaunched later that year and is now thriving.

The challenge, says the practice, was to educate their multi-cultural, modern diagnostics and pet insurance.

The frontage has clear and bold signage, attractive window posters, hanging baskets and, of course, the mural which faces a spacious gravelled car park, bordered with shrubs and flowers. A disabled parking space is adjacent to the entrance door which is accessed via a neat ramp.

The interior is surprisingly spacious and attractively laid out with plenty of room in the reception area, which features a low desk and two workstations – for patients arriving and departing there are comfortable sofas and other seating in the waiting areas; coffee is available; the information boards are well-kept and topical; healthcare factsheets are readily available as is other practice literature; and two merchandising areas are well-stocked with pet foods and other products. There is even a “cuddle club” for nervous pets.

■ Watkins & Tasker Veterinary Group had their eyes on a site in Portishead for quite some time before the warehouse by the entrance to a trading estate became available.

Portishead is a rapidly growing coastal town in North Somerset and the practice is very well-placed for nervous pets. The practice fully refurbished the

F-o-H 2017: THE RESULTS

Category 1
(no more than 10 full-time or FTE staff)
■ WINNER:
Eastville Veterinary Centre, Eastville, Bristol
(part of Highcroft Veterinary Group)

■ JOINT RUNNERS-UP
Brookend Veterinary Practice, Witham, Essex
St George’s Vets, Perton, Wolverhampton

Category 2
(more than 10 full-time or FTE staff)
■ WINNER
Watkins & Tasker Veterinary Group, Portishead, North Somerset

■ JOINT RUNNERS-UP
Maven Veterinary Care, Sutton, Surrey
Westmoor Veterinary Hospital, Tavistock, Devon

John O’Connor (left), veterinary marketing manager at Royal Canin, with staff from the Eastville Veterinary Centre: (from left): Birgitte Sow (general manager), Jade Searle (veterinary surgeon), Jane Davidson (head of marketing of Highcroft Veterinary Group) and Jessica Boyse (receptionist).

Steve Tasker (right), veterinary surgeon and partner at Watkins & Tasker Veterinary Group, with (from left): John O’Connor of Royal Canin; Lily Ingle, receptionist; Kerri Paling, veterinary nurse assistant; Holly Charlton, practice manager; and Claire Walkley, head veterinary nurse at the Portishead practice.
FRONT-OF-HOUSE AWARDS

The well-signed front and one side of the Watkins & Tasker practice in Portishead showing a portion of the landscaped grassed area in front, the disabled parking bays and ramp to the entrance. At right is the other side of the building with the staff car parking area and entrance.

The front of the Eastville Veterinary Centre and (below) the parking area with a disabled space in front by the entrance.

The cat and dog waiting areas at Eastville Veterinary Clinic.

Inside the spacious, well-lit and neatly decorated reception and waiting areas of Watkins & Tasker looking from the cat area.

“Excellent” use of space in the well-lit and smart reception/waiting/merchandising areas, with comfortable seating at Eastville Veterinary Centre; below: the mural clearly visible to clients and passers-by.

Each waiting area displays a large range of pet food along with a variety of toys, treats and blankets – all very neat and tidy.

The desk area has a lowered section for wheelchair users and also doubles up as a refuge for cats while their owners pay the bill.

RUNNERS-UP

Small practice category:

- Brookend Veterinary Practice decided after 13 years that it was time for a good freshen up and a thorough tidy-up inside and out, strengthening its branding in the process. The result is first-class premises with a block-paved car park which includes a grassed area for dogs and an outdoor seating area.

- St George’s Vets’ Perton surgery was formerly a pet shop and underwent major refurbishment in spring 2016 to make it a welcoming and attractive surgery. New, smart signs were erected and window decals match those on its website, practice vehicles, literature and displays. The reception and waiting area is large and bright with separate cat and dog waiting areas. A television provides useful information as well as showing happy stories of pets seen in the practice. Included is a play area for children, a community board with details of local events and activities, and displays of toys and accessories in the merchandising area. The practice aims to provide a one-stop shop for clients, as well as a place where people can drop in for a hot drink or advice, or both, and purchase food and accessories for their pets.
TWO recent studies inspired by human medicine and funded by the Morris Animal Foundation are providing new insights into the treatment of arterial thromboembolism (ATE) in pets, according to a recent post on the organisation’s blog.

In the first, researchers from the University of Georgia hypothesised that rivaroxaban, which is commonly used as a blood thinner in humans, could help prevent ATE in cats. Published in the *Journal of Veterinary Emergency and Critical Care*, the abstract states rivaroxaban was well-tolerated by the six healthy feline study participants and showed anticoagulating effects. Researchers are now recruiting cats with heart disease who have survived one episode of ATE to participate in a rivaroxaban study.

Because humans have exhibited a wide range of responses to blood thinners, researchers led by Dr Ronald Li at the University of California, Davis, set out to investigate whether or not cats do the same. The study specifically examined “how genetics influence the way cats respond to clopidogrel”. Published in the *Journal of Veterinary Internal Medicine*, the abstract states that while “clopidogrel is commonly prescribed to cats with perceived increased risk of thromboembolic events, little information exists regarding its antiplatelet effects”.

The researchers found that cats with the genetic mutation that predisposes them to heart disease had platelets that were more reactive than platelets from cats without the genetic mutation. According to the Morris Animal Foundation, “This study suggests that not only do platelets play a key role in clot formation in cats with hypertrophic cardiomyopathy but that not all cats respond to clopidogrel the same way.” According to the blog post, this finding “could help clinicians understand why some cats fail therapy”. 
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WHEN IT COMES TO CASTRATION, THERE IS A CHOICE

IN THE UK, CASTRATION OF DOGS is one of the most common elective surgical procedures and is commonly regarded as routine preventive healthcare along with vaccination, worming and flea treatment (Stockner, 1991; Brodick, 2008).

Reasons for neutering include population control, medical causes and behavioural concerns, and is often advised at about six months of age or once puberty has been reached (Diesel et al, 2010). The practice of routine surgical castration in the UK, USA and Australia contrasts markedly with other countries.

In several Scandinavian countries, the majority of dogs are not neutered because elective surgical neutering is considered mutilation and amounts to professional misconduct – only 7% are surgically neutered in Norway (Kutzler, 2010). So what do they do? A vast proportion are chemically castrated using a lipid implant impregnated with the GnRH super-agonist, deslorelin. Authorised in the EU as Suprelorin through Virbac (Figure 1), this hormone implant is the biggest selling product in both Germany and Denmark for the company.

