Nurses’ skills under-used in practice

IN a recent poll, only 24% of nurses believed that their practice made great use of their skills while nearly two-thirds (65%) of respondents said their practice made only “some” use of their skills.

One of the nurses who participated in the recent VNVoice survey said that in her experience nurses were often undervalued in practice – especially when it came to any species or condition-specific knowledge they might have.

This is a shame, she said, as many nurses have a favourite topic that they are hugely knowledgeable on and can offer vital assistance to the client or pet or practice team.

Asked, “Within your own practice, of the cases which you feel could potentially have nurse-led input, how often are you asked to get involved/referred to?” just 4% of respondents reported that cases were referred to them more than three-quarters of the time.

The most commonly-run nursing clinic or advice offered was on the topic of weight management with 87% saying they offered clinics on this subject; 47% gave advice for diabetic patients and 45% on wound management. Commenting on the findings, the BVNA president, Sam Morgan, said that nurse consulting was growing as a service within the profession and benefited both the client and the practice.

“Some practices that have embraced nurse consulting have found benefits not only to their clients, but also to the nurses, who feel valued and that their career has progressed. Other practices not making the most of their nurses’ skills are not experiencing these benefits,” Sam said, adding that as a locum she had worked at a practice where the vets did all the clinics nurses could do including flea and worming.

At VetsSouth 2017 in Exeter this month, Nicola Ackerman will discuss the role of veterinary nurses as “fee-earning regulated professionals”. In a session on medical nurse clinics, she will explain that nurses have a vital role to play in the practice in the role of consulting nurses, not limited just to the offering of advice to clients but including performing the groundwork in collecting data parameters (blood tests, urine sampling, radiography, complex diet and behavioural histories) in order for the veterinary surgeon to then interpret the collected data and make a diagnosis; the undertaking of preventive healthcare for animals; post-operative appointments; and wound management.

“Nurses perform a completely different role to veterinary surgeons,” she will say, “though many vets do undertake many roles that should be viewed and completed by nurses, e.g. blood sampling and post-operative checks.

“These types of appointments need to be scheduled with a veterinary nurse; this will free-up vets’ time in order for them to undertake tasks that only they can undertake. From a business aspect this is making a much better use of time for the entire workforce.”

This session will be at 9am on Wednesday 8th February. For full details of the two-day CPD programme for both vets and nurses, turn to page 11 or go to www.vetsouth.com.
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Two openings for out-of-hours provider

VETS Now has marked its 15th birthday with the opening of a hospital in Manchester and a new out-of-hours clinic in Surrey. This takes its number of emergency and specialty hospitals to three and its out-of-hours clinics to 53.

The hospital in the Whitefield area of Manchester will provide 24-hour emergency care for practices throughout the Greater Manchester region; while the clinic in Sutton, Surrey, will offer out-of-hours services in and around south London.

The hospital will employ 37 people, including Professor John Williams as national surgical lead, Louise O’Dwyer as clinical support manager, Kerry Doolin, referral clinician in ECC, and Paul Aldridge, advanced practitioner in small animal surgery.

Vets Now plans to open a new emergency out-of-hours clinic in Chippenham next month.

Twenty-fifth surgery for Cheshire group

THE Willows Veterinary Group, based in Rudheath, Cheshire, opened its 25th surgery at the end of January.

A former plant room at Birchwood Shopping Centre in Warrington has been converted into a practice with two consulting rooms, a pharmacy, laboratory, an operating theatre with a separate prep room, an x-ray suite, and separate wards for cats and dogs.

Veterinary surgeon Philippa Bradley (pictured) is heading the five-strong team at the new site.

New ownership but it’s business as usual at VP

5M Publishing has acquired Veterinary Practice along with its two conferences and award schemes. 5m is a knowledge services hub providing industry-leading training, education and access to best practice through its magazines, websites, events, trade publications and a wide range of e-learning and continuing professional development courses for people working in agriculture, aquaculture and the veterinary profession.

VetsSouth and VetsNorth will join 5m’s burgeoning events division that already hosts well-known events such as Official Vet, ESVPS Congress and Aquaculture UK.

“Since the early 1960s I VP has provided vets with cutting-edge knowledge, clinical information, research and case studies. VP’s magazine and conferences complement our training and education courses, particularly in the companion animal arena with our sister company Improve International. We’re delighted to continue to invest and support it and the broader veterinary market in the UK,” explains Matt Colvan, sales and marketing director of 5m Publishing.

David Ritchie, managing director of VP Publishing Ltd and editor of Veterinary Practice for a total of 27 years, says he is delighted to hand over the reins to a tremendous presence.

“Although the ownership changes, the name remains the same and we will continue to serve you under Veterinary Practice. Former editor, David Ritchie, remains in an advisory role to ensure a smooth transition.”

Disused pub transformed into 24-hour clinic

A NEW 24-hour veterinary clinic has opened in Smethwick following a £1.3 million investment, creating 17 new jobs in the local area. The CVS-owned clinic, YourVets24 Smethwick, opened on Londonderry Lane at the end of January. YourVets24 has developed and extended the former Queens Head Pub, which burnt down two years ago. The new clinic includes two operating theatre suites, five consulting rooms and facilities for ultrasounds and digital radiography. It also includes a spacious and bright new waiting room with designated areas for cats and dogs and “enhanced parking spaces” for customers.

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!

Sandy Park Conference Centre, Exeter

Wednesday and Thursday 8th and 9th February
Measuring the scale of expectation of change – what’s next?

AS WE WANDER, SLIGHTLY DAZED, through the early weeks of 2017, there is no doubt that we are facing a very different world. On the face of it, that’s both patently true and worrying in its veracity as 2016 had developed into a fiesta of dubious truths, misrepresentation and political posturing based on feelings and fiction rather than fact. So do we now live in a fact-free world?

I recall that the US President of the moment used the expression, “there is no doubt that Iraq has weapons of mass destruction”. Subsequently, the world has come to believe something different, but this may be one of the most famous examples of people putting their feelings before facts because they are wedded to a particular ideology.

For those of us with liberal tendencies and, by this, I mean people who prefer the middle ground to the more extreme edges of opinion, 2016 ended in a worrying cloud of liberal angst as the old order started to give way to a new era in both politics and ideology.

We’ve seen populist politicians triumph at home and in the US, providing a fertile backdrop for the forthcoming elections in France, the Netherlands and Germany and, should a similar pattern emerge, we should perhaps expect something of a landslide of anti-establishment feeling.

In our new world, we now see values dressed up as facts in a changing relationship with the truth. The “New Year” has already seen at least two documentaries on what this may mean and, on an intellectual and psychoanalytic platform, it makes for interesting debate about the difference between facts and truth. However, whether we like the message, or the messenger, Michael Gove’s assertion that the country has become tired of experts is really a declaration that no one knows better than the people themselves what it is like to live in today’s world where others always appear to have the advantage.

When an electorate overturns the status quo in favour of achieving step change, we have to accept we are all more or less biased and the only difference between us is the degree of loss we may fear by a certain action. One of the factors now seen to be contributory to this tsunami of social change is the widespread reach of social media and, as a result, what could be seen as an explosion in the “me” culture.

The bubbles of confluence where like-minded people join together by “friending” others on social media sites are just as effective in the distribution of changing values across wide geographical borders and, with the instantaneous nature of the internet, the reinforcing imagery that can be used to add weight to social, political or simply entertainment messaging.

Several colleagues from the US, all largely conservative or liberal by inclination, were appalled by Trump’s runaway victory in the US elections, but all accepted that US voters were voting for the message and not the messenger, except in that they believed that nothing other than his truck-like momentum could ensure the message was effectively delivered.

A domino effect?

When the messaging moves towards protecting ourselves, our incomes, families, culture or country, nationalism is never far away; we may have started something with Brexit that could lead to a domino effect in Europe and, perhaps, in the wider world.

A change in the establishment landscape means that those who were in the minority end up becoming the majority and, as a result, they come to be the establishment itself with all the concomitant challenges that accompany it.

None of us knows how the immediate or mid-term future will develop and the challenges facing the new cadre of leaders are enormous, but it seems to me it is unlikely that life will continue as usual as this new year develops.

If that is correct, the real issue becomes not the cause of change but the scale of expectation of change. For the liberal-minded, change is always uncomfortable and if change is based on ferment, what happens if the change is successful and what should we expect if it fails to match the expectation?

From a philosophical point of view, that’s an appealing conundrum; who is to say what is a successful outcome? If change is driven by extremism can only extreme change suffice and, if not, where do truth and trust feature in the reckoning?

We all have things we believe are worth caring about and none of us is ready to abandon the values we think are important, but just as language is fluid, so is social change. There is a school of opinion that suggests social media fuels change by its ability for participants to affix independent text and images which “prove” their values are indeed fact in what is known as echo-chamber communication and one of the biggest challenges I believe we now face is how to maintain intellectual liberalism and tolerance in our academic and clinical positioning.

If my facts are more attractive than your facts, surely that’s a reasonable basis for clients to migrate…

The world is used to instantaneous responses, through the internet, TV and even the medium of e-mail, but that allows little or no time for consideration or analysis. There is real pressure to produce instant decisions and to be assertive with facts to support them, yet how will this frame a professional outlook that has so far successfully balanced the art alongside the science of veterinary medicine?

As an example, our professional media has spent many column inches on the homeopathy debate and, in our liberal, tolerant way, we have all accepted that there is room for differing opinions, but we may fool ourselves if we think our clients will manage to juggle the niceties of debate between values and facts. In reality, while we enjoy the scientific journey that all veterinary graduates have been trained to undertake, our clients are paying for our expertise and, perhaps more importantly, they believe they are paying for a result.

If Mr Gove’s assertion that the country is tired of experts holds water in our brave new world, we may have to work far harder to maintain the open-mindedness that has characterised our professional lives to date.

Which European country could you make the most money in?

VETERINARY surgeons should head to Sweden if they wish to be among the highest paid in their profession in Europe, according to the credit comparison website, TotallyMoney.com. The average salary for vets there is almost £40,000.

The website has created a jobs infographic which illustrates how European countries compare to one another, based on salary, average hours worked per week, and paid leave (based on the top 10 countries in Europe that Brits migrate to, including the UK).

Germany ranks as the top country to work in overall, with France second, while highest average salaries are paid in The Netherlands, which came fourth overall.

While vets earn most in Sweden, electricians will do best in France (followed by Greece and Spain), and IT consultants should head for Germany (then Greece and Spain). Britain is the best country to work in if you are a train driver, airline pilot or accountant.

TotallyMoney.com also commissioned a survey of 1,500 people (via OnePoll) which found that a third of Brits feel over-worked and 55% feel underpaid.

THE MERCURY COLUMN
in which a guest columnist takes the profession – and the world around
Working in the UK as a non-UK vet

How easy is it for a non-UK vet to practice in the UK and can you ever manage your own practice? Maggie Doherty DVM MCVRS GP CERT (SAM), explains how it is possible.

“I qualified as a veterinary surgeon in 2003 in my native Poland, and always dreamt of working in the UK.

“Moving to the UK straight after qualifying was quite a daunting prospect.

“But it ended up being fairly straightforward and I found that career opportunities were equally available to me, a non-UK veterinary surgeon, as they were to my UK colleagues.”

Maggie spent a little over ten years working at a variety of practices, eventually settling in Buckingham and working at the Vets4Pets surgery in Milton Keynes.

However she wanted to run her own practice and started to explore the opportunities available, as a non-UK vet.

“The idea of owning a veterinary practice was something I increasingly desired, but I was worried that as a non-UK vet it would take time. Then suddenly the chance became available.

“I discovered an opportunity right on my doorstep; Vets4Pets were looking for a joint venture partner (JVP) at a brand new surgery inside the Pets at Home store in Buckingham, and it was just the opening I was looking for.

“Within two months I was opening the doors of my own surgery as a JVP, it was a fantastic experience and one I hadn’t thought would ever be achieved.

“Of course the transition period was very busy, but the Vets4Pets support office helped enormously during those two months, in fact they did almost everything for me so when I opened up the practice it was fully-equipped and ready for the first patients.

“As a non-UK vet I was expecting a few teething problems, but the whole process was fairly event free.

“The marketing team helped drive initial enquiries and I’ve had excellent business support to help with things including recruiting and HR.

“The surgery still gets support on a daily basis from the variety of teams at the support office, and we rely on this facility so we can concentrate on helping pets and being veterinary professionals.

“My journey as a veterinary surgeon, and now practice owner, just shows that you never know when the next opportunity will happen. You just have to be ready when it comes around.”

Maggie recently opened her second practice in nearby Bicester, once again as a JVP with Vets4Pets, which is based inside the Pets at Home store.

To watch Maggie explain the opportunities provided by the Vets4Pets’ model go to the web link below.

For more information visit: www.myvetpractice.co.uk/be-a-jvp
Employees’ guide to Compulsory Sex, Drugs and Rock and Roll in the workplace

Firstly, an apology for an editorial mistake made too late to correct at the publishers. The title of this month’s column should read “Compulsory Pensions Auto-enrolment in the Workplace”, but now I have your attention...

As you should be aware, there is now a legal obligation for your employer to enrol you in a pension scheme. Employers have to enrol you. You then have the option to opt out if you wish. Employers are also not allowed to offer any incentives for you not to enrol, for example offering you a pension or, if you opt out, a pay rise. So we all have to do it – it’s the law.

This article will attempt to give an overview of what is involved and why it is a good idea. It’s aimed at employees, mainly vets and nurses.

So why is the government doing this? Broadly speaking to try to plug the looming pension crisis that the next generation of people face when they retire. As my parents’ generation, the “Baby Boomers”, are living it up in the Dordogne partying through their final salary pension schemes, enjoying the cash generated from downsizing overpriced homes, etc., those of us in final salary pension schemes, enjoying the Dordogne partying through their retirement – whenever the government deems you can retire when you finally get there?

The answer to this is clearly “no”, and so the government has introduced auto-enrolment pensions to add to the state pension. Most vets and nurses will qualify based on salary and hours. The government summarises the scheme:

- Millions of workers are being automatically enrolled into a workplace pension by their employer.
- To date over seven million have already been enrolled. One you’re enrolled, not only will you pay in to it but so will your employer’s offer of their pension, and so the government has introduced auto-enrolment pensions to add to the state pension. Most vets and nurses will qualify based on salary and hours. The government summarises the scheme:

What if I move jobs?

You may be automatically enrolled into a new workplace pension. This will depend on the size of your new employer, when you move, and if you meet the criteria (as above).

Large and medium sized businesses have already started automatically enrolling their workers and all firms will come on board by 2018. If you start a new pension (either “workplace” or “personal”), you may be able to combine your old pension with your new one.

Your new pension scheme provider will be able to tell you if this is possible and, if so, how to go about doing it. There has been talk of “Pot follows member” legislation, so your pension follows you through your job moves, but this is yet to be confirmed.

I’m paying into a personal pension already – what should I do?

It’s possible to have both a workplace pension and your own personal pension, so you could choose to continue paying into both. Or you might choose to continue with just one of them. It depends on your circumstances – for example, what you can afford and what your personal and workplace pension schemes are offering.

With your workplace pension, you will receive a contribution from your employer that you won’t get with your own personal pension. This is an important point to remember, and employers are not required to contribute to any other pension you may have. So if you do not take up the employer’s offer of their pension, you will lose their 3% contribution.

As far as I can work out there is no mathematical benefit in having just one pension pot, so you may as well take up the one on offer from your employer.

But take advice on this: you can now take some cash as a lump sum on retirement (a quarter of the fund value is tax-free) so if nothing else if you are nearing retirement you may as well make use of your employer’s obligation to contribute 3% towards that holiday/ classic car, etc., you promised yourself on retirement.

Summary

Pensions remain the most tax-efficient form of saving for your retirement and the advantages are only increasing:

- Tax relief on personal contributions you pay (at your highest marginal rate).
- No benefit in kind charge on any company contributions paid on your behalf.
- Funds invested grow almost entirely tax-free.
- A quarter of the total fund available as a tax-free lump sum on retirement.
- Access to benefits any time after age 55 regardless of employment status.
- Removal of tax on death benefits pre- and post-retirement in majority of circumstances (pre-75).

Ultimately, the size of your pension fund and therefore the level of benefits you receive in retirement is primarily down to two main factors – (a) how much you pay and (b) the investment growth you achieve.

A simple summary is to look at £15. If you save this at the bank for retirement you will be lucky to get more than 1% interest currently. You have already paid income tax, so on £15 gross income you start with £12 at the bank and will be lucky to make more than 12 pence a year.

So instead of saving your net earnings at the bank you enrol in your workplace pension. Let’s say it’s year one of your pension scheme, you earn £18,000 pa, and you and your employer are making a 1% contribution each to the pension scheme and i.e. our £15 example amount.

That £15 will only cost you £12 of take-home pay as you get tax relief immediately. Your employer matches that and so you now have £30 in your pot at the end of the month, rather than £12 at the bank earning peanuts if you had just saved it.

Factor in that by 2019 your contribution will have to be 5% and your employer’s 3% and the maths really starts to become significant. It’s not as exciting as sex, drugs and rock and roll, but it’s pretty good.

Thanks to JPM Pensions for their assistance at short notice in preparing this article. For informed advice on this subject, don’t ask me – ask them on 0212-270 4800 or email admin@jpm-group.co.uk.
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A DILUTED STORM IN AN UNPROVEN TEACUP

IN SPITE OF BEING A MASSIVE “KNOW-ALL” for most of my life, there are some things about which I know nothing. There are also some things I think I know that turn out to be incorrect.

In fact, when I lecture to students I tell them that 95% of what I tell them will be true and 5% will be wrong because I am mistaken. That certainly makes them sit up, especially when I add that it’s up to them to find out the incorrect 5% by reading around the subject and doing further research!

Not knowing something or being mistaken about something is part of being a normal human being and we would all do well to have the humility to recognise that. Which leads me onto the current debate in the profession to recognise that. Which leads me onto the current debate in the profession to recognise that. Which leads me onto the current debate in the profession to recognise that. Which leads me onto the current debate in the profession to recognise that.

Could not the same be said of those aforementioned topics. Likewise, vets who use homoeopathy have invariably studied the subject of the many thousands of languages spoken around the world come across as “mumbo-jumbo” to me, yet billions of people rely on them and apparently thrive. One person’s mumbo-jumbo is another’s reality.

Could not the same be said of homoeopathy? I don’t understand how it can possibly work, but I don’t understand quantum physics, black holes or string theory either. That doesn’t mean to say they don’t exist and there are physicists out there who have the theories and in some cases the evidence to support what they believe about those aforementioned topics.

I am aware too that almost all conventional drugs can have unwarranted side-effects and so I guess by extrapolation we are causing harm to a significant number of animals by treating them with conventional medicines for ailments they would have recovered from if left quietly alone.

Those people who decry the use of homoeopathy because it can’t possibly have any effect might like to consider this potential benefit of homoeopathic treatment as a counter argument to their zealous cries to have it banned…

I suspect most of us will have treated animals on numerous occasions that have unexpectedly failed to respond to conventional medical treatment. The normal approach to this is to reconsider the diagnosis and the other treatment options and then to perhaps try a different drug.

Now most homoeopathic vets I know are perfectly rational human beings, not a witch, wizard or extremist among them. Are they likely to behave in any other way than I’ve just suggested? And most of them don’t apparently use homoeopathy exclusively, merely as an additional option on top of the more conventional medicines which most of us are more familiar with.

Why should we assume they will do any less than the rest of us in trying to alleviate the suffering of an animal entrusted to their care? Is there any evidence that vets using homoeopathic medicines have caused harm or unnecessary suffering to animals through such use?

If there is then that is surely a matter for the RCVS disciplinary committee in just the same way as it is in the case of a vet who incompetently uses conventional medicine. If there is no such evidence (and surely anyone who wants to ban homoeopathy on the grounds that there is no evidence that it works should at least provide evidence that it causes harm), then I would ask: what is all the fuss about?

I must be getting old, but it pains me to see people trying to stop other people from doing things just because the decider doesn’t believe in them. My advice is if you don’t believe in homoeopathy then don’t use it, but don’t try to vilify those who have educated themselves in the matter and find it useful.

There is no evidence I know of that those vets who use homoeopathy are causing any more harm to animals than the rest of us and a mechanism already exists to deal with them (the RCVS) if they are. There is no evidence I know of that supports the view that clients are being misled or “ripped off” by homoeopathic vets any more than clients are misled or ripped off by the rest of us.

In short, I think there are more pressing challenges to the veterinary profession than the use of homoeopathy and to create real friction among us on such a trivial issue is a serious error of judgement.
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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.

6-26 March 2017: Improving Your Microscopy
Ian Wright BVMS BSc MSc MRCVS.
This course explores the following topics:
• Microscope and lab preparation • Faecal sample collection, storage and examination by direct smear and flotation • Faecal examination by Baermann apparatus • Urine sample collection, storage and examination

Cases will be provided to help understand the concepts presented. There is an online forum to discuss the topics covered. Aimed at vets and vet nurses.

6-26 February 2017: Cutaneous Mast Cell Tumours
Dr Chiara Penzo DVM PhD 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 and vet nurses.

6-26 February 2017: Rabbit Clinical Care
Livia Benato DVM MSc CertZooMed Dip ECZM (Small Mammals) MRCVS.

This course explores topics such as anaesthesia and perioperative care, surgery (neutering, urinary and GI) and trauma, abcess 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

This course will cover pathophysiology and anatomy of diabetes mellitus in cats and dogs, its diagnosis, management and monitoring, and address the handling of diabetic emergencies – ketoadicetosis, hypoglycaemia 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 March 2017: Feline Medicine Update
Samantha Taylor BVetMed(Hons) CertSAM DipECVIM-ONC, MRCVS. European Veterinary Specialist in Internal Medicine.

RCVS Recognised Specialist in Feline Medicine

Cats can be challenging to treat but fascinating and rewarding too. This interesting and up to date course will cover key areas of feline medicine including: infectious diseases, respiratory medicine, urinare tract disease, gastroenterology and oncology. Clinical cases will be presented throughout the course to illustrate the topics and show how to apply the latest research to cases seen in first opinion clinics. Aimed at vets.

6-26 March 2017: Skin Cytology
Francesco Gian, DVM, DipECVP, FRCPath, MRCVS, European Specialist in Veterinary Clinical Pathology.

This comprehensive course will give you the basics you need for in house cytology from sampling techniques, to slide examination approach, culminating in the cytological presentation of the most common inflammatory and neoplastic conditions affecting small animals. Clinical case challenges will also be provided. Aimed at vets.

6-26 March 2017: Anaesthesia for Veterinary Nurses – out of your comfort zone
Denise Prisk DipAVN (Surgical), VTS (Anaesthesia & Analgesia), LTCL, LCGI, RVN

This course will look at anaesthesia of canine and feline patients that are considered to be of higher than normal risk, either because of disease, age or anatomical variation. For example, anaesthesia of brachycephalic patients, geriatric, paediatric, trauma and various disease states will all be covered. Drug effects on different conditions will be discussed, as will the use of intravenous fluids. Real life case studies will be provided throughout the course. Aimed at vet nurses.

6-26 March 2017: Companion Animal Behaviour for General Practice
Clare Wilson MA VetMB CCAB MRCVS PDipCABC

This course will focus on teaching delegates about behaviour that is primarily relevant to the general practitioner and the veterinary nurse. It will cover topics such as crucial preventative behavioural advice for new puppies, kittens and rabbits, medical differentials for behaviour problems, interpreting body language and improving welfare during handling and hospitalisation. Aimed at vets and vet nurses.

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The true meaning of mentorship

Dr David Williams is grateful for the help he received in his early years from prominent people in the profession who were willing to devote time and effort to “mentor” him.

2016 did seem rather a year for celebrity deaths didn’t it, from David Bowie in January to Zsa Zsa Gabor in December. Not a week goes by without another obituary of a famous individual. Perhaps it’s just that there are more celebrities around these days and that they are getting older year by year. But it does make one wonder what legacy you’re going to leave whether you’re famous or not, doesn’t it?

I remember moving to the Royal Veterinary College in 1991 to start my PhD and desperately needing some box files to store what was becoming an unmanageable collection of papers. These were the days when, without the internet and with photocopies being expensive for a young doctoral student, the only way of obtaining research papers was to send a postcard (without a holiday photograph on one side, you understand!) to the author requesting a copy of their publication. A few days later along would come a brown A4 envelope with the requested manuscript often accompanied by a number of other papers on related subjects. The question was just where exactly to store them all.

I was directed to the rooftop of the Camden site preclinical building where an old store room housed hundreds of box files, just what I was looking for! But each box file was packed with papers, each collection related to a particular research topic.

What was I to do with the contents? They were all clearly once the prize possession of an important professor, but try as I might I couldn’t find anyone who knew the gentleman. All I could see from the age of the research documents was that he had been around in the early 1960s.

Detective work

A bit more investigation showed that he had worked in reproductive physiology, but nobody remembered him at all. Well, I say nobody. There was just one research technician, soon to retire herself, who I eventually tracked down finding that she had a connection to the professor.

As I look back to the vets who have influenced me but are no longer with us – Professor Bob Michell and Dr Keith Barnett are the first ones to come to mind – it wasn’t their research record that was the key (though ironically I have just looked out Keith’s 1978 JSAP paper on inherited cataracts for a fellow vet who e-mailed me about that subject earlier today). No – rather it was the fact that even though they were high and mighty and all important, they were prepared to spend time and effort helping me.

The Petit Dauphin, as he was known, never became king of France, dying of measles when he was 20, but he developed into a devout and courageous young man.

Looking “RCVS” and “mentor” immediately yields Rosa Ragni’s helpful blog at https://www.rcvs.org.uk/education/cpd-blog/what-is-mentoring-and-why-it-can-be-helpful-and-fun/ with Rosa concluding that we should think about becoming a mentor or finding one. To my mind we mentors to anyone junior to us just for the boy – putting himself to some degree in the position of Mentor – had a profound effect.

You never know how influential just a helping hand can be in the long term. And from that perspective, the term seems to have a rather more formal connotation than merely being an older person one works alongside. But Homer doesn’t seem to have been that bothered about Telemachus and his activities.

Indeed, it’s not until the end of the 17th century that the gloriously named French archbishop François de Salignac de la Mothe-Fénelon takes up the story and writes the Adventures of Telemachus for Louis XIV’s eldest son.

The boy was apparently a difficult child, respecting nobody, but Fénelon’s tutelage and maybe the book he wrote for the boy – putting himself to some degree in the position of Mentor – had a profound effect.

The Petit Dauphin, as he was known, never became king of France, dying of measles when he was 20, but he developed into a devout and courageous young man.

The book itself developed a life of its own after the Petit Dauphin’s death, becoming one of the key works of the century. It had an important influence on the philosophers Montesquieu and Rousseau and with its critique of the Bourbon kings of France it probably moulded their thinking, which eventually led to the French Revolution.