While we readily undertake this procedure in the UK, how often do we offer a choice? A study by Adams et al (2016) showed 76% of 411 vets surveyed recommended routine castration of dogs with only 52% offering an alternative. This study went further and found that, with increasing age, a vet was less likely to recommend routine castration, but also men were less likely than women (Figure 2).

Suprelorin – a deslorelin hormone implant
There is an alternative available to surgical castration. Suprelorin (Virbac UK) provides a flexible, reversible alternative to surgical castration and there are many cases where this would be appropriate (Figure 3).

Deslorelin has a high affinity for the pituitary gland’s receptors, contained within a special lipid matrix causing slow release over time. The GnRH causes an initial over-stimulation by sustained exposure of the pituitary to the GnRH agonist and thus downregulation, internalisation and signal uncoupling of GnRH receptors (Kutzler, 2010; Navarro, 2012). This is followed by longer-term suppression, producing an effective infertility through reduced testosterone and libido – giving the beneficial effects of castration without the need for surgery.

The science behind the reproductive hormones
The hypothalamic-pituitary-gonadal axis is central to the reproductive system’s function and manipulation of this axis can allow for fine control of its purpose.

In both female and male animals the stimulation or suppression of parts of this axis have been used for considerable time. Exogenous factors (e.g. pheromones and day length) influence the reproductive cycle, but it is the endogenous factors that are targeted by modern medicines.

Several hormones have now been described which are key to both fertility and androgen-related functions (Figure 4). The initial stage is the release of the peptide hormone, GnRH or LH.

Some hormonal treatments affected other areas of the body, confusing the response seen to treatment, making it unclear as to whether castration would produce the desired effects. Progestogens, used historically, have well documented side-effects ranging from feminisation to increasing the risk of developing diabetes mellitus.

GnRH agonists have a direct action on GnRH production and have been used in numerous species, associated with few side-effects. Deslorelin is the active substance in both Suprelorin (Virbac), licensed to produce temporary infertility in male dogs and ferrets, and Ovuplant (Decitra in UK), licensed to induce oovulation in female equines (Ovuplant SPC).

This shows that GnRH agonists can both stimulate and suppress; short-term use of GnRH agonists causes stimulation, whereas long-term use causes an initial stimulation followed by long-term suppression. The difference between products is due to the dose effect and duration of action.

Figure 2. Do you recommend neutering as a routine procedure for all dogs? And do you always recommend surgical neutering for male dogs not intended for breeding? (Adams et al, 2016).

□ The owner who is just not quite sure, or ready, for surgical castration.
□ Where the owner wants to trial the effect castration would have.
□ The breeder who wants to rest a stud dog or has multiple entire dogs in the household.
□ The dog where permanent castration, with removal of the testes and thus the testosterone, could be detrimental if its behaviour is anxiety-based and removal of testosterone worsens the situation (Heath, 2016).
□ The owner who wants the benefits of castration without surgery, general anaesthesia or testes removal.

Figure 3. Potential cases where a choice between surgical and hormonal castration would be useful.

□ The owner who wants the benefits of castration without surgery, general anaesthesia or testes removal.
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Figure 4. The hypothalamic-pituitary-gonadal axis (©Virbac).

Alex Allen, BVM&S, MRCVS, qualified from Edinburgh University in 1998 and worked in small animal practice and industry for nine years before joining Virbac in 2007. In his role as Technical Services Manager, he provides technical advice and support to veterinary practices and pet owners on using Virbac’s pharmaceutical and nutritional products.
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Figure 5. The return to spermatogenesis after deslorelin use (from Junaidi, 1998).

Reversible castration

With time, after the hormone has been released, normal hypothalamic-pituitary-gonadal activity will resume in previously implanted dogs – providing reversible castration.

A study by Junaidi (1998) showed histologically the presence, absence and then subsequent return of spermatozoa in the seminiferous tubules in dogs following deslorelin use (Figure 5).

Conclusion

There are several reasons why a dog may be considered for surgical castration and sometimes the decision to castrate is based on hypothetical motives.

Previously, surgical methods may have been the only options discussed with owners, but with modern medicine there are now alternatives to the permanent surgical approach and the temporary medical methods have opened up options for vets and owners alike.

References


SKIN FOLD DERMATITIS
(INTERTRIGO, SKIN FOLD PYODERMA)

SKIN FOLD DERMATITIS IS A VERY COMMON problem in dogs with excessive skin folds (Hnilica, 2011).

Many cases have obesity as a main contributing factor, while in others it is a consequence of intentional breeding to a required standard.

Skin rubbing against skin within the fold initiates inflammation. Moisture from any cause (tears, saliva, urine or excess sebum) and poor ventilation favours microbial colonisation with bacteria or yeasts or both. Microbial bacteria or yeasts colonisation with favours microbial infection.

Facial fold dermatitis
- The fold is often present in the maxillary region in front of the eyes; corneal ulceration may be a consequence of this.
- The problem is seen predominantly in brachycephalic breeds, especially Pekingese and English bulldogs (Miller, Griffin and Campbell, 2013).
- In spite of quite considerable inflammation there is usually minimal pruritus.

Within the fold there is a moist erythematous dermatitis. This may not be apparent unless the skin fold is retracted.

Lip fold dermatitis
- The fold occurs on the lower lip (Figure 1) and may present as halitosis. It is more commonly seen in spaniels and St Bernard dogs, but any breed may be affected. If there is concurrent dental disease, the fold dermatitis may be overlooked, with hypersalivation adding to the problem. The source of the halitosis can be accurately assessed by swabbing both the mouth and the fold.

Tail fold dermatitis (corkscrew tail)
- This is a problem mainly affecting English bulldogs, Pugs and Boston terriers. The fold can be very deep, allowing severe secondary infection with Staphylococcus pseudintermedius and/or Pseudomonas (Figure 2).

Vulvar fold dermatitis
- This is particularly seen in obese individuals with infantile vulvas; English bulldogs are predisposed. There may be a malodorous discharge with excessive licking. This can be confused with anal sac problems, as the fold remains hidden unless retracted (Figures 2 and 3).
- Additional complications include urinary tract infection, which could be an initiating factor in the dermatitis as a descending infection or a contributing factor as an ascending infection.

Body fold dermatitis
- Body fold dermatitis is particularly seen in the Chinese Sharpei, in which case the folds could occur anywhere on the body. A variant is neck fold dermatitis also of English bulldogs, Basset hounds and in many overweight dogs.

Facial fold dermatitis
- There had been a history of swelling of the flap, and the area was persistent and inflamed.

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Different differential diagnosis
- Acute moist dermatitis.
- Superficial pyoderma.
- Demodecosis.
- Dermatophytosis.
- Other causes of cystitis in the case of vulvar fold dermatitis.