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Quite what that tells us about mentorship I’m not sure, except that you never know how influential just a helping hand can be in the long term. And I must admit that when I started writing this perambulation I didn’t think it would lead its way to the French Revolution, but maybe that is the whole point of a good walk – taking you somewhere you don’t expect at all!
VetsSouth 2017 is the third Veterinary Practice Reader Update to be held in Exeter. For the very latest information, booking form, full details of speakers, etc., see the website vetssouth.com

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Sessions of interest to everyone in practice...

- The Large Animal Day on Wednesday will be concerned with BVD control and other diseases which threaten livestock. Speakers will be Professor Joe Brownlie, Dick Sibley, Derek Armstrong, Roger Blowey and Eamon Watson. In addition, representatives from Boehringer Ingelheim, MSD Animal Health and Elanco Animal Health will each give 10-minute presentations on their BVD vaccines. Delegates can also bring along details of any large animal cases that would benefit from a discussion led by Roger Blowey.

- The Management Day on Thursday will feature the team from Onswitch explaining “How to give great customer service and develop a truly awesome team in your practice”.

- On Thursday morning, there is a three-hour session on Mind Matters – “mental health awareness training” for all members of the veterinary team. This session, arranged by the RCVS, will allow people to consider their own mental health. The speaker will provide an overview of some common mental health problems, causes, symptoms and treatments, and teach people how to: recognise distress; be confident in providing support when issues start to present; guide/facilitate a person towards appropriate support; recognise self-help strategies; recognise why they may feel vulnerable.

- Each morning, at 11.20am, David Brewer from Frank Taylor & Associates – FTA Finance – will present a 50-minute seminar on Securing funding for veterinary practice purchase, for veterinary surgeons who aspire to become practice owners as well as those thinking of purchasing another practice. Call at stand A2 for details.

- Spaces are still available for some of the workshops. These begin at 10.05am on Wednesday with Matthew Oxford explaining to delegates how they can improve their dental radiography technique and interpretation. Later that day Anthony Chadwick and David Grant will lead a dermatology masterclass on a thorough approach to the skin case. On Thursday morning, Chris Warren-Smith will ask whether everything in black-and-white makes sense during an interactive radiograph interpretation session; and in the afternoon Georgie Hollis and Shelly Jefferyes will go through “best practice bandaging” in their workshop on wound management.

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A FULL-HOUSE FOR THE EXHIBITION

ALL the exhibition space at VetsSouth 2017 has been taken, with many of the exhibitors returning for the third year of this major CPD event in the south-west of England.

Exhibitors taking part for the first time include:
- Advancis Veterinary, which manufactures wound care products, including Activon Manuka Honey, Silflex Silicone contact layer, the Eclypsy Super adsorbents and Advazorb Hydrophilic Foam Dressing ranges;
- DMS Plus, a distributor of MILA providing a range of critical care and surgical procedure kits;
- Eickemeyer, an independent, family-owned veterinary equipment company;
- Elanco, a division of Eli Lilly and Company, with products for both small and large animals;
- FTA Finance, which reports that it is able to source a wide range of innovative and competitive finance and loan packages specifically tailored to the needs of vets and veterinary practices;
- Gratnell's, which supplies award-winning trays and storage systems to more than 68 countries;
- Hill's Pet Nutrition, which is “dedicated to helping pets reach their full potential through quality nutrition and healthcare”;
- Local Vets, which enables practices “to stay small but think big by being part of a nationally recognised community of independent practices, whose driving principles are compassion, care and community”;
- Moore Scarrott, which provides accountancy, taxation, consultancy and business development advice to vets, practices and veterinary-related businesses, along with benchmarking and performance data for practices;
- Surgical Systems, a family-run business “providing new and pre-owned equipment at realistic prices”;
- VBS Direct, a firm “owned and run by vets for vets in practice” which markets a range of supplements and advanced technology products;
- Vetronics, which specialises in the innovative design of animal monitoring equipment, which it manufactures at its facility in Abbotsham, Devon;
- Vetruus, the exclusive distributor for a wide range of products such as Otodine, Clorexyderm Oto, Otoprof and Zincoseb Shampoo, plus a range of non-pharmaceutical products including Dog-Ends, Hound Surround dog collars, Ear Wicks and specialist supplements such as Onychotin, Melacutin Chewable Tablets and Zincacin Chewable Tablets;
- Vetsure for Vets, whose pet insurance products “have been designed in close collaboration with vets to try to keep things as clear and simple as possible”; and
- Woodley Equipment Company, which supplies laboratory analysers, diagnostic test kits, wet chemistry and critical care products to veterinary practices and laboratories in the UK and will show its In-Practice laboratory system.

Among the other exhibitors are partner organisations, including Improve International and The Webinar Vet; Onswitch, which will be providing speakers for the management day on Thursday; and sponsors such as Royal Canin, which provides the bags for delegates; Nova Laboratories, which provides the badges and lanyards; and Henry Schein, which assists with marketing the event – and always has a free prize draw for delegates to enter.

Forum Animal Health will be challenging delegates to test their knowledge of common canine poisons – and win prizes!

The Veterinary Christian Fellowship, another first-time exhibitor, will be providing coffee and pastries for members and others interested each morning at 8.15, prior to the lectures. Ask at the registration desk to find out where.

All delegates are invited to take part in the exhibition competition, with the opportunity to win an iPad.

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Therapy and fitness centre at referral practice

DAVIES Veterinary Specialists (DVS) has opened a Therapy and Fitness Centre at its Hertfordshire referral practice. The practice says that the purpose-built centre complements its multi-specialist veterinary services to provide a full remit of small animal care and rehabilitation under one roof.

Run by a team of chartered veterinary physiotherapists – including the head of physiotherapy, Diane Messum (photographed) – hydrotherapists and anaesthetists, the centre has a hydrotherapy suite, a therapeutic exercise area and gym, an outdoor exercise area, four consultation and treatment rooms and a reception area.

Services include physiotherapy, rehabilitation, underwater treadmill therapy, soft supports, splinting and orthotics, fitness and conditioning and acupuncture and pain management clinics.

For details, go to www.vetspecialiststherapy.co.uk.

New resources to aid fight against digital dermatitis

DECHRA Veterinary Products has produced a free booklet, Best Practice Guide to Digital Dermatitis, and an A3 poster for vets to provide support to clients treating the disease.

Both resources contain a step-by-step illustrated guide to treatment. The booklet also answers frequently asked questions about the disease.

The booklet and poster can be downloaded from www.dechra.co.uk/digitaldermatitis.

Webinars for people starting in management

THE VPMA has put together a series of webinars for people facing a new management role in practice.

The New to Management webinars, says the association, build into a course covering the management topics that cause the most concern for those with limited experience or who are considering moving into a practice management or supervisory role.

Each 50-minute webinar will have discussion time at the end and they will run at intervals of two to three weeks, starting this month.

Titles are: Team work: encouraging harmony; Appraisals: a simple guide; Difficult team members and disciplinary processes; Time management; Communicating with clients and the public; and Complaints: how to deal with them and how to avoid them happening in the first place.

Each webinar costs £15 (plus VAT) or all six can be booked for £60 (plus VAT) — but are free to VPMA members.

For details go to http://events-by-vmpra.co.uk/ or e-mail secretariat@vpma.co.uk.

Dr Tim Parkin, senior lecturer in equine clinical sciences at the Glasgow veterinary school, will present the memorial lecture on the role of the Thoroughbred Health Network in the UK.

The afternoon includes a themed session entitled Tack: an anatomical perspective. Dr Sue Dyson, head of clinical orthopaedics at the Animal Health Trust centre for equine studies, will discuss tack fit and its impact on the horse and Dr Caroline Benoist,
manager of research and education at Neue Schule Ltd, will look at bitting and the welfare and comfort of the horse.

The afternoon will also feature Lynn Petersen, chief executive of the British Horse Society, speaking about the organisation’s new educational programme, Changing Lives through Horses, which aims to support people to develop the skills and the desire, to return to education and/or employment.

Tickets are available at £100 per person, which includes lunch and refreshments throughout the day. To apply, contact the hon. secretary, Mary Martin, at mary.martin@nationalequineforum.com. For details see www.nationalequineforum.com.

Day course on the equine digital sheath
ROSSDALES Equine Hospital of Newmarket is to hold a one-day, BEVA-approved CPD course on the investigation and management of disorders of the digital sheath, on 10th February.

The course is aimed at the equine practitioner who would like to know more about assessing and treating conditions relating to the digital flexor tendon sheath.

Speakers include Andy Fiske-Jackson, lecturer in equine surgery at the RVC; Marcus Head, senior associate at Rossdales Diagnostic Centre; and Roger Smith, professor of equine orthopaedics at the RVC.

There will be an emphasis on anatomy and its relationship to imaging and surgical intervention. The surgical lectures will illustrate what can be achieved by tenoscopic evaluation and treatment in order to provide delegates with the information they need when they are confronted with a digital sheath lameness that may require referral.

The event is being sponsored by Eickemeyer, Dechra, Vétoquinol and BCF Technology. For details go to www.rossdales.com/events/the-digital-flexor-tendon-sheath.htm or contact rachel.clay@rossdales.com to book a place.

Conference on small ruminant dairying
THE second Dairy Sheep & Goat Conference, organised by Friars Moor Livestock Health of Sturminster Newton, Dorset, will be held on 21st and 22nd February at DoubleTree by Hilton Hotel, Bristol BS29 5AD.

The conference, say the organisers, aims to inform and lead the development of small ruminant dairying in the UK and is intended for veterinary surgeons as well as producers, processors and industry suppliers.

The international line-up of speakers includes sheep consultant Lesley Stubbings, Yoav Alony-Gilboa (of Friars Moor), Dr Paula Menzies (Canada), Karianne Lievaart-Peterson (The Netherlands), Chris Duemler (USA), David Alvis, Kate Hovers and Derek Kennedy (UK).

Last year the first conference attracted more than a hundred delegates.

For details, including registration and accommodation, go to www.dairysheepandgoatconference.co.uk.

New investor for 300-strong group
EQT, a Scandinavian investment fund which owns Evidensia, one of the leading European veterinary groups, has become Independent Vetcare’s principal investor, alongside the senior vets and managers who will continue to invest in the group.

Summit Partners was the principal investor from July 2014 and the group now comprises nearly 300 practices.

Group CEO, David Hiller, said that in addition to the finance to continue purchasing practices wishing to join, the new partnership would enable the group to continue investing in IVC’s training and development programmes, in practice facilities and in its people.

ERRATUM
In the report on “Regenerative treatment for horses” on page 14 of the January issue, there was a mistake in the website given. It should have been www.lipogemsequine.com. We apologise for the error.
A HEALTH SCREENING PROGRAMME aimed at reducing the prevalence of myosomatic mitral valve disease in Cavalier King Charles Spaniels was announced at the British Veterinary Association Congress in London in November.

Nick Blayney, veterinary adviser to the Kennel Club and a past president of the BVA, told the session on pedigree dog health that the programme is based on a successful scheme run by the Danish Kennel Club that has significantly reduced the incidence of valvular disease in that country.

KC-registered dogs will undergo mandatory auscultation and heart scans at 18 months, four and six years old and the scans sent for interpretation to the Kennel Club and a past president of the BVA, told the session on pedigree dog health that the programme is based on a successful scheme run by the Danish Kennel Club that has significantly reduced the incidence of valvular disease in that country. The results will be recorded on the KC-registered dogs. They will then be compared to the incidence of valvular disease in that country.

Epidemiologist Dr Brinda Bonnett noted that while syringomyelia was the main focus of media and public interest in this particular breed, following the Pedigree Dogs Exposed television programme in 2008, heart disease was a much more significant health problem. She has analysed data supplied by the Agria pet insurance company to the Swedish KC.

“Over a 12-year period there were 21 cases of dogs which died that had a diagnosis of syringomyelia or showed related neurological signs. In that time the number of deaths in the breed from heart disease was 1,479, so it is clear which one is the bigger problem in these dogs,” she said.

Excellent data
Dr Bonnett explained that the requirement for Swedish dog owners to take out insurance has meant that there is excellent data on the causes of mortality in pedigree dogs in that country. Unfortunately, the data available in other countries, including the UK, are less reliable. Although surveillance initiatives like the Vet Compass and Savsnet programme were starting to address that issue, the information available so far often required some interpretation.

She noted that two studies on brachycephalic obstructive airway syndrome in pugs had come up with huge differences in the estimated prevalence: 10% in one case and around 90% in the other study.

Lancashire practitioner Robin Hargreaves argued that it was unwise to estimate the incidence of any disease based solely on the information recorded at a routine consultation. Practitioners would only write down those details that were relevant to the health issues being discussed by the vet and owner at that appointment.

There was no point including in the notes that a pug has breathing difficulties, as this would be such an obvious detail. “It is a little like recording that a Great Dane is big,” he said.

Mr Hargreaves, another former president of the BVA, also challenged the use of mortality data alone in estimating the importance of a particular condition. “In the case of Cavalier King Charles spaniels, it may be heart disease that is the cause of death but if a dog has suffered pain from syringomyelia for 10 years before it dies, then surely that is what matters,” he said.

Pedigree welfare initiatives
Mr Blayney outlined some of the other initiatives that the UK Kennel Club is working on to improve the welfare of all pedigree dogs. He recalled the bad publicity surrounding the German Shepherd dog Cruftaire Cartou winning “best in breed” at Crufts in 2016, despite its notably bad conformation.

He acknowledged that the decision was a huge embarrassment for the KC and hoped that a programme of further training for championship show judges would remove the risk of any repetition. When KC officials considered how to respond to the controversy, Mr Blayney admitted that some thought was given to the “nuclear option” of barring the breed from KC shows until its hip problems had been remedied. However, they had to recognise the dangers of autonomous breed clubs refusing to follow advice and going their own way.

He also reminded delegates that although the KC has a high public profile and its main show attracts a large television audience, its powers to directly influence the health of the UK dog population were limited. Only 30% of dogs are registered pedigree dogs and only 3ler% of puppies are bought from KC-assured breeders who follow its guidance on producing healthy litters.

Mr Blayney reported figures obtained from the pet insurance industry that demonstrated the clear benefits for dog owners of buying their animals from breeders participating in the KC scheme. “Those dogs are 23% less likely than others from the same breed to need to visit a vet and the overall veterinary costs for those animals are 18% lower,” he said.

Meanwhile, the genetic health of the pedigree dog population in the UK is heading in the right direction, he insisted. The co-efficient of inbreeding for many breeds was now significantly lower than it was 20 to 30 years ago, indicating that parent dogs are being recruited from a much larger breeding pool.

Some practitioners in the audience were not convinced that the KC is doing all it can to address the health issues in registered dogs. Emma Milne, a long-standing critic of the club’s policies, argued that the published breed standards for many breeds were still promoting unhealthy traits.

“I have seen breed standards that still insist that a show dog should have an undershot jaw – that is not a desirable trait, it is a defect,” she said.
Maintaining high husbandry and welfare standards

ORDINARY CONSUMERS – rather than farmers, politicians or scientists – will decide whether it is possible to feed a growing world population without compromising the welfare of the animals that produce our protein, the congress was told.

Professor John Webster, former head of the Farm Animal Welfare Department at Bristol, expressed confidence that the public will insist on maintaining high husbandry standards in an increasingly turbulent world.

Prof. Webster cited the growth in sales of free range eggs – from 5% to 70% of the total UK market in just 15 years – as evidence that most people are prepared to spend a little more to ensure better lives for animals.

Welfare is also a major concern in other countries: while the US federal government has refused to outlaw the use of sow stalls, that goal is being achieved on a state-by-state basis in response to pressure from American consumers, he said.

He challenged the claim that concerns about welfare issues are the sole preserve of a financially comfortable middle class: studies have shown this to be a priority for all socio-economic groups. “After the 2008 financial crash, sales of organic products did fall significantly but those of high welfare foods held up very well, so this interest in high welfare standards is genuine and not just a fashion.”

Farm assurance schemes, like those promoted by the major supermarket chains, were a reflection of these concerns, rather than the cause. A wide choice of products is now available to UK consumers because the retailers are in competition to demonstrate their welfare-friendly credentials.

By contrast, in Australia where there are only two large national supermarket chains, there is little competition and the market in welfare-assured products is underdeveloped, he said.

Farm practitioners in the audience expressed some scepticism over the public’s commitment to animal welfare over price. One noted that her dairy farmer clients all wanted to raise husbandry standards but when they only receive 11 pence a litre for milk, they can’t afford to change.

Prof. Webster acknowledged that milk was different from other animal-derived foods in being viewed by retailers as a commodity. Changing that attitude would require a shift in public perceptions of the dairy industry.

It was widely assumed that cattle were at pasture all year round and enjoyed good welfare; the reality was “that these animals are exhausted and so are the farmers”, he said.

Public opinion can change, but in this case it is more likely to be achieved through an emotional response rather than scientific or economic argument. Seeing pictures of spent battery hens did more to create the market for free range eggs than the efforts of welfare scientists, he said.

Prof. Webster felt that the recent campaign launched by an alliance of farmers and vets in support of “free range milk” could be the way forward to creating similar changes in the dairy industry.

Globally, a much bigger challenge was to ensure more equitable access to animal protein. Some commentators have argued that this is best achieved by relying on food from the two main monogastric species rather than ruminants, as they convert plant to animal protein more efficiently.

Prof. Webster, however, argued that these calculations do not give a complete picture as they don’t acknowledge the fact that pigs and poultry are consuming energy that could be available for human use. When that is factored in, dairy produce is the most efficient form of animal protein, with the added environmental benefit that grassland acts as a major carbon sink to mitigate the effects of climate change.

So grazing animals should remain a key part of food production in the future. In a UK context, the challenge was to ensure that keeping livestock on upland pasture is still profitable. He hoped that one of the few positive outcomes of the Brexit vote was an opportunity to re-examine the farm subsidies system.

He insisted that a fundamental principle of agricultural policy should be that farmland has other uses than its role in food production. The subsidies available to the farming industry should take into account other activities that should be regarded as a “public good” and properly rewarded, such as environmental stewardship and high animal welfare standards.

Larger pack for BVD vaccine

BOEHRINGER Ingelheim has introduced a new 50-dose pack for its BVD vaccine, Bovella.

The 50-dose vial is in addition to the 25-dose and five-dose packs that are currently available and will, says the firm, make vaccination even simpler for many herds.

The new pack size is available alongside vaccination guns, cool bags and up to £30 diagnostic support for BVD testing for whole-herd vaccination, courtesy of the company.

Digestive support supplement for cats and dogs

VETPLUS has introduced Fibor, a digestive support supplement for cats and dogs. The ingredients include kiwi fruit and five other natural fibre sources to support the function of the digestive tract and promote a healthy breakdown of food.

The kiwi fruit ingredient has been proven to encourage normal gut motility and faecal consistency, aiding cases of constipation and diarrhoea, and also aids protein digestion in the stomach and the small intestine, the firm states.

The pellets are available in a 50g pot with a scoop and can be given with food every day “to act as a long-term management option for digestive health and anal gland problems”.

Extract from cannabis plant introduced

A UK firm called LoveHemp has introduced a pet variant of its hemp extract for humans; this contains cannabidiol, also known as CBD, which it describes as “a naturally occurring extract produced from the cannabis plant”.

LoveHemp sells CBD oils in various strengths, via liquid drops or atomiser sprays which can be consumed directly or mixed with food and drink.

It says that because of the methods used in the processing and extraction of this oil, the psychoactive ingredient in cannabis, known as THC, is removed.

The pet variant, aimed primarily at cats and dogs, is available in a 60ml bottle priced at £49.99. It is recommended that four drops are used per 3kg of bodyweight, 2-3 times per day. Drops can be placed directly in the animal’s mouth or mixed with food.

Dr Robert Silver, a vet who wrote the book Medical Marijuana & Your Pet, says that hemp extracts could play a huge role in animal health and cost-effective treatments of the future.

In humans, consumption of the extract is now associated with several health benefits including reduced anxiety, pain relief, cardiovascular health and anticonvulsant activity: many of these benefits are transferable to common domestic pets and CBD could offer a practical alternative to many expensive treatments, he says.

It could also help in dogs with uncomplicated epilepsy and also tumours, Dr Silver believes.

For further information, go to https://love-hemp.com.

New distributor for mini-chips

VET Direct has become the sole distributor of mini-chips in the UK through a partnership with Micro-ID.

The firm is offering Micro-ID’s mini-chips, an alternative to traditional microchips, which are said to provide a range of benefits including an extremely low risk of migration as a result of their size and anti-migration coating.

“Although the mini-chips are 44% smaller than traditional micro-chips and offer a more humane application process due to the reduced needle size required for application,” said Leon Wright, managing director at Vet Direct.

The mini-chip is available for use in all companion animals, birds, exotics and fish.

Supplement for cats and dogs renamed

CEVA Animal Health has renamed its supplement to support digestion, LOGIC Firm. Previously known as LOGIC Diar-stop, it is a palatable oral paste that contains intestinal probiotics and prebiotics which help to maintain normal intestinal flora by promoting the growth of good bacteria, such as bifidobacteria and lactobacillus, at the expense of potentially pathogenic bacteria; and stimulates the production of the short chain fatty acids (SCFAs) acetate, propionate and butyrate, which are important energy sources for the large intestine.

LOGIC Firm is available in 10ml, 24ml and 60ml tubes; the 10ml tube is suitable for animals weighing 2 to 7kg, the 24ml tube is suitable for animals weighing 7 to 30kg and the 60ml tube is suitable for animals weighing 30 to 60kg.
Disinfection in practices: know where the goals are

**THE USE OF CHEMICAL AGENTS** to clean and disinfect hard surfaces for the purpose of reducing infection risk in veterinary premises has, for many years, been poorly supported with independently regulated data.

Disinfectants are the mainstay of any practice biosecurity protocol, but getting clear information regarding product selection is difficult. The main reasons for this are:

- the development of a wide range of antibiotic options;
- the lack of development of new chemistry, simply different brands which use existing compounds;
- the lack of standardised information on efficacy and safety;
- consumer appeal based more on the cosmetic effects than product efficacy.

Now, thanks to improved testing methods and a better understanding of the user safety issues, the environment surrounding the subject is changing.

- There is pressure to use fewer antibiotics, especially on animals not displaying clinical symptoms.
- There is greater concern over the possible health issues associated with regular product use.
- EU regulations will eventually give veterinary practices a better understanding of product capabilities.
- Tests kits are now available to measure the viable bacterial count present on surfaces within the practice.
- There is a better understanding that premises in future will need to have reduced levels of biological contaminants – and not just smell clean.

European Regulation (EC) No. 1272/2008 (the CLP Regulation) has introduced requirements for the correct classification, labelling and packaging of substances and mixtures. The CLP labelling regulations guide the safety information on formulations for the purposes of supply; they further reinforce the need for engaging safe practices when handling chemicals. CLP, together with UK Control of Substances Hazardous to Health 2002 (COSHH) Regulations, means that industry now has very clear guidance in this regard and the legislation can be subject to enforcement by the UK Health and Safety Executive (HSE).

There has also been a shortage of officially regulated information on which product selection could be determined and this situation is likely to remain for the foreseeable future. A wealth of data is offered but there has been no standardisation of test methods and variations of temperature, exposure time and level of organic challenge will produce very different results. Could there be an opportunity for an independent veterinary body to be appointed to introduce test protocol standardisation?

The product test protocols now most frequently cited are those carried out by DEFRA (which were originally created as part of the notifiable disease in animals control programmes) and the EN test methods which are part of an EU initiative introduced as part of the BPR (Biological Products Regulation) which are designed to standardise the regulation of products, including labelling information across Europe.

The DEFRA Disinfectant Approval system is designed to list those products that have been shown by the agency to be effective against organisms that cause key on-farm diseases such as: foot-and-mouth, swine vesicular disease, diseases of poultry (including avian influenza), tuberculosis and a “general orders” category (where salmonella is the test organism) in a standardised test. Compliance with these tests is not mandatory for manufacturers but desirable for those companies wishing to supply the agricultural market.

So, how does this test relate to small animal practices in the UK? Although these diseases are not commonly observed, the organisms involved (possibly with the exception of *Mycobacterium bovis*) should be relatively susceptible to a modern disinfectant. Those disinfectants on the list with dilution rates of below 1:100 should be considered with care.

One criticism of the test is that it is carried out at a very low temperature, 4°C, which is clearly below the room temperature of most premises but may be closer to the temperature on an outdoor hard surface.

The EN process covers a wide variety of tests and will be mandatory for all new products in the future. Confusingly, advertising a product as being evaluated against one type of pathogen (say bactericidal) does not help a user looking for a suitable virucidal agent.

The test cited most frequently at the moment is EN 1656 (bacterial suspension test), which demonstrates efficacy against four bacterial strains: *P. aeruginosa*, *S. aureus*, *P. vulgaris* and *Enterococcus hirae* at a temperature of 10°C, with a 30-minute contact time and a choice of high or low organic challenge.

The prescribed contact time stated in the method used is sometimes considered too long for routine surface disinfection uses, but shorter contact times are possible within the scope of the method.

The use of safety information and hazard symbols on chemicals is controlled by the HSE, and is described within the MSDS (material safety data sheet) process. This is a mandatory requirement and should appear on all products which are classified as “dangerous”.

The UK COSHH regulations place the responsibility for assessing potential risks on the user in the workplace. Correct labelling is vital in analysing these risks, but it does cry out for some impartial guidance to provide information which is clear and practical for users.

Veterinary practices may have different requirements for these chemical agents and so the requirement for advice goes beyond the simple label instruction.

Checking the results of a disinfectant protocol on-site is difficult for all practices. Test swabbing surfaces, then applying the antibiotic sensitivity test process, will not give a helpful indication of the amount of challenge. Unless veterinary premises are tested for the presence of microbial contaminants, then it is impossible to gauge the effectiveness of a disinfectant protocol.

Test kits are now available from J.A.K Marketing which will give a number for the viable bacteria present on any surface sampled. These tests should be performed regularly in order to monitor trends and improve disinfection regimes.

So, although the picture is still not crystal-clear, there are some basic ground rules that practices can apply:

1. Do make a product selection based solely on the information provided by the manufacturer.
2. Ask your supplier for details of current DEFRA approvals and the dilution rates. The EN process is not a product approval system, but any relevant information should also be supplied.
3. Any efficacy data supplied should be critically analysed to ensure their independent origin, that the reduction of the target organism was log 4 or greater, that the test was carried out in a solution containing organic contaminants and the exposure time was less than 30 minutes.
4. All chemicals should be accompanied by a material safety data sheet (MSDS) and carry hazard warning information.
5. In order to facilitate a reduction in the amount of biological contamination in practices it is advisable to carry out regular environmental bacterial counts.
6. And, always remember the golden rules for disinfectant use:
   - Always add concentrate to a measured amount of warm water.
   - Always squat or apply solution to an area for treatment; avoid atomising product.
   - Ensure the correct dilution is used by measuring concentrate and water accurately.
   - Wear gloves and eye protection when handling concentrated product.
   - Disinfectants in general only work when the surface is wet and because of this it is important to use fast-acting chemistry.
   - Biological organisms are not controlled by fragrances.
   - Unless you test your premises for the presence of contaminants, you can never know if your disinfectant regime is effective.