Diagnosis
- Breed, history, physical examination and rule-out of differentials.
- Cytological examination. Sampling can be either made with a swab rolled on a glass slide or with an impression smear direct to the slide or scotch tape. Bacteria and/or Malassezia organisms may be seen. As fold dermatitis is not considered to be a true pyoderma (with invasion of the epidermis), there will usually be a lack of inflammatory cells.
- In vulvar fold dermatitis, urine sampling via cystocentesis may be useful if signs of urinary tract disease exist.

Treatment
- Reduction of obesity.
- Surgical correction of the fold. Where this is possible, surgical treatment is the treatment of choice and will result in a permanent cure. This type of surgery can be quite straightforward (Figure 1), challenging (Figure 4) or may be resisted by the owner on the grounds that the fold fits the breed standard and adds to the attractiveness of their dog.
- In all other cases there is a two-phased approach. This involves antibiotic, anti-yeast (where indicated by cytology) and anti-inflammatory therapy (Paterson, 2008).
- Most cases benefit from topical therapy. Shampoos containing chlorhexidine and miconazole, benzoyl peroxide or ethyl lactate may be used initially with severe cases requiring sedation or general anaesthesia.
- Less severe cases are treated with medicated anti-bacterial/yeast wipes or benzoyl peroxide gel.
- Treatment with a glucocorticoid cream is indicated in those cases with persistent inflammation.
- Following resolution of the signs, a life-long cleaning maintenance therapy

References and further reading

Change at top for equipment maker
DAVID Newall has joined Technik, a stainless steel veterinary equipment manufacturer based in Shropshire, as head of the veterinary and animal charities division. This follows the decision of the firm’s founder and director, Matthew Rees, to step down after 21 years.

Mr Newall has over 20 years’ experience in the animal welfare sector, having previously held senior positions at Battersea Dogs & Cats Home, Dogs Trust and Cats Protection.

David Grant, MBE, BVetMed, CertSAD, FRCVS, graduated from the RVC in 1968 and received his FRCVS by examination in 1978. He was hospital director at RSPCA Harmsworth for 25 years until his retirement from the RSPCA and is currently engaged in writing and lecturing internationally, mainly in veterinary dermatology.

Figure 3. The vulvar fold dermatitis is now apparent with traction of the fold. Surgical correction could be considered challenging, but was dismissed by the owner. Topical treatment resulted in control and maintenance therapy kept the dermatitis well controlled.

Figure 4. Tail fold pyoderma in a four-year-old English bulldog. This dog had a severe secondary infection with Pseudomonas. Attempts to control the infection were only partially successful and the dog was lost to follow-up. Referral to a specialist surgeon would have been the best option for surgical correction if the infection had been controlled as the fold was very deep and the dog resented treatment.

will be required, which represents a considerable commitment from the owner.
Susie Scans the Next Patient’s History: Minnie Jones, twelve-year-old DSH, last seen three weeks ago – Susie attempts decoding the recent appointment notes – “behaving strangely? PD start METacam rx ini”.

The vet’s initials are unknown to Susie – must have been one of those fly-by-night locums who passed through the practice so swiftly as to leave not a whisper of a legacy, including decent clinical notes. Presumably the random question mark, intriguingly disconnected from the preceding adverb, denotes that the mystery vet suspected cystitis, hence the Metacam.

“Borrowed it from my brother’s girlfriend’s nan,” Mrs Jones says, nodding at the splintering wickerwork. “Does the job.”

“Of course.” Susie is still at her most magnanimous; it is, after all, only ten a.m. and she has yet to feel the relentless grind that leaves her, by the evening, with the sense of being flattened by a bulldozer.

As Susie draws Minnie out of the carrier remnants she says, in a long drawn out sort of way, “O…kay…” Minnie is not mini. In fact, Minnie is very maxi.

“She’s not herself,” Mrs Jones says, oblivious to Susie’s eyes that have turned into marbles of horror at the vast puddle of fur on the table. “Y…e…s,” Susie agrees. “That’s because she’s pregnant. Very pregnant.”

“Not just a bit pregnant?” Susie considers the ramifications of this. Okay; she shouldn’t have said Very Pregnant. Because either you’re pregnant or you’re not. It’s really quite simple. So simple that the relative degrees of pregnancy weren’t even touched upon in vet school.

Mrs J. folds a pair of meaty arms over the shelf of her bosom. “Well it’s not possible. Minnie’s on Metawotnot.” “Metacam.” “It’s a contraption, right? So she can’t be pregnant.”

There’s a delicate silence. Susie can hear the clock ticking. Susie can hear her brain ticking. “You mean…contraceptive?” “Whatever. The thing what stops them getting babies.” “Metacam is not a contraceptive.” “You just said it was.”

Susie stares at the clinical notes again, hoping for the veil to lift. It doesn’t. Running her fingers around Minnie’s generous belly, Susie says, “She feels like labour’s imminent. Best thing is to let her have the litter and spay her when the kittens are five or six weeks old.”

For a few seconds Mrs Jones’s face is blank. Then she breaks into a smile. Susie has a prophetic sense that whatever Mrs Jones is about to say, no one, not even the been-there, heard-that nurses, will believe her when she spills the beans in the prep room. It will be the sort of comment that if you tried to get it published, it would be thrown out by the editor for lack of credibility. Susie isn’t disappointed. For Mrs Jones holds up a fleshy finger and says, “Okay. But once she’s been spaded if I decide I want more babies from her, you can put her bits back in again, right?”

This is a work of fiction. Any resemblance to persons living or dead is coincidental. The opinions expressed are those of the characters and should not be confused with those of the author.

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Bovine TB: new scheme to get to grips with morale-sapping disease

The wider picture is that, as the Minister pointed out, this CHeCS initiative is part of the whole disease control package being rolled out by the Government. A consultation on herd biosecurity is currently being carried out.

Andrew Colmer, president of the BCVA, explained that the CHeCS TB module is designed to help the herd stay clear of disease. Biosecurity measures that are applicable to a herd situation will only need to be incorporated: it is not a “one size fits all” tick box. This approach minimises the cost to the farmer while maximising the effectiveness.

Having worked for many years within a high incidence TB area, Andrew recognises that “TB can sap the morale of both vets and farmers”. All too often he has been confronted with the view that there is little or nothing that can be done to control bTB.

His passionate stance is that farmers and veterinary surgeons would not accept this view with any other disease so it is time to fight back against bTB. He recognises that the Government is willing to embrace all the measures necessary to fight the disease and that there is a comprehensive plan across the UK.