For further information, refer to the DEFRA Approved Disinfectant UK list, the ECHA website and the RCVS practice standards scheme. For advice on disinfectant protocols and practice environment challenge tests, contact J.A.K Marketing on 01347 878697.

**MARK SQUIRE**

**MARK SQUIRE**, BSc(Hons) Chemistry, is technical marketing manager at Antec International Ltd. He has over 25 years’ experience within the veterinary and medical disinfection industries with a focus on the areas of new product development, microbiology performance of disinfectants and the regulatory compliance of products in the global market.

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**Around-up of recently published papers in the field of skin conditions**

**Efficacy of electrical stimulation on experimental wound repair**
Mohammed Ashrafi and others, University of Manchester

Non-healing skin wounds are a major challenge in equine and companion animal practice. Such injuries may cause owners substantial financial losses and often lead to euthanasia. Skin wounds are known to generate comparatively large and persistent endogenous electrical currents that are thought to play a role in the repair process.

The authors review studies using applied electrical stimulation in experimentally-induced skin injuries in laboratory species. The results were highly variable, with some showing faster rates of wound re-epithelialisation, collagen formation and angiogenesis. However, others showed no effect or even detrimental results, suggesting these results are dependent on the specific electrical parameters involved.

Overall, their findings indicate that electrical stimulation could potentially play a significant role in enhancing cutaneous wound healing in veterinary patients. Further studies would be necessary to corroborate the results of this experimental study in routine practice.

*VETERINARY DERMATOLOGY 27 (4): 235-246.*

**Management of cutaneous and subcutaneous soft tissue sarcoma in dogs**
Anne Hohenhaus and others, Animal Medical Center, New York City

Canine cutaneous and subcutaneous soft tissue sarcomas typically occur as solitary masses in middle-aged and older dogs and account for around 20% of malignant neoplasms affecting the skin. The authors review the literature on these lesions and offer recommendations on the management of such cases. They note the importance of wide surgical margins of at least 3cm, the use of histological grading in predicting tumour behaviour and the benefit of chemotherapy and radiation therapy as adjuncts to surgical excision.

*JOURNAL OF THE AMERICAN ANIMAL HOSPITAL ASSOCIATION 52 (2): 77-89.*

**Analysis of the skin biome in allergen-induced canine atopic dermatitis**
Felipe Pierzan and others, Texas A&M University, College Station

Investigations into the skin microbiota in cases of canine atopic dermatitis have mainly focused on the role of the pathogenic species *Staphylococcus pseudintermedius*. The authors used next generation sequencing of the bacterial 16s ribosomal RNA gene to characterise temporal changes in the skin microbiota. They found an increased abundance of *Cytophaga/Flavobacterium* and various *Staphylococcus* species following allergen challenge in dogs sensitised to dust mite exposure. In particular, they noted the increased population of *S. pseudintermedius* at the site of lesion induction.

*VETERINARY DERMATOLOGY 27 (5): 332-339.*

**Recurrent and non-recurrent injection site sarcoma in cats**
Karen Maciel Zardo and others, University of Sao Paulo, Brazil

Feline injection site sarcomas are mesenchymal aggressive and locally invasive neoplasms. There is a need to use cross-sectional imaging modalities for the accurate recognition of tumour margins and appropriate surgical planning. The authors investigated the use of computed tomographic and magnetic resonance imaging in the examination of 32 cases. They found that both imaging techniques provided valuable information on peritumoral tissue involvement. The study confirmed the value of computed tomography in establishing the anatomical features of the tumour and providing contributions to diagnosis, therapeutic planning and follow-up.

*JOURNAL OF FELINE MEDICINE AND SURGERY 18 (10): 773-782.*

**Laser surgery in treating histologically confirmed sarcomas in the horse**
Polly Compston and others, Rossdales Equine Hospital, Newmarket

Sarcomas are one of the most commonly reported neoplastic lesion in the horse with an owner-reported frequency of around 6%. Despite being common, there is no consensus on the most appropriate treatment. The authors investigated the effectiveness of laser treatment as the sole therapy for histologically-confirmed sarcomas as well as the risk factors for the recurrence of the condition. Among 99 horses with 235 lesions there was no recurrence following surgery in 72% of patients.

Those horses with sarcoma on the head and neck or with verrucose lesions were at increased risk of recurrent disease.


**Efficacy of fluralaner on the treatment of sarcoptic mange in dogs**
Camilo Romero and others, Autonomous University of the State of Mexico

Sarcoptic mange is a common cutaneous parasitic condition in dogs for which there are few licensed therapies. Fluralaner (Bravecto, MSD Animal Health) is a member of a novel class of systemic insecticides, which inhibits γ-aminobutyric acid chloride channels. The authors investigated the efficacy of a single oral treatment at a minimum dose of 25mg/kg bodyweight. Prophylactic skin lesions were assessed every seven days for a month following treatment. The results indicate that fluralaner was effective in eliminating scabies mites within 14 days and significantly resolved the clinical signs of mange after 21 days.

*VETERINARY DERMATOLOGY 27 (5): 353-355.*

**Antimicrobial selection in the treatment of wounds in UK equine practices**
Sarah Ross and others, Liphook Equine Hospital, Hampshire

Antimicrobial prescribing habits of veterinarians are under increasingly close scrutiny from external bodies. The authors investigated the use of protected antimicrobial agents and the accuracy of dosing in routine clinical scenarios in UK equine practices. Data were collected on 113 cases of skin wounds before referral to a secondary centre. Of these 94 had received systemic antimicrobials, and eight animals had been prescribed either third or fourth generation cephalosporins or fluoroquinolones. Forty-eight of the 87 horses for which complete dosing data were available had received less than 90% of the recommended dose.


**Dose tapering of ciclosporin in cats with hypersensitivity dermatitis**
Elizabeth Roberts and others, Newvets Animal Health, Greensboro, North Carolina

Ciclosporin is a selective immunosuppressant that has been approved for the treatment of feline-atopic dermatitis. The authors evaluated the efficacy and safety of reducing the frequency of administration in cats with hypersensitivity dermatitis, which had been successfully treated with 7mg/kg ciclosporin daily for four weeks. The same dose was then given either every other day or twice-weekly. Their findings show that treatment can be successfully tapered to every other day or twice-weekly without compromising the therapeutic effect. Adverse effects of mild and self-limiting vomiting and diarrhoea were seen more frequently when the cats received daily treatment.


**Negative pressure wound therapy for skin grafts of the distal extremity**
Amanda Miller and others, Small Animal Specialist Hospital, North Ryde, New South Wales

Wounds of the distal extremity are often encountered in dogs and cats after tumour resection or trauma. Free skin grafts are often used to repair such injuries, but graft failure may occur as a result of fluid accumulation, movement or infection. The authors employed a portable single-use negative pressure wound therapy device in seven dogs, with pressure treatment provided for between four and seven days. Graft survival was achieved in every case and the application and maintenance of the device was technically straightforward.

*AUSTRALIAN VETERINARY JOURNAL 94 (9): 309-316.*

**Long-term survival of cows following surgical repair of teat lacerations**
Sylvain Nichols and others, University of Montreal, Quebec

Teat lacerations can be catastrophic injuries in dairy cattle as they are challenging and untreated quarters are susceptible to mastitis. The authors assessed the long-term prognosis for a return to normal mechanical milking after reconstructive surgery. Their results from 67 cases showed that surgery could lead to a return to normal function; 85% were able to be milked at discharge and 75% at long-term follow-up. Lacerations repaired more than 24 hours after the initial trauma were more frequently associated with a negative outcome. Mastitis was the most frequently seen post-operative complication.

*CANADIAN VETERINARY JOURNAL 57 (8): 853-859.*

**Shrinkage of skin samples obtained from canine cadavers**
Jessica Razegi and others, University of Illinois, Urbana

Shrinkage of skin samples between pre-surgical measurements and post-histologic processing complicates attempts to assess the margins needed for surgical planning. The authors investigated factors associated with skin shrinkage, comparing changes to samples taken from canine cadavers in relation to anatomical location, histologic processing and sample size. Their findings confirmed that all factors affected the degree of shrinkage. Hind limb samples and larger samples over 30mm in diameter showed the greatest changes, while histologic processing had proportionately greater effects on small samples.

*AMERICAN JOURNAL OF VETERINARY RESEARCH 77 (9): 1,036-1,044.*

**Skin blistering in a dog following topical exposure to Plumbago auriculata**
Aine Seavers and others, Oak Flats Veterinary Clinic, New South Wales

Plumbago auriculata or the Cape leadwort is an ornamental shrub native to South Africa but which is popular with gardeners across the globe. The authors describe a case of a two-year-old male Airedale terrier that developed marked vesicular dermal eruptions along its belly after lying down on freshly planted specimen. The dog presented with severe erythema and hyperaesthesia and was assessed during the clinical examination. Despite the severe presentation, the dog responded rapidly to basic skin decontamination and supportive care.

*AUSTRALIAN VETERINARY JOURNAL 94 (8): 290-292.*
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THE ROLE OF BIOFILMS IN OTITIS

OUR UNDERSTANDING OF THE MICROBIOLOGY of acute and chronic infections and the ways in which they should be managed has changed dramatically over the last 40 years.

In general it is now accepted that bacteria exist in two different forms during growth and proliferation. In one form, which accounts for most of the acute infective processes, the bacteria exist as single, independent cells and are referred to as planktonic. In chronic infections the bacteria are organised into sessile aggregates referred to as biofilms.

In acute disease, providing an accurate and speedy diagnosis is made, infections respond well to appropriate antibiotic therapy. Where a biofilm forms in chronic disease, the infection is far more difficult to treat. The hallmarks of biofilm formation include extreme resistance to antibiotics and many other conventional anti-microbial agents and an extreme ability to evade the host’s immune system.1

What is a biofilm?

Although he was unaware of the importance of his findings, biofilms were first discovered by Antonie van Leeuwenhoek in 1684, when he described the vast accumulations of bacteria found in dental plaque by saying: “The number of these animals in the scurf of a man’s teeth are so many that I believe they exceed the number of men in the kingdom”.2

It was not until 1978 that the first theory of biofilm formation was postulated.2 This early theory, which was derived mostly from observations of aquatic ecosystems, stated that the majority of bacteria grew in matrix-enclosed biofilms adherent to surfaces. It goes on to say that these sessile bacterial cells differ profoundly from their planktonic (free swimming) counterparts.

Since this time our understanding of biofilms has evolved considerably and a more modern definition of a biofilm now takes into consideration new data. A biofilm may now be described as a microbially derived sessile community characterised by cells that are irreversibly attached to a surface or interface or to each other; are embedded in a matrix of extracellular polymeric substances that they have produced, and exhibit an altered phenotype with respect to growth rate and gene transcription.1 Planktonic organisms do not have the ability to transcribe genes in this way.

Where do we find biofilms?

Biofilms are ubiquitous and seem to be able to form on virtually any non-shedding surface. They are found on rocks and pebbles at the bottom of most streams and they are also found on the surface of and inside plants.

In the home they are found in the shower, around the taps (Figure 1) or plug hole. They are present on the teeth of most animals as dental plaque (Figure 2), where they can go on to cause tooth decay and gum disease.

Biofilms have been found to be involved in a wide variety of microbial infections in humans. This includes urinary tract infections, endocarditis, periodontitis, pneumonia in cystic fibrosis and chronic bacterial prostatitis.1,3

The first paper to demonstrate the presence of polymicrobial biofilms in the middle ear of children with otitis media was published in 2006 by Hall-Stoodley et al.4 Further papers have reinforced their importance in chronic otitis media in humans5,6 and more recent work has suggested they may play a role in otitis media with effusion.8

Biofilms are recognised as being clinically important in veterinary medicine. They have been identified as causing many of the same problems they have been implicated with in human medicine. Notably urinary tract disease, gingivitis, wound infections, catheter and implant infections and otitis media.

There is no doubt that biofilms in otitis are common and underdiagnosed.9 All of the common bacterial and yeast pathogens found in otitis in the dog are capable of forming biofilms. Work by Han (2015) has shown that more than 90% of the isolates of both meticillin sensitive and resistant staphylococcus pseudintermedius from healthy dogs are capable of producing biofilms.9,10

Pathogenic isolates of Staphylococcus11 and Pseudomonas aeruginosa12 from clinical cases of canine otitis (Figure 3) have also been shown to be capable of producing biofilms.

How do we diagnose the presence of a biofilm in otitis?

Biofilms have been implicated as a cause of chronic otitis in man.13 Where infections have failed to respond to what appears to be completely appropriate antibiotic therapy, biofilms may be present.

Biofilms can be diagnosed on otoscopy and cytology.10 Clinically they form an adherent, thick slivery discharge that is often dark brown or black. On cytology they appear as variably thick viselike material that may obscure bacteria and cellular detail (Figure 4).

Why are biofilms resistant to antimicrobial agents?

Biofilms have an inherent resistance to antimicrobial agents whether they are antibiotics or disinfectants. It is because biofilm-associated cells grow more slowly than planktonic bacteria that they are less susceptible to antimicrobial agents.

Their secretion of an extracellular polymeric matrix produces a diffusion barrier to reduce antimicrobial penetration into the biofilm. This barrier leads to a range of different effects.

Where the significant level of antimicrobial agent penetrates the biofilm, bacteria will be exposed to a high dose of drug leading to their elimination, but where only low concentrations of the drug penetrate biofilms, bacteria will be exposed to an intermediate concentration of antimicrobial agent which the more susceptible bacteria in the biofilm they remain unaffected.

Problems occur where bacteria are exposed to an intermediate concentration of drug which may provide a mutant selection window, in which the more susceptible bacteria are eliminated but resistant mutants survive, leading to treatment failure and a recrudescence of more resistant population of isolates.10

How do we treat biofilms?

Topical therapy is preferable in all cases of otitis because the levels of drug obtained in the ear are much higher than those achieved using systemic therapy.

Studies in both man14 and dogs15 have shown good levels of systemic drugs can be achieved in the middle ear16 and external ear canal17 after drugs are administered systemically. However, Cole’s study (2009) suggested treatment with enrofloxacin could not be recommended for a bacterial organism with an intermediate susceptibility or resistance to enrofloxacin, since high enough levels of enrofloxacin would not be attained in the ear tissue to produce any antibacterial effects.18

By extrapolation it is safe to assume systemic levels of this drug would similarly not be high enough to treat biofilms. In order to assist penetration of topical drugs, a better strategy is to physically break the biofilms down and then remove them by flushing.

Several products have been shown to be useful in the management of biofilms, including topical formulations of tris EDTA19, silver20,21, lactoferrin22, povidone iodine22–24, honey25 and topical and systemic N-acetyl cysteine.26–31

Tris EDTA

Tris EDTA damages bacterial cell walls to increase microbial penetration. It is well-tolerated and non-ototoxic.26 It has been shown to have additive effects with a range of antibiotics including gentamicin32,33, fluoroquinolones33,34 as well as silver sulphadiazine35 and chlorhexidine.36

More recently in vitro work by Pye (2014) has shown that tris EDTA may be a useful adjunctive treatment for chronic cases of Pseudomonas otitis where biofilms may have developed, if

Figure 1. Biofilm formation around a hot tap.

Sue Paterson, MA, VetMB, DVD, DipECVD, MRCVS, RCVS and European Specialist in Veterinary Dermatology, gained her Certificate in Small Animal Dermatology in 1990, her British Diploma in Veterinary Dermatology in 1994 and her European Diploma in Veterinary Dermatology in 1996. She has written seven textbooks in addition to contributing chapters to a variety of other textbooks including the BSAVA Manual of Small Animal Dermatology, Feline Internal Medicine, Equine Medicine and Therapeutics and Advances in Veterinary Dermatology. She has lectured extensively in more than 40 countries throughout Europe, Asia and the USA, including the VetsNorth congresses in Manchester. She sits on the Royal College Council and is currently president of the ESVD and chair of publications at the BSAVA.
gentamicin or neomycin is to be used as a topical treatment. N-acetyl cysteine (NAC) is used in medical treatment of patients with chronic bronchitis. The positive effects of NAC treatment have primarily been attributed to the mucous-dissolving properties of NAC, as well as its ability to decrease biofilm formation, which reduces bacterial infections.

A recent systematic literature review of eight clinical trials involving NAC as an adjuvant treatment to eradicate pre-formed mature biofilms and to inhibit new biofilm production suggested a potential role for NAC as an adjuvant molecule in the treatment of bacterial biofilms, with an excellent safety and efficacy profile. NAC, in combination with different antibiotics, significantly promoted their permeability to the deepest layers of the biofilm, overcoming the problem of the resistance to the classic antibacterial therapeutic approach. NAC is available as topical eye preparations and as injectable solutions that can be used topically in the ear. The author normally uses it systemically at a dose of 600mg per dog.

**Conclusion**

Biofilm formation appears to be common in all long-standing cases of otitis. The concurrent use of agents to help break down biofilms is useful where their presence is suspected.

NAC is a systemic drug that may be useful to help break down formation of the extracellular polymeric matrix that limits diffusion of antimicrobial agents into the area of infection. Topical drugs that may be useful include NAC, tris EDTA, honey, colloidal silver and povidone-iodine.

**References**


**Figure 3. Mucoid discharge in severe chronic otitis externa.**

**Figure 4. Cytology of a smear from a dog’s ear with bacterial infection and probable biofilm formation. Note the lace-like filamentous pattern surrounding the bacterial organisms.**

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FELINE PYODERMA

BACTERIAL SKIN LESIONS ARE DESCRIBED IN MOST TEXTS AS BEING UNCOMMON and much less frequent than in dogs (Miller, Griffin, and Campbell, 2013). However, in a survey conducted at a charity hospital in London on 1,000 first opinion feline skin cases, 35% were found to have a bacterial component (Grant, unpublished data). The majority of these were due to bites and scratches and other trauma when known. Susceptible anebrasms were very common. In the author’s series, most of the cats were neutered in contrast to other reports. Lesions were common on the facial area (Figure 1) with the second most common on the caudal dorsal region.

Other trauma-based bacterial infections were less obvious on clinical examination with often no history to account for the lesions. A few cases manifested as hot spots (Figure 4), but these were rare compared to dogs. The majority of cases responded to a relatively short course of antibiotics in comparison to the longer courses required in superficial pyoderma in the dog (Figures 1 and 2).

Bacterial isolation from feline cutaneous infections include:

- Pasteurella multocida.
- Staphylococcus pseudintermedius.
- Streptococcus zooepidemicus.

The individual case that did not respond was caused by a methicillin-resistant strain of *Staphylococcus aureus*. In a survey of second opinion cases in Sydney, Australia, 20% of the 266 referred cases seen over a 10-year period were diagnosed as bacterial folliculitis and furunculosis. This is a higher proportion than previously published in referral cases.

**Clinical appearance**

- Papules, papules, crusts and epidermal collarettes (Figure 1).
- Hot spots of acute moist dermatitis (Figure 4).
- Infarction may extend to the dermis causing furunculosis and nodules.

Other rarely, feline juvenile impetigo has been documented. Pustular lesions are ventral, do not involve hair follicles and have been associated with overgrooming of kittens by the queen or as a result of systemic disease such as cat flu (Paterson, 2006).

**Differential diagnosis**

- Miliary dermatitis and its causes (reviewed in a previous edition).
- Ectoparasites – particularly flea-allergic dermatitis.
- Dermatophytosis.
- Pemphigus foliaceus.

**Diagnosis**

- Clinical signs.
- Cytology: Sampling is achieved either with adhesive tape or by a glass slide impression smear. There may be a mixed infection of cocci and rods as seen in Figure 3.
- Rule out ectoparasites.

**Underlying causes**

- In the Sydney series (Yu and Vogelnest), hypersensitivity was diagnosed in 60% of the cases with 48% secondary to atopic dermatitis.

Other more common causes typically seen in first opinion practice include:

- From bites and scratches or other trauma (Figure 1). These cases should respond rapidly to antimicrobial treatment. If this is not the case then the following should be considered:
  - Reduced immunity (particularly caused by retroviruses).
  - Keratinisation defects such as feline acne (reviewed in a previous edition of *Veterinary Practice*).
  - Immunosuppressive drugs.

**Treatment**

- Empirical use of antimicrobial drugs as described above, where there is no evidence of antimicrobial resistance in the practice area. Most cases respond within a few weeks and more severe cases a little longer.

- Antimicrobial treatment based on culture and sensitivity for those cases not responding rapidly to the first course or initially in severe cases considered likely to require a more extended course.

- Topical shampoos containing chlorhexidine may be beneficial and in mild cases as a stand-alone treatment.

- Search for underlying causes in those cases not responding to treatment and treat when possible.

**References**


**Continued from page 25**


“Why did you stop being a vet”? 

THE QUESTION FROM ONE OF MY CLIENTS should not have been surprising.

Some years into providing a dedicated referral service for owners of pets with problemmatic behaviour, I had become quite used to telephone conversations that started with “my vet says you used to be a vet too”, emphasis being on the past tense.

Despite wondering if when a referral was being arranged, the same comment would be made to an ophthalmologist, orthopaedist or pathologist for example, by this stage I was pretty well inured to it. After all, on initial contact clients often feel at a disadvantage.

Owners of this group of patients are frequently anxious, especially when they feel time is running out and salvage the relationship with a troublesome pet. Not conditions perhaps conducive to tactful comments.

In this instance, however, the question coming at the end of a long and complicated behaviour consultation I was certainly taken aback. When all was said and done, I had just spent three-plus hours in the company of this particular client and her problem dog.

We had looked in-depth at the pre-consultation questionnaire, the layout of her home and the nature and development of the noise sensitivity issue. Then we put considerable effort into developing an appropriate, practical and detailed programme aimed at resolving the difficulties and hopefully greatly improving both the animal’s well-being and the owner’s currently high distress levels.

I would hope by now I had demonstrated a level of knowledge and expertise that she might recognise was not necessarily generally available: skills I had in fact spent considerable time, money and effort acquiring and consequently far from being “no longer a vet” I was in reality a vet with something additional to offer. Hence the referral suggested by her general practitioner, who no doubt as well as underlining my credentials also referred to my veterinary career in the present tense.

No point in taking offence

She was merely being friendly. So I explained that as a general practitioner of my era, I felt increasingly frustrated and upset that, despite my best efforts, when presented with an aggressive dog or house-soiling cat I had been unable to offer much in the way of meaningful help. And at that stage, with little specialist support available, referral of behaviour problems was a particular challenge.

As a result, when I found a relatively new postgraduate course ideally suited to a vet in general practice searching for additional knowledge and greater understanding, I took myself off to learn more before embarking upon this different professional path.

Generally, when people showed this sort of interest, that was quite sufficient to bring the conversation to a close. This client, however, was different and she was clearly puzzled. “Rewarding maybe, but” – and what came next really did momentarily stop me in my tracks – “what could be better than saving lives?”

And there we have it!

In assuming a swap from general practice to companion animal behaviour counselling would deny any veterinarian the chance to save animals in deep distress, this woman was wholly mistaken.

Far from surrendering the ability to pull pets back from the brink, veterinary professionals – who take a particular interest in problematic behaviour, its prevention as well as potential resolution, and who assist and support the owners of these challenging pets – are constantly engaged in the business of saving lives.

Of course we don’t always succeed and, as with any branch of veterinary endeavour, tragedies still happen. But we can, and we often do, make a rewardingly positive difference that is, as current statistics show, as much needed now as when I embarked upon my career change some time ago.

But again, as with other specialist areas, it isn’t just the dramatic and life-threatening situations that make all our efforts feel reassuringly valuable. As I approach the end of my veterinary career and look back, the “lower profile” cases often stand out just as clearly as the ones where lives were “hanging by a thread”.

I well remember a delightful Cavalier King Charles and her decent, caring but admittedly desperate owners, a middle-aged couple hoping for some quality time together now the kids were off their hands.

By the referral stage when I met this likeable trio, the anticipated relaxed and fulfilling lifestyle was being actively sabotaged by the constant, impossible to ignore, “pain in the neck” behaviour of their dog.

Some problems can develop gradually

Largely because they had underestimated just how bad things could become, these clients were struggling with attention-seeking that was now completely out of hand. Family and friends no longer visited and instead of all going on trips together, embarrassment was forcing them to leave their pet at home.

As it turned out though, all of them were a dream to work with. So by the follow-up visit a mere three weeks later, this dog was the delightful companion her owners had always hoped for. Everyone was thrilled, and I was pleased to hear that they were “really enjoying her again”.

It was, however, these many years later, the husband’s final comment that clearly sticks in my mind. And if anyone doubts the value of all of us in the veterinary profession being wholeheartedly involved in this important area, it surely proves the case.

“Even if things hadn’t improved,” he told me, “we would have gone on with her till the end, but we would never have got another dog.”

“Now though,” he added, “we would never want to be without one,” which in the world of behaviour counselling is frankly as good as it can get.
IN-HOUSE FEEDING: IS THERE A SINGULAR ‘BEST PRACTICE’?

THERE IS AN ARRAY OF ARTICLES ON IN-HOUSE FEEDING from which we can draw advice. However, rarely do they hit the mark in providing regimented, repeatable instructions which fulfill every case’s needs.

Definition of terms is one sticking point, but highly variable inter-patient nutritional requirements and forever changing intra-patient needs are mostly the reasons for this fact. This article casts a wide net, incorporating all patients which stay in your practice long enough to require a meal, whether they be a day-patient or extended resident.

It’s always worth reminding ourselves of the objectives of in-house feeding. Preventing starvation is a minimum consideration and cuts to the core of our professional obligation to safeguard health and welfare. The confronting reality is that nutrition can easily become a secondary or even tertiary consideration for the in-house patient, with one study classifying up to 73% of hospitalised patients as “malnourished”. Our best intents and drive toward first stabilisation, as “malnourished”. Our best intents and drive toward first stabilisation, as “malnourished”. Our best intents should instruction be given to withhold (vomiting, stress, nausea, aversion), have condition-related sub-par intakes before admission, where your patients should instruction be given to withhold (vomiting, stress, nausea, aversion), have condition-related sub-par intakes before admission, where your patients

## Setting priorities

Our challenge is: firstly, realising if and where on this “continuum of malnourishment” our patients are; second, deciding how best to support their immediate nutritional needs; and finally, taking account for disease-specific requirements, with a longer-term view of recovery in mind.

Setting priorities

On the first point, patient signalment, history, presentation and triage will direct our attentions, assist the decision-making process and flag the immediacy for intervention.