Increased biosecurity and risk-based trading are part of the plan and the CHeCS scheme is “leading the way”, he said.

A major plus

Within the “high risk” TB area, it was pointed out that 40% of the 9,000 herds have never had a bTB breakdown. Another 15% have not had a breakdown in the last five years. In consideration of the CHeCS bTB accreditation, this is seen as a major plus for those herds and a great starting point for veterinary practices to engage with clients.

The number of herds with a good bTB history increases to 78% in the “edge” area, with 95% of herds in “low risk” being in the “never had bTB” group. In order to trade into the other areas, CHeCS accreditation would seem to be a beneficial step.

Since the launch there has been some publicity that has linked the CHeCS scheme with badger control. This is an unintended consequence but it seems worthwhile to consider carefully what can be learned from these bTB un-blighted herds.

What sort of herds are they? It would be very interesting to know whether any dairy herds are included. Dairy herds have greater soil fertility and greater availability of food for badgers. It is expected that a dairy farm will have a higher badger population.

It may be, however, that all of the 9,000 are small beef herds that only have stock for short periods. The ongoing clarification for individual herds is whether their control needs to be targeted at cattle-to-cattle infection transfer, or badger-to-cattle, or both. For long-term bTB breakdown-free herds, they may be able to eliminate one or both considerations.

County data from TB statistics have been requested. The “high risk” area stretches from Cornwall to Cheshire and it would be helpful to have a more local flavour to the figures.

For the farmer and his vet, a score of 0 indicates that the herd has had a breakdown within the past year and 1 to 9 corresponds to the years since the herd regained OFT (officially TB-free) status after a breakdown. A score of 10 is as good as it gets. Each herd has an annual review of status and hopefully moves up the scale.

Further information about the bTB scores and aspects of accreditation are available at www.cchecs.co.uk and the source for the latest disease control information is at www.cbthub.co.uk.

RICHARD GARD reports on the launch of the CHeCS bTB Accreditisation Scheme and hears the views of the Minister and both veterinary surgeons and farmers in affected areas.

Mike King commented that without the involvement of the George Veterinary Group in Malmesbury, the herd is managed on two sites and it takes two days to travel through a gate at the rear. Un-noticed by the Minister and the others, she was advancing on the rear of the party. Before the headline “Minister trampled by TB was could go viral, with the BBC. Following the proceedings, the farmer slowly backed away from the official group, quietly ushered the cow back to the others and there was no drama.

Voluntary participation

Keith Cutler of the Endell Veterinary Group chairs the CHeCS technical committee and he explained that participation in CHeCS bTB is voluntary. The farmer adopts an accredited health scheme and works with his vet to establish the biosecurity requirements, as with the other CHeCS programmes. Cattle bought into the farm are to be pre-movement and post-movement tested.

There are advantages in the farm adopting a quarantine period until a post-movement negative result is obtained. In this way, if an animal is bTB positive while in quarantine, it will not detract from the herd bTB status. Bovine TB status is a combination of CHeCS standards being met and the number of years that a herd has not had a bTB breakdown. The highest standard is 10, indicating CHeCS standards accredited and 10 years without a bTB breakdown.

For herds that have years of not having a bTB breakdown there will be advantages in adopting CHeCS standards so that a herd’s low bTB risk status can be recognised when selling stock.

For herds that have had a recent breakdown adopting the CHeCS programme will enable progress with bTB controls to be supported. Training is ongoing for veterinary surgeons to assist with biosecurity options and utilise the herd breakdown information being made available by DEFRA.

The number of CHeCS herds has increased steadily over the past decade. The involvement of CHeCS biosecurity has therefore also been increasing so it is a little unfair to expect participating herds to be in the “never had Btb” list, but they could be expected to be within a bTB improvers list. Only veterinary practices will know this.

At present there is no computer link between the CHeCS herds and the DEFRA TB database. There will be, as CHeCS bTB participants will be encouraged to allow their TB data to be disclosed. At the moment it is up to practices to look into their own client disease and control information.

The Minister, George Eustice, launched the CHeCS bTB Herd Accreditation scheme at Laddenside Farm in South Gloucestershire. Mike King has a herd of some 600 dairy cows and as his vet, Tom Oxtoby of the George Veterinary Group in Malmesbury explained, the herd is blighted by TB.

On scheme launch day the farm was carrying 1,100 head including 80 extra stock because of the difficulties in selling animals while under TB restriction. The herd is managed on two sites and it takes two days one week to test the cattle every 60 days and two days the next week.

Mike King commented that without yokes in the feeding area, where cattle are held by their necks in a row, the job would be “near impossible”. He, like many other farmers, is just fed up with the disease and observes that we “get numb to TB”.

As an aside, while the speakers, introduced by Tim Brigstocke, were standing next to the milking parlour and the Minister was explaining his enthusiasm for the control of bTB, a cow had managed to barge through a gate at the rear.

Un-noticed by the Minister and the others, she was advancing on the rear of the party. Before the headline “Minister trampled by TB was could go viral, with the BBC. Following the proceedings, the farmer slowly backed away from the official group, quietly ushered the cow back to the others and there was no drama.
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Meeting challenges in cattle practice

THE ORGANISERS OF THE BCVA CONGRESS are not shy of introducing topics that might challenge veterinary surgeons. The Big Debate at this year’s event ran a little over time and was chaired by Neil Blake. It was an orderly affair to dictate “This house believes that the cattle vet practice model is fit to meet our future challenges.”

John Blackwell, former BCVA and BVA president, looked back over his time in practice and proposed that the profession has adapted to changes over the past 30 years and cited the development of health programmes as one of the recognised transitions.

There have been significant challenges and the farm is increasingly run as a business and less as a way of life. Industry-funded initiatives are now the norm with the vet engaging with clients to the benefit of farmers. Corporate veterinary businesses have evolved and collaborative cattle veterinary groups are engaging with technical and commercial developments.

Cattle veterinary work is an important part of the continuation of livestock production and John indicated that veterinary practices are fit to meet future challenges.

Six inadequate areas

Jon Huxley (University of Nottingham) opposed the motion and highlighted six areas that are not being adequately met. Cattle veterinary practice is not sustainable as its work is over-reliant on product supply and the charging structures for consultancy are not effective.

The continuation of practices is not assured as there is a reluctance for younger vets to buy into practices as they are unsure about the viability of their purchase.

Older students at university and vets qualified up to 10 years have a different outlook on a work/life balance, the team and are an asset, not a threat.

Practices are retaining enthusiastic young vets with an increasing recognition of the value of mentoring. New practice members are resilient with good skills, knowledge, use of tools, passion and drive. They are skilled communicators and relaying facing future challenges.