Assessment criteria as seen in Table 1 allow us to make a definitive judgement: those with two or more “high-risk” factors present should receive nutritional support as a priority. It’s preferable that nutrition is delivered via voluntary intakes but often a feeding tube is necessary, where less than 75-80% of the patient’s Resting Energy Requirement (RER) is eaten.1

The World Small Animal Veterinary Association has brought together not only some robust guidelines for nutritional assessment, but a host of tools including an extended dietary assessment which further defines your patient’s needs, flagging CBC, biochemistry and integument changes as important markers.11,12

Supporting immediate nutritional needs entails an awareness of RER and the gradual reintroduction of a diet which respects the metabolic derailments. Regardless of preferred “metabolic fuel”, some key diet characteristics can help normalise the digestive process until the neuroendocrine/cytokine stimuli are removed. These include:

- Energy density – calories per gram of diet will dictate the feeding volumes required to fulfil RER. Dry diets are implicitly more energy-dense as water acts as a diluent; however, achieving levels in excess of 1kCal/mL in a convalescence diet allows us to minimise the volume fed.
- Digestibility – replacing losses and fulfilling deficits can only occur when a nutrient is bioavailable. This is dictated by the patient’s idiosyncrasies and current digestive capacity, but to a great extent by source and processing of raw materials.
- Palatability – an obvious priority where voluntary feeding is a positive prognostic indicator. Generally driven by protein and fat, this marry well with the above two criteria.

In some circumstances, when the level of deprivation is mild or early and voluntary intakes are intact, a patient’s “normal” diet may sufficiently fulfil the above criteria.

Knowing that all diets aren’t created equal, however, a working assumption here is that the normal diet is of high quality. Most often, when on a low plain of nutrition, if an incomplete or ambiguous dietary history has been taken it’s best to “do no harm” with a product which usually exists in a veterinary diet’s “gastrointestinal” range.

Table 1. Assessment of the need for nutritional support. Two or more high-risk factors indicate a priority as soon as stabilised (Chan, 2016).

### Table 1. Assessment of the need for nutritional support. Two or more high-risk factors indicate a priority as soon as stabilised (Chan, 2016).

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feed intake × 10% RER for ≤3 days</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Feed intake × 10% RER for ≤5 days</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Anorexia ≥2 days</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Presence of Weight Loss</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Severe Vomiting/Diarrhoea</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Body condition score ≤4/9</td>
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<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Muscle Mass Score ≥2</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Hypoalbuminaemia</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Expected Course of Illness ≤3 days</td>
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<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Expected Course of Illness ≥2 days</td>
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</table>

Lee Danks, BVMS, BSc, MRCVS, Royal Canin’s veterinary scientific support manager, graduated in 2003. After working in small animal practice both in Australia and the UK, Lee also managed an independent veterinary group in London which grew from two to four sites during his stewardship. Since 2010 Lee has held marketing and business support roles in Royal Canin’s UK office and now provides technical support and helps circulate the company’s nutritional know-how as part of the scientific communications team.

Lee Danks

in his series for Royal Canin tackles one of the most basic essentials
Without a specifically prepared diet, tube feeding can become a messy challenge (courtesy of Royal Canin). to one or two “critical care” products which do focus on energy, digestibility and palatability but are limited by their level of viscosity, dictating which size tube can be used. Recent ICU product launches have effectively solved this problem and address our third challenge: to adapt nutrition according to disease status. Altogether, in-house feeding remains a challenge. Nutrition may never be the first thought running through the mind of an ECC team, but within hours of admission one would hope a clear picture of dietary history, status, sensitivities and therefore requirements will be forming.

Like most of veterinary practice, acting with timely confidence and keeping to a systematic approach consistently works. After all, planning the next meal is planning for patient health.

References and further reading

Global Nutrition Committee Toolkit provided courtesy of the World Small Animal Veterinary Association.

RER (in kcal) = 70x[body weight in kg]^{0.75}

Resting energy requirements should be calculated for all in-house patients (courtesy of Royal Canin).
TAKING GOOD CARE OF SMALLHOLDERS

THE GOAT VETERINARY SOCIETY’S AGM and technical meeting at Chestrow Racecourse in November offered an interesting day’s programme for veterinary surgeons and goat keepers. Following chairman David Harwood’s welcome, a moment of silence and reflection was paid in remembrance of Jill Clayton, who was involved with the development of the Society for many years. Meetings are held twice yearly. Details are on the website www.goatvets.co.uk and the secretary is Ben Dustin (benowvet@gmail.com). Recent responses have been submitted to DEFRA regarding the incidence of TB in non-bovine species.

Herd health planning

The opening speaker, Emily Gascoigne (Synergy Farm Health), gave an account of her experience with herd health planning for smallholders. For veterinary surgeons a smallholder is more defined by how they see themselves rather than the size of the enterprise.

With health planning it is important to understand the aims of the people involved. Many will be part-time and have a lower level of knowledge and experience than farmers. However, one loss of an animal is a big loss. Food provenance is often a major motivation with direct contact, for meat and milk, and the detailed benefits identified.

Members are very competent and will share their knowledge with newly-qualified vets. These small units provide stock into larger units and provide genetic improvement.

Health history and status becomes very important and can be a key inspiration for the smallholder.

Live link-up

A first for the Society then followed when Kathy Anzeino arranged a live link with Laura Deeming at Massey University, New Zealand. Laura discussed two ongoing projects investigating kid rearing and foot trimming. A dairy goat co-operative of 45,000 goats on 72 farms were involved with grass grown all year round. The co-operative provides 90% of national goat milk production which is exported as infant formula.

Records of blood tests, weight, disease and death are kept and housing temperatures are data-logged. A fall in growth rate after weaning is seen with large individual farm differences indicating that the weight check can be avoided. Half of the herds showed an increase in daily liveweight from weaning.

There are many individual variations in milk feeding and colostrom management. Most kids are born in the winter (June and July) when it is cold. Open barns recorded a variation in temperature of -3 to 19 degrees; barns with bales providing shelter had temperatures from 0 to 15 and dedicated kid rearing barns 5 to 15 degrees.

The kid rearing barns are clean, have heat lamps and are draught-free. Kid rearing staff notice poorly kids earlier and they are treated. The kid rearing barns are continuing to be monitored and the detailed benefits identified.

Two groups of 40 kids are being recorded for the effects of early hoof trimming. It is common practice for the first hoof trimming to be at 12 months of age.

Individuals had video scoring, hoof growth scoring with photographs, infra-red thermography, x-rays for skeletal changes, data logging of lying and standing behaviour, both pre- and post-trimming.

The group trimmed at five months of age showed excess hoof growth. After trimming, the skeletal angles were better with minimal walking on the heel. The group first trimmed at 12 months had significant overgrowth with the toe high up in the air. After trimming the goats were still walking on their heels.

Work is ongoing to investigate whether joint angles are affected for good or whether routine trimming thereafter enables correction. It is clear that the lameness prevalence in New Zealand goat herds is underestimated. The Skype interview was very effective and the questions continued to Laura beyond her midnight.

Experience with metabolic profiles on goat farms was outlined by Yoav Alony Gilboa (Friars Moor Vets). Routine sampling of 20 animals a month before kidding enables recommendations to be made that reduce losses at kidding and during lactation.

A major problem is that there is little recording and so it is difficult to quantify the benefits. Herd numbers are increasing and there is reduced culling. Milking continues for 18 months and variable body condition scores are recorded. AI is not utilised and records of mating are poor.

Metabolic profiles are being used on most farms within the practice and post-kidding information is being collated. More losses are avoided with accurate feeding and selection for breeding, with data recording a key factor.

Bluetongue risk increasing

Karin Darpe (University of Surrey) considers that Bluetongue cases in France in the spring of 2017 will indicate an increased risk of the disease for the UK. By the time clinical Bluetongue is found, the local midge population will be infected and therefore removal of diseased animals will not be an effective control action.

Vaccination before the virus arrives is the only effective control.

There are many BTV serotypes, with new ones regularly being detected in goats and other species in other countries. One important question is whether the vaccine will give protection across the serotypes. Subclinical infection with the virus is recognised in goats, with high production losses. If more than one virus strain combines to infect, it is possible to get animal-to-animal cross infection but generally a sick animal only transmits virus via the midge.

Similar standards

Ian Johnson compares the rearing of Boer goats for meat as similar to the standards required by the broiler chicken industry. A consistent carcase requires some batches to be grown quickly and some slowly, with one ration from birth to death and strict coccidiosis control.

The doers are removed and the kids stay in the rearing pen. The kids turn to the feeders for comfort and there is no weaning check to their growth. Cameras monitor the pens and these are remotely viewed from a mobile phone, which avoids disruption and detects any issues early on.

Conformation is considered essential to a premium product and out of 20 embryos purchased it is expected that five will be culled, even though each costs £1000. Only the highest standards of management and production are acceptable to constantly achieve premium prices.

Goat kid health

Two veterinary practice accounts added detail about goat kid health. Bryony Kendall (Tynendale Vets) finds that a birth weight of 3kg or more is essential for kid survival with the genetics of the sire an important factor.

Vaccination to prevent abortion with sheep vaccine probably means that re-vaccination is needed every two years. Underfeeding of colostrum is common with 10% of bodyweight the target within the first six hours of life.

Warmth for the first month reduces losses; weaning is targeted at 15kg bodyweight with mating at 35kg.

Matt Pugh (Belmont Vets) has identified key performance indicators from a 700-goat herd. Deaths from birth to first kidding are probably underestimated with 44% of deaths occurring in the first 60 days of life. The age at first kidding was 446 days with a target of 406 days.

In the first lactation there was a 27% voluntary and involuntary cull rate. Lactation yields showed huge individual variation with an average of 900 litres in 883 days.

Evidence to provide key performance indicators is lacking for dairy goats. A kid tracker project is ongoing with information due to be available later this year.

An update on the disbudding of kids is available as a DVD from the Society.

The 2nd Dairy Sheep and Goat Conference will take place on 21st and 22nd February near Bristol (www.dairysheepandgoatconference.co.uk).
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CATTLE HEALTH AND WELFARE – FILLING THE KNOWLEDGE GAPS

EVERY TWO YEARS THE GB CATTLE HEALTH & WELFARE GROUP (www.chawg.org.uk) publishes a state of the nation report from a wide range of sources. This is the third report and the benefit of identifying more organisations and groups that have collected data is coming to the fore.

The group combines the expertise of over 20 member organisations and is funded by AHDB Dairy and AHDB Beef & Lamb. The chief veterinary officers for the UK, Wales and Scotland have welcomed the report and made some interesting observations:

- The UK Government has placed antimicrobial resistance at the top of its risk register alongside terrorism and pandemic flu.
- An emphasis on sound animal husbandry and healthy animals kept to high welfare standards will help minimise routine reliance on antimicrobials.
- The healthier our animals, the more attractive our products.
- The better our animal welfare, the greater the confidence of consumers in our production systems.

As mobile technology has developed to make data-gathering less time-consuming, veterinary practices are engaging to “fulfil “knowledge gaps”.

Although the data collected relate to specific projects and initiatives in local areas, they all contribute to an improvement in awareness.

Joining up the parts of the jigsaw is one of the roles for the CHAWG. As well as encouraging and coordinating cattle health and welfare improvement programmes, prioritising research, disseminating knowledge and liaising with stakeholders, the group is charged with providing guidance and to be a resource for the Chief Veterinary Officers across GB and other relevant government bodies, including the early stages of policy development.

One biosecure unit

So this is not a document to be left on the shelf. Tim Brigstocke, chairman, recognises the value of considering England, Wales and Scotland as one biosecure unit and that the challenges are real and positive developments are being shown to be effective. However, there is much work to be undertaken and understanding to be gained.

Within the section titled “trends and demographic changes” the total cattle population in GB is recorded as 8.2 million animals (compared to nine million a decade earlier) with around the same number of premises (109,000). The three countries are listed separately with a breakdown of beef, dairy and dual premises.

Total milk production from the UK national herd is 14.6 billion litres, with a yield of 7,870 litres/cow/annum and an average herd size of 142 dairy cows. The production of pig meat shows a steady increase over the last five years to 900,000 tonnes with beef and veal showing small annual variations at 825,000 tonnes and sheep meat being stable at 300,000. Total GB imports of cattle are 49,000 head, a fall from a peak of 59,000 in 2013. Approximately three-quarters of the dairy breed register births are Holstein with a spread of breeds in the beef sector (Limousin @30%).

Lameness prevalence in dairy cattle shows a wide variation. Individual herds can vary from zero to over 50%. Considerable effort is taking place to record herd mobility and to identify lesions involved with the high mobility scores indicating lameness.

Farm assurance

The section on “farm assurance” gives a realistic overview of the various schemes and initiatives. Red Tractor is the predominant scheme, but individual supply chains are setting up their own monitoring and improvement programmes. The standards for Red Tractor are due for review.

Within the dairy sector an annual veterinary review of health and performance records includes a review of medicine and antibiotic use. It is recommended that producers body condition-score their herds. With beef assurance, a vet must visit the farm at least once a year to look over livestock and review medicine and antibiotic use, in order for prescription medicines to be used. Records of all medicines administered are to be kept for five years.

A study by NMR/VEEU of the 6.5 million annual milk samples tested for somatic cell count (SCC) show that 79.7% of samples are below 200,000 cells per ml. This figure has increased steadily over the past few years. The data show that the percentage of herds keeping high levels of chronic cows has dropped dramatically in recent years, reducing the reservoir of infection and hence the herd SCC. The national average cell count is 189,000.

Veterinary surgeon and farmer training as part of the Dairy Mastitis Control Plan commenced in 2009 and 140 active plan deliverers, mainly vets, are now participating. An initial review of herds following the recommended management changes have shown a decrease in cell count and a reduction in the incidence of clinical mastitis.

Wide variation in mobility

Pneumonia and lung conditions cause an equally high number of deaths (10%) with wire at 3%. This contrasts wildly with dairy cows where wire at 18% is the most common cause of death. It may be that the experience of veterinary surgeons in preventing wire deaths in dairy herds needs to be highlighted. Toxic mastitis at 8.5% is the next highest cause recorded.

RICHARD GARD examines the latest state of the nation report from the CHAWG
An uneven franchise in a galaxy far, far away...

A NUMBER OF HIGHLY-INFLUENTIAL science fiction films were released in the late 1970s and early 80s. Superman (1978), the original movie incarnation of Star Trek (1979), Blade Runner (1982) and The Terminator (1984) had a tremendous and ongoing impact on science-fiction movies. Another film of this time, Alien (1979), with its amazing designs by H. R. Giger, had perhaps the greatest influence on the appearance of movie sci-fi of them all. Other than Blade Runner, each of these films spawned a series of sequels, some of which continue in some form.

But perhaps the most widely-pervading sci-fi sensation of all was George Lucas’ Star Wars (1977). For reasons that have never satisfactorily been explained, this film became a total phenomenon. Sure, it is very good, but the obsessive following that it still enjoys among its more fundamentalist followers is quite bizarre and is encapsulated by the fact that in the 2001 UK census, around 330,000 people listed their religion as “Jedi Knight”.

The first Star Wars film, subtitled Episode IV: A New Hope, was fresh, lively and captivating, a breath of fresh air, highlighted by Sir Alec Guinness’ superb Obi-Wan Kenobi, the young Harrison Ford’s Han Solo and one of the greatest baddies ever in Darth Vader. It was always going to be a hard act to follow and the rest of the trilogy, Revenge of the Sith, (1977). For reasons that have never satisfactorily been explained, this film became a total disappointment. The second film, Return of the Jedi, (1983) attempted to rework the elements of the first film, complete with a major baddie dressed in black, with a face mask, a strange voice and great powers. There is only one Darth Vader and this character is more of a Darth Lite.

The latest offering in the ever-expanding franchise, Rogue One, is the first of the new “anthology movies”, stories within the narrative canon but outside the three trilogies. Rogue One is set just before A New Hope. It takes for its theme a few lines of dialogue that occurred early in the latter and builds an intriguing and watchable story. Darth Vader is back and doing what he is best at, being completely evil, without any recriminations or concerns about long-lost offspring.

The best scene features Vader at his scariest. Dramatically lit, it is worth watching the film for that alone. Rogue One also demonstrates the folly of installing a very important switch on a beach in clear view of all and sundry.

So, in the style of London buses, after a 40-year wait for a good Star Wars film, two come along almost at once. What does the future hold? The tragic death of Carrie Fisher at the age of just 60, followed only a day later by that of her mother, Debbie Reynolds, casts a shadow over the saga.

Apparently, Ms Fisher had finished filming part eight before her death and Disney has stated that it will not use a digital version of her for the final (?) episode. This must be correct.

Rogue One featured a digitalised likeness of the late, great Peter Cushing in his character from A New Hope and I was left feeling uneasy by this. The recreation was extremely well done and it was nostalgic to see this fine actor’s face on screen over 20 years after his death, but is it appropriate to cast someone posthumously like this? I remain unconvinced.
Making storage simpler and safer

GRATNELLS, WHICH MANUFACTURES AND MARKETS one of Britain’s best known and most widely used ranges of storage systems, has been supplying the veterinary sector with mobile and static solutions for over 40 years.

Applying its experience and knowledge of the working environments in hospitals and offices, the company says its range of systems aims to create the infrastructure that sits behind an efficient veterinary practice.

With practices requiring good storage systems to locate vital equipment and medication when needed, having an efficient stock control system in place is essential – minimising the chances of supplies running out, being over-stocked or going out of date.

Whether it’s a large frame capacity for sterile storage areas, or storage trolleys for use throughout the practice, Gratnells offers two flexible storage ranges: Classic and Compact. The Classic range of products, says the firm, became the leading storage system for the NHS over 40 years ago, with veterinary practices and hospitals following suit.

The heart of the system

At the heart of the Gratnells system is a range of trays, baskets and tray inserts, providing a multitude of storage options. The Compact range, which consists of smaller trays, frames and trolleys, provides an optimum solution for practices where space is hard to come by.

Understanding that no two veterinary practices are the same, Gratnells’ flexible storage systems are designed with feedback received from users in mind – and over four decades of experience in the healthcare markets. For example, the company recognised the need to develop a range of plastic tray inserts and dividers to hold small items safely in place. In addition, oxygen cylinder holders, linen or plastic trolley covers and sharp box containers are now included in the veterinary range.

The firm’s frames and trolleys have been designed to allow maximum flexibility – trays and baskets can easily be moved between trolleys and frames, allowing flexible storage systems throughout the practice.

The basic trolleys are available already assembled with welded runners or flat-packed with adjustable runners and supplied with standard castors.

Alternatively, they can be upgraded to include castors with brakes or antistatic properties. The Gratnells frames and trolleys are guaranteed for five years too.

Medical and veterinary frames and trolleys – and even a selection of the trays – are treated with BioCote antibacterial additive. This exclusive feature offers protection against bacteria and fungi.

BioCote antimicrobial protection works alongside existing cleaning regimes, providing an additional level of defence against contamination, and helps prevent microbial contamination on storage trolleys. Protected systems resist the growth of microbes which may degrade the products’ surface, providing a longer lifespan.

The protection, Gratnells states, also helps prevent the growth of odour-causing and staining bacteria.

The technology, it adds, is proven effective against a wide range of bacteria, fungi and the H1N1 virus. It reduces microbes by up to 99.99%, with significant reductions within 15 minutes and up to 99.5% reduction in just two hours.

Planning ahead

Gratnells also aims to make planning veterinary practice storage easy with its medical frame planner, a simple-to-use online tool that allows vets to work out their ideal storage combination:

- www.gratnells.com/GratnellsStorage.aspx for Classic frames
- www.gratnells.com/GratnellsStacker.aspx for Compact frames

Once GratBuild is launched, the user selects the frame and then drags the tray and shelf combination selected onto the frame. The planner confirms how many trays, baskets, shelves and runners are required.

Happy customers

Louise Ketteridge of Oak Barn Vets in Surrey says her Gratnells storage trolley makes a busy day go smoothly.

“It’s an ideal storage solution for any veterinary practice or animal hospital,” she says.

“It’s so versatile, it can follow me and the patient around the entire facility. Theatre, radiography, the dental suite... wherever the patient is, the trolley’s right behind. This clean, efficient and organised system carries everything I need. What’s more, the integrated trays can be colour-coded with inserts to separate needles, syringes and catheters. Larger trays hold a patient’s surgical kit. In fact, everything we require for their planned procedures. The robust storage system provides flexibility for any situation, and it will last – and grow – as we do. Quite simply there is nothing else on the market that does it all so well!”

Mark B. Hedberg, short course manager at the College of Animal Welfare, Cambridgeshire, is equally pleased. “We’ve been using a Gratnells trolley for some time now and been thoroughly impressed by its flexibility, convenience and most importantly, build quality,” he says.

“In spite of daily cleaning with disinfectant, and the lumps and bumps of everyday staff and student use, it still looks like it just came out of the box. The Gratnells trolley is highly popular with the staff and very useful in our day-to-day work, and we’re very glad to have it.”

The company will be offering a 10% discount on a Gratnells BioCote Veterinary Trolley to visitors to its stand at VetSouth in Exeter on 8th and 9th February. For further information on the full Gratnells veterinary storage range, visit www.gratnells.com.
The GDPR is coming over the hill (is it a monster?)

DATA PROTECTION LAW HAS RECENTLY BEEN UPDATED by Europe and will be in place in less than two years.

Despite the Brexit vote, businesses and organisations need to note the numerous changes as the penalties for breaches will be severe and adjusting to the new rules will take time.

The European Union’s General Data Protection Regulation (GDPR) was finalised at the end of April 2016 after four years of discussion, disagreement and negotiation and will directly affect all member states of the EU from May 2018. Firms have a choice. They can either take the GDPR seriously and use it as an opportunity to review their approach to data protection or they can hope it goes away – which it won’t.

But a question arises: now that we’re scheduled to leave the EU, will the GDPR still matter? The answer is yes – it will.

The Secretary of State for Culture, Media and Sport, Karen Bradley, before a House of Commons Media and Sport, Karen Bradley, – it will.

Presently

The present data protection regime, under the Data Protection Act 1998 (DPA), protects a person’s rights in respect of their personal data and is built upon eight data protection principles. These are all common sense and require that personal data are:

1. Processed fairly and lawfully
2. Obtained and used for specified and lawful purposes only
3. Adequate, relevant and not excessive in relation to their purposes
4. Accurate and up-to-date
5. Not kept for longer than is necessary
6. Processed in accordance with the individual’s rights
7. Kept secure
8. Not transferred outside of the EEA without adequate protection

Apart from these, there are other critical points to note about the present regime.

The first is that there are extra obligations when handling sensitive personal data such as information about ethnic origin, sexual life, trade union membership, etc. Further, individuals have a right via a Subject Access Request (SAR) to find out what information is held about them (there are, however, a limited number of exceptions).

It’s also worth noting that if an organisation fails to answer its obligations under the DPA, they can be fined up to £500,000 by the Information Commissioner – and fines are being levied. The majority of fines are imposed because of security breaches and usually the security breach is a consequence of a failure to take data protection seriously.

There is an increased emphasis and awareness now of the importance of data protection – and any organisation which fails to give this high priority now may be caught out.

Planning ahead

Decision-makers should know what is coming over the hill. This will give their firm time to get ready – the GDPR should act as a catalyst for a review of current data protection practices. Those that leave the critical preparation until the last minute could find there is a real danger that they won’t be compliant in time.

An extremely useful starting point is to review what personal data is held, why it is held, where it was obtained from, and personalised data is shared with (and why).

Under the GDPR, firms that discover they have shared inaccurate personal data are required to inform the organisation they shared it with of the inaccuracy. But, of course, this cannot be done unless they know what data is held in the first place.

It’s very important that organisations take the opportunity to review any data protection policies they have and consider what, how and who keeps policies up to date. The GDPR requires “data protection by design” and operates on an “accountability principle” which will require firms to show how they comply by, for example, having effective policies and procedures.

Rights of the individual

Individuals need to know what is going to be done with their data and how it is going to be shared. A privacy notice tells people about this and is often found on a company’s website or is indicated to an individual when their personal data is collected such as...

continued overleaf
SALES: WHAT TO EXPECT IN 2017

IF HISTORY IS A PREDICTOR FOR THE FUTURE, 2017 is set to be a most interesting 12 months. Back in January 2016, who’d have thought the UK would leave the EU; Donald Trump would be choosing curtains for the White House and team GB would rank second in the medals table at the Olympics? A year to challenge the status quo for sure.

Convention, conformity and predictable behaviour got thrown out with the bar water, toys and all!

Bringing this down to the veterinary profession, I believe there is good news. The big decisions taken in 2016 had the theme of mild discord with the establishment and being told what to do. This is an attitude that can favour small businesses as big business is often considered to be “part of the problem”.

I believe we are entering a new phase of entrepreneurship where smaller, independent businesses (such as veterinary practices) will have the opportunity to capitalise on the shift in attitudes.

Of course, the veterinary profession is not without change and we have seen the larger groups continue to expand, which may cause younger members of the profession to scratch their head and think they may never have an opportunity to purchase.

2016 certainly saw great conditions for those looking to sell with goodwill values hitting new highs for practices. Location is still the number one factor that influences buyers and last year there was a slight shift away from the obvious hot spots.

This could well be down to the unprecedented high prices being commanded, so better value could be achieved in slightly further afield areas.

As we enter 2017, first-time buyers should not despair – Brexit has had little or no impact on the banks’ lending stance with veterinary remaining very much a green light sector.

Different stance
Subject to a robust business plan being compiled, banks remain happy to lend against veterinary goodwill although every lender will have a different lending stance, hence the importance of working with an independent business adviser who has access to the whole of the market – rather than simply gaining the thoughts of just one bank if you approach direct.

As with most things in life there is no guarantee that these conditions will continue – the EU is unfinished business and we have the small matter of Article 50 being triggered (at the time of writing that’s expected by the end of March 2017), which will undoubtedly cause a reaction from the banks.

However, as Arnold Bennett so eloquently put it: “Any change, even change for the better, is always accompanied by drawbacks and discomforts.”

I expect 2017 to be a year where those selling continue to benefit from high practice values, buyers benefit from borrowing from the banks at relatively low cost and the underlying business of veterinary practice favours those who invest in new ideas and initiatives.

It also wouldn’t be surprising to see some larger corporates re-assessing their portfolio of practices and selling the poorer performing ones to improve their bottom line profits. Many corporates have been on the acquisition trail now for some time and inevitably you end up with sites that just don’t work or fit.

While these sites may not work for a group concern, under the ownership of a first-time buyer with new and fresh ideas the business could soar.

Overall the veterinary business remains in good health with opportunities for both practice owners and first-time buyers alike – but fortune favours the brave.

Let 2017 be the year you take the bold step towards business ownership.

HELEN SKINNER
of FTA Finance reveals some insight into what this year may bring for those looking to buy or sell veterinary practices

Subject to a robust business plan being compiled, banks remain happy to lend against veterinary goodwill.

Helen Skinner, head of veterinary at FTA Finance, has an extensive banking background and has worked within the healthcare sector since 2000. She works directly with all FTA Finance clients who are looking for funding for a variety of reasons from first-time buyers to established owners looking to expand and/or review existing arrangements; e-mail helen.skinner@ftafinance.co.uk.
SELLING YOUR PRACTICE IN 2017

THE MARKET HAS CHANGED DRAMATICALLY...

Malcolm Wright discusses the corporate tsunami that has changed the face of veterinary practice and how owners