Joanne Bates (Farm Veterinary Services) works part-time for a 700-cow herd in Yorkshire with 20 hours per week contracted.

“This provides a good work/life balance. Attending the herd previously as a practice vet, she thought she knew the farm but now realises that her knowledge was not in-depth and is now carrying out much more targeted effort and making a real difference to the herd. She cites her work as an example of veterinary surgeon diversification and indicates a need to adapt to offer effective farm services.

The cost for veterinary services is a real issue and some farmers believe that the vet practice is “ripping them off”.

Several observations from the floor supported the points made by the speakers. The costs and margins for practices were variable and these diluted the impact of drug sales so different cattle practices will not benefit to the same degree.

There is a need to emphasise to farmers that professional technical support for use is part of the value of medicine sales. There was a vote, but as it was overtime for lunch the numbers were not clear. It was evident that a good airing had been given to an important area of concern.

All about antibiotics

The next session could not have been more appropriate with Peter Botiello (VMD) and Nigel Gibbens (CVO) highlighting “AMR – our roles and responsibilities – where are we now?”

By April 2017 every country is expected by the WHO to have a One Health Action Plan. The UK has already identified a reduction from 62mg/kg of food animal antibiotic administration to 50mg/kg by 2018. This is to be achieved by antibiotic reduction, antibiotic stewardship, improved surveillance and prevention of disease.

Antibiotics are a precious commodity and the aim is to use them to prevent mutation of resistant organisms. The close to prevent minimum mutation is a factor to be aware of. Stimulation of the innate immune system is expected to be a major development with examples given of cytokine and polynucleotides.

The CVO emphasised that “all of the highest priority critically important antibiotics used in food-producing animals are licensed for use in cattle”. The inference is that cattle are sufficiently protected from the AMR issue.

The example was given that there has been no significant reduction in dry cow tube usage. Antibiotic usage data are being collected by the Cattle Health & Welfare Group.

The CVO stated that “veterinary surgeons need to help the farmer to better profitability. With current low farm profitability, the ability to introduce change is low and the use of antibiotics are a crutch to profitability”.

There is a strong inference that the effort and costs to improve management to control disease are greater than the cost of using antibiotics. There needs to be a shift in the antibiotic/management cost ratio. Are antibiotics too cheap?

There is a strong inference that the effort and costs to improve management to control disease are greater than the cost of using antibiotics. There needs to be a shift in the antibiotic/management cost ratio. Are antibiotics too cheap? Management of AMR is on a species basis and each sector will need to work out their own destiny.

Bovine TB update

No BCVA meeting can pass without updates on bovine TB. Malla Hovi (AHPA) and Andy Barrett (Kingway Vet Group) outlined how cattle vets can contribute to the DEFRA TB policy. Current information is available at www.btb.co.uk that will be of interest to practices. The Low Risk Area has 1.0 new incident per 100 herds, the Edge 5.5 and the High Risk 18.4.

DEFRA advice is for herds being sold to have a herd test before the sale in order to stop the spread of infected animals. A wider roll-out of the six-month surveillance test is anticipated and the priority will be in the Edge Area.

The taxpayer currently funds bTB testing and a statutory risk-based trading programme is likely unless industry is able to develop a voluntary scheme. With the launch of the bTB risk level certification scheme, there will be recognition of herds that have not had a breakdown.

Currently serology is not used in the diagnosis of bTB in UK cattle. Alistair Hayton (Synergy Farm Health) presented the results of research that indicate B cells and antibodies are involved in both protection and disease progression of TB and that the detection of antibodies in serum or milk provides an additional tool that can be exploited.

Full details are within the proceedings, but utilising an array-based ELISA has detected positive lesions in SICCT inconclusive and negative cattle. The work indicates that cell-mediated immune tests could miss important disease.
New model is better off the road than on it

ROBBIE TIFFIN puts the Subaru Forester XT Turbo to the test and finds it to be lacking in most of the areas most people would care about.

You could be forgiven for missing the Forester if you were in a hurry, as it doesn’t boast particularly distinctive styling.

Subaru has always been more about practical engineering than stylish flair, so this car can’t help but look a bit dowdy next to the likes of the Mazda CX-5, Honda CR-V, Volkswagen Tiguan, Nissan Qashqai and Ford Kuga. It still has a certain unpretentious charm, though.

That estate-car body and a large glass area make for a bright, spacious and airy-feeling cabin, with a great view out for all occupants along with a capacious 505-litre boot for everyone’s luggage. Suburban sophisticates looking to wow their neighbours will probably be unimpressed, but most practical-minded country dwellers will find a lot to like.

I have now had a test drive in the updated car and this came courtesy of the top-spec XT turbo model. From the front, this new Forester is noticeably cleaner in its design. There’s the aforementioned restyled grille and L-shaped chrome trim on the bumper, while the range-topping XT also gets flash 18-inch alloy wheels, LED headlights and twin exhaust tips.

Inside, Subaru says you’ll find a “higher proportion of soft touch materials”, though a cynic might say you’d be hard pushed to locate them. The dash is of acceptable quality, though a cynic might say you’d be hard pushed to locate them. The steering is reasonably accurate – with complete confidence. The engine roaring into life on the road.

However, where it fails on the road, it excels off it. The capable X-Mode all-wheel-drive system and raised ride height will take the Forester where most family-focused SUVs could only dream of going. There’s a reasonable amount of underbody protection, too, allowing you to explore rutted terrain with complete confidence.

Practicality also remains a strong suit, with a large and square-shaped tailgate that ensures easy loading of bulky boxes and heavy items. The boot expands to 1,592 litres with the bulky boxes and heavy items. The tailgate that ensures easy loading of bulky boxes and heavy items. The tailgate that ensures easy loading of bulky boxes and heavy items.

While the recent improvements will see the old Forester claims to have made the biggest changes. Refinement has supposedly been taken up a notch, while the suspension has been tweaked to improve the ride over poor surfaces. Engineers have also fettled the steering to make it more responsive on the road.

Feels much like the old

While it sounds like quite a comprehensive overhaul, the new Forester feels much like the old one from behind the wheel. The 2.0-litre turbo petrol I tested was surprisingly refined, but most buyers will favour the diesel – which is likely to suffer from all the obvious refinement issues, shakes and rattles.

The stepped-CVT “Lineartronic” gearbox remains, which despite creating artificial ratios to mimic a conventional auto, never feels quite as smooth as the DSG dual-clutch set-up available on the VW Tiguan.

The engine feels laboured, too. With forced-induction now the norm among modern production cars, many manufacturers have learnt to limit turbo lag. Despite this the new Forester XT still feels somewhat archaic.

There was an undeniable disconnect between pressing the accelerator and the engine roaring into life on the XT I tested, which forces you to plan overtakes with plenty of warning. The brand’s symmetrical four-wheel-drive system will push the 237bhp XT from 0-62mph in 7.5 seconds, though in reality it never feels that fast.

Moreover, fiddling with the three drive modes does little to improve matters, so you’re best leaving those to their own devices. There’s loads of body roll too, which encourages slower progress on twisty roads, but at least the steering is reasonably accurate – allowing you to place the car with a degree of precision.

The XT is the most powerful engine available to UK buyers, though despite the turbo, running costs for this petrol model are high. Subaru claims 33.2mpg, while CO2 emissions of 197g/km mean it’s much more expensive to tax than diesel-only rivals.

However, where it fails on the road, it excels off it. The capable X-Mode all-wheel-drive system and raised ride height will take the Forester where most family-focused SUVs could only dream of going. There’s a reasonable amount of underbody protection, too, allowing you to explore rutted terrain with complete confidence.

Practicality also remains a strong suit, with a large and square-shaped tailgate that ensures easy loading of bulky boxes and heavy items. The boot expands to 1,592 litres with the rear seats folded flat – putting it on a par with models like the Ford Kuga and Renault Kadjar.

In summary, it’s a real shame the rather bland looks and drab interior haven’t been improved, because underneath the Forester is a very capable car, with true 4x4 capabilities, that’s likely to build upon the previous model’s strong reliability record.

While the recent improvements will mean the model has slightly broader appeal than before, it still remains a fairly niche product.
ON 15TH JANUARY 2009, shortly after taking off from LaGuardia Airport in New York, US Airways Flight 1549 suffered a catastrophic bird strike that rendered both of its engines inoperable.

Captain Chesley “Sully” Sullenberger and his co-pilot, Jeff Skiles, had only seconds to decide what to do. Fearing that they had insufficient flying time to get back to LaGuardia or to reach the other nearby airport at Teterboro, Captain Sullenberger landed his aircraft on (not “in”) the Hudson River and, amazingly, all 155 passengers and crew on board the aircraft were saved.

 Custumary handling of this remarkable incident by Hollywood might involve a biopic of Captain Sullenberger leading up to the river landing as the climax of the piece. Sullenberger leading up to the river and, amazingly, all 155 passengers on (not “in”) the Hudson Teterboro, Captain Sullenberger landed nearby airport at

For extremely good reasons should known events ever be changed. Exceptionally, I am happy to accept the historical inaccuracies in Sully... because of the wider issues that they raise. For one thing, the fictitious aspects of this story invite a consideration of the modern imperative for unfailing adherence to rigid procedure without allowance for the notion that sometimes the skilled professional can make judgements the results of which are superior to outcomes arrived at by slavish adherence to the book. While there is an obvious need in many walks of life to determine and promulgate accepted “best practice”, there are times when unusual circumstances render it necessary to override such rules. This excellent film also examines another customary tendency to believe that data provided by modern technology are invariably accurate, totally infallible and should be accepted without question. Finally, the events depicted in Sully... make us appreciate the difference between the relative ease of making decisions in controlled, risk-free and unburdened circumstances as opposed to the emergency situation when time is short and lives may be at risk.

It is easy to sit in knowledgeable retrospection on the decisions of others made in situations of extreme stress, but those who would judge and those who would regulate do well to recognise that in real time, problems are often more difficult to solve and that the human fallibility that makes us subject to error is the price we pay for the invaluable human qualities of creative thought, flair and courage.

In getting everyone on Flight 1549 down safely, Captain Sullenberger and his crew demonstrated true heroism and consummate professionalism and, while it may not be totally accurate in some aspects, Sully... allows us to celebrate their amazing achievement and to reflect on how we judge the actions of those whom we entrust with our lives. Tom Hanks’ portrayal of Captain Sullenberger is of the highest class and he is wonderfully supported by Aaron Eckhart as co-pilot Skiles. This is a film in which everything is right: acting, direction, cinematography and editing are first-rate, not a single scene is wasted and the use of special effects is exemplary. This is without doubt the best film I have seen all year.

While Sully... at 96 minutes is a film that, if you will forgive the expression, flies by, the same cannot be said for Tom Ford’s Nocturnal Animals, the first movie I can remember walking out of before the halfway point. It has been the good, the bad and the ugly for Amy Adams movies this year. Arrival was a fine film, Batman versus Superman abysmal and what I could bring myself to watch of Nocturnal Animals nasty and undesirable.

The intentionally ugly and ridiculously prolonged opening sequence does nothing to get me on the film maker’s side and soon, we are into a road side sequence in which a family is threatened by a group of criminals in a scene of such inordinate length that it manages to be both gratuitously voyeuristic and intensely boring at the same time. For all I know, this picture, based on Austin Wright’s 1993 novel Tony and Susan – of which I’ve heard good reports – may say wonderful things about the relationship between Adams’ gallery owner, her unhappily married ex-husband (Armie Hammer) and her co-husband (Jake Gyllenhall), but frankly I don’t care. If a film maker wants to say something to me, he must first convince me that he is worth listening to.

**TEN practices have won luxury chocolate hamper in Geva Animal Health’s “Build a Den” fireworks competition.**

The competition encouraged practices to build a den, plug in an Adaptil diffuser nearby and decorate their waiting room to demonstrate the preventative measures clients can carry out at home to help manage their pets’ firework fears.

The winning practices were: Woodcroft Veterinary Group, Cheadle, Cheshire (whose den is pictured); Tyldeley Veterinary Centre, Manchester; Goddard Veterinary Group, Highbury, London, and also in Tottenham, London; Radlenschiles Veterinary Surgery, Devon; Beech House Veterinary Surgery, Towcester, Northants; Medivet Bishopscourt, Chelmsford, Essex; Medivet Shawbirch, Telford, Shropshire; Medivet Stantonmore, Middlesex; and Medivet Oakenhales, Telford, Shropshire.

**“Build a Den” winners announced**

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Data protection at the source: how to look after your practice

WHETHER A VETERINARY PRACTICE MANAGES ITS IT AND DATA and information security – and back-ups – in-house, or has outsourced it all to the cloud, a basic truth is this: ironically, improvements in anti-virus software – provided the software is regularly updated – mean that 99% of the time, staff are not exposed to viruses and as a result are taken by surprise when receiving a malicious attachment.

Viruses and associated ransomware are as insidious and tenacious as ever, though, and there is no lack of attempts by their perpetrators to send them, but good gatekeeping can keep the majority at bay.

And then there are Distributed Denial of Service (DDoS) attacks, which can cause mayhem to websites and as a result are taken by surprise when receiving a malicious attachment.

Viruses and associated ransomware are as insidious and tenacious as ever, though, and there is no lack of attempts by their perpetrators to send them, but good gatekeeping can keep the majority at bay.

And then there are Distributed Denial of Service (DDoS) attacks, which can cause mayhem to websites and computer networks. More about those later.

Gatekeeping is not only about technology. It also involves human behaviour which, if undisciplined, can result in a potentially dangerous virus infection or, in the case of ransomware, the complete shutdown of a computer unless a ransom is paid.

To explain that differently, staff shouldn’t get too comfortable with their online activities and thereby take security for granted. In order to protect themselves to a greater extent, practices need to remain vigilant and train their people not to open unknown e-mails or visit suspicious – “phishing” – websites.

The latter can have as serious a consequence as opening a malicious attachment because the sites can download malware and other threats, or take you to a web page that, for example, looks like your bank’s homepage but isn’t. By logging in to what you believe to be your account, through giving your log-in details, you are at risk of ID theft as well as financial loss. The same applies to fake PayPal and similar websites.

Individuals working for a practice can be tricked by a phishing website, thereby putting themselves or the practice at risk.

Making regular data back-ups is essential

Let’s not forget the vital role that data back-ups play in good gatekeeping. Back-ups are not only useful in the event of a hard disk crash or theft of computers, or damage caused by fire or flood.

In all those cases they can enable rapid business continuity through data/information restoration. They also come in handy where ransomware demands are made, by enabling the demand to be ignored because the most recent back-up can be put on to another computer.

Back-ups are most effective when a disciplined regime of making them is followed. Real-time back-ups are ideal, but not always practical, especially in a small organisation. Making frequent back-ups, however, is viable but does depend on a level of discipline or selecting automated, scheduled, back-ups.

Bear in mind that any back-ups made locally, i.e. not online but in the office, whether on NAS (Network Attached Storage) devices or even USB drives, do need to be stored safely off-site until being used again. Many smaller organisations don’t do that, adding to the risks they face from data breaches or loss.

Practices can also suffer loss of data through theft of office-based data back-ups, computers, tablets or smartphones. Insecure coding on a practice’s website or software applications can result in websites being hacked into and customer information stolen.

Therefore, practice owners should ensure that website and any software developers they use meet minimum but acceptable standards at least.

They should also be aware of the risk posed to data from the practice of using locum vets and freelance staff, whose own computing and smart phone devices might be exposed to information and data loss for a variety of reasons including theft.

Another threat is bad practice, ranging from allowing friends or associates to use the devices to relying on inadequate or out-of-date anti-virus and anti-malware tools, visiting.

Joseph Blass has been an investor in the cloud since 2011 and in 2013 led the merger between WorkPlaceLive and Cirrus Stratus. He is now CEO of the company. Previously he founded Toucan Telecom and led the management team in the sale of the business to Pipex plc where he concluded its successful onward sale to Tiscali in 2007. Joseph also managed the turn-around of a WiMax business, and managed an AIM listed payment processing company.

### Good gatekeeping will reduce cybercrime risks for the practice that wants to go it alone, but the upsides won’t be able to compare to what the cloud-based hosted desktops alternative provides.

Joseph Blass
CEO of WorkPlaceLive

WORKPLACELIVE looks at how practices can minimise risks posed to data and information – and computers and their networks – from cyber attacks and inadequate data security

**Continued Overleaf**
phishing websites and using wi-fi hotspots. Even “secure” hotspots pose security threats.

Safeguarding sensitive data is high on the agenda of any business – or should be! – but we’re all only human and mistakes are made through familiarity breeding errors if not contempt.

**Hosted desktops**

To reduce all risks posed by cybercrime, human error, bad practice, out-of-date anti-virus and spyware software, and theft (or fire), the practice owner has an alternative to the DIY approach, useful though that can be, especially for the smaller practitioner: the hosted desktops element of cloud computing. Where hosted desktops are deployed, all data and information processing is carried out in a secure data centre rather than an in-house server or individual desktop, laptop or tablet. Back-ups are therefore also made in the data centre, by the hosted desktops provider.

If the provider is ISO 27001 certified, practices can be sure that every action taken in the centre complies with the international gold standard in information security management.

ISO 27001 accreditation means that back-up regimes are strictly adhered to, allowing business continuity to be optimised should it ever be required. Secure storage of back-ups is no problem.

A second secure data centre ensures that in the unlikely event of the primary centre being affected by a “disaster”, the service offered by the hosted desktops provider continues.

Hosted desktops – or Desktops as a Service (DaaS) – can also relieve a practice of all concerns about purchase and support of IT. And crucially, with cloud computing being device-independent, hosted desktops cannot pose a security threat. That is, staff can work on their own devices without compromising the practice’s security policies because they are only using the devices as hardware to access their work.

**DDoS attacks**

Recent research by security company Imperva concluded that the UK is now the second most targeted country after the US when it comes to DDoS attacks, which are designed to bring websites down and make computer networks unworkable. The number of attacks was up 200% in the past year, according to the firm, with some being directed by former workers disgruntled at their employers.

They paid as little as a few pounds sterling to buy an attack by a DDoS provider, highlighting the dangers that can come from within.

The smaller a practice, the less likely it is to have the resources to combat, or at least be prepared for, a DDoS attack. However, if its computer network has been outsourced to the cloud, the cloud services provider should have the capability to stop an attack or make it as brief and ineffectual as possible.

**High-level security**

Hosted desktops enable practices of 10 or more staff to benefit from high-level cyber security tools previously only affordable by large organisations. The tools include robust firewalls, enterprise quality anti-virus tools and web filtering, optional encryption of sent e-mails and management of all the access devices. They are affordable because the costs are shared with other customers of the hosted desktop provider. Also shared is the cost of high-end, enterprise-grade software applications.

Other tools in the provider’s arsenal control and enforce acceptable use policies, block access to inappropriate websites and any other sites a practice owner or manager wants to exclude staff from accessing, and generally reduce misuse of the internet by any individual working for a practice – the owner and any partners included.

Dual factor authentication, or 2FA, is an option offered by some providers. It helps prevent unauthorised access to information and data by enforcing the identification of individuals through a combination of user name, password and information known only to them.

2FA that uses SMS has now been declared insecure by the National Institute of Standards and Technology (NIST), ensuring there will be an impact at some point for users of the 2FA that is utilised by Gmail, Apple, etc.

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**Practice management systems**

Practice management systems (PMS) have become ubiquitous within veterinary practices. The functionality of the systems is increasing and practices are becoming more and more reliant on them.

Moving a PMS to the cloud is no problem. In fact, a practice might already be using a cloud-based version, in which case it can continue to do so after moving its IT to hosted desktops.

With hosted desktops, the PMS would reside as part of the overall solution of the hosted desktops provider, which would manage all aspects of its security. Data, for example, would be protected by all the tools available to the provider as well as strict back-up regimes – and the high-grade physical security of the data centre itself.

**Summary**

Veterinary practices can go it alone with cyber security, data back-ups and business continuity. Risks posed by using locums and freelance staff can be countered in part through a combination of good practice and basic tools a practice can use itself; if its IT hasn’t been outsourced.

Good gatekeeping will reduce cybercrime risks for the practice that wants to go it alone, but the upsides won’t be able to compare to what the cloud-based hosted desktops alternative provides, including deploying its arsenal of tools to combat DDoS attacks and hacking.

To learn more, see workplacelive.com.
I was a bit rude about vets' cars in the last column, pointing out that many members of our profession seem to be incapable of keeping a vehicle even half-clean and tidy for more than perhaps three hours after it leaves the showroom. But to be honest, as well as being very bad at looking after their cars, many vets seem to be pretty poor at driving the things.

I appreciate that my statistics are possibly biased, since I know more vets than the average person, but a lot of my colleagues seem to have had car accidents or been caught speeding over the years. Indeed, can I suggest that if there was a competition to find the country's worst drivers, vets might be at or near the top of the list?

My first boss would frequently warn me about the high death rate of young vets in large animal work. He reckoned that many of these were from car accidents – new graduates driving too fast because they were behind with their calls, busy wondering what on earth was wrong with the cow they had just seen, and worrying about the horse with colic that was the next visit, so they didn't concentrate on the job in hand (namely, keeping their car shiny-side-up, on the correct side of the road and within the speed limit) – with possibly fatal consequences.

After a few months in the job, and several near-misses on tight corners, blind summits and difficult junctions, I felt that he had a point. And it didn't help that these were the days before we all had mobile phones with hands-free capability – I frequently used to steer with my knees while operating the radio telephone with one hand and holding a lunchtime sandwich with the other, a technique not to be found in any version of the Highway Code.

Of course, when I qualified in the 1980s, one of the standard questions we would ask at any job interview was “what car comes with the job?” – and this was a matter of pride when we compared notes with our peers; if we had a vehicle with luxuries such as electric windows or heated seats (remember this was the 1980s), it gave us a certain standing among our friends. But perhaps because the cars were not ours, we treated them with less care than we should have.

As I said, I was fortunate enough to avoid – through luck rather than skill – anything too serious involving my car, but my good fortune did not seem to extend to many of my ex-classmates. Several of us ended up working in the same area, and we would regularly meet in a pub and swap tales of what happened when one forgot to apply the handbrake when parked on an incline, what the boss had said when he found a large dent in the back of his assistant’s car, and what the police, rather unreasonably, regarded as driving without due care and attention, despite my friend claiming that he was simply using his initiative (namely, driving across a mini-roundabout to overtake a dawdling learner who was taking a more conventional route around it).

I do, however, remember spinning my car on black ice during the first winter I spent in the job, and several near-misses on tight corners, blind summits and difficult junctions. I felt that he had a point. And it didn't help that these were the days before we all had mobile phones with hands-free capability – I frequently used to steer with my knees while operating the radio telephone with one hand and holding a lunchtime sandwich with the other, a technique not to be found in any version of the Highway Code.

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If you have never hit black ice, I can assure you it is bewilderingly quick and alarmingly uncontrollable; one minute I was driving quietly down a country lane and the next instant the car and I had come to an abrupt halt against a grass verge, sitting at an odd angle across the road with the windscreen a lot closer to a bumper. No one was about, but I felt I should do the honourable thing and leave a note on the windscreen.

Unfortunately, I had no pen with me so I decided to attend to my patient – the car having come to a stop outside the client’s front gate – and deposit the note on my departure.

The visit took only a few minutes, but on leaving the house, borrowed pen in hand, I found that the taxi had gone. For the next two years I quite often found myself driving along behind the taxi – the dentened bumber made it easy to identify – or saw it waiting in the practice car park to collect a client, but by this stage I could never bring myself to own up to the damage.

Small wonder, perhaps, that my first boss had a standing account at the local garage – the practice cars were far too frequently needing emergency repairs because one assistant or another had managed to break the wing mirror on a corner of a barn, lose the exhaust on a farm track, or run out of oil (despite the warning light on the dashboard being constantly lit for the previous two weeks) with disastrous consequences.

All of which leads me to suggest two things. Firstly, every vet who has to drive a car for their work should be made to take one of these advanced motoring courses to improve their abilities behind the wheel. And secondly, the vet colleges should introduce a new section to their syllabus which will provide essential driving skills for all final-year students as they prepare for their first job in practice.

It will be full of practical hints and tips, such as what to say to the boss when yet another large scrape has somehow appeared on the car’s paintwork, how to make a plausible excuse to the policeman who has pulled you over for driving at 55mph in a built-up area, and how to eat a sandwich, send a text message and make a note about the drugs you have just delivered to a farm, all while driving down a narrow country lane on an icy, foggy morning in winter.

I reckon it could easily become one of the most useful parts of any veterinary undergraduate’s course.

The Obiterdictum column

A vet colleague has recently written to me saying that many far-flung parts of the car’s interior and sorting them into various pots made the Obiterdictum column

To introduce a new section to their syllabus which will provide essential driving skills for all final-year students as they prepare for their first job in practice.

The vet colleges should introduce a new section to their syllabus which will provide essential driving skills for all final-year students as they prepare for their first job in practice.

If you currently own a home and you would like to keep it and rent it out, it may be possible to remortgage this property on a buy-to-let mortgage arrangement. This will potentially give you the ability to release equity from the property and use these funds to cover the cost of a deposit and any associated costs for another residential purchase.

Bear in mind though that as you would not be selling a residential property you would incur an additional 3% stamp duty on any new residential purchase and this cost will need to be factored in to the long-term plans for your property portfolio.

All in all, getting a mortgage is a big decision and our advice is simple: be prepared and always seek the advice of an expert.

If you would like advice on securing a new mortgage or reviewing an existing mortgage arrangement, contact us on 0230 088 11 57 or e-mail info@fsfinance.co.uk.
Our Academy is your Academy

To book a course go online to myvetpractice.co.uk/courses

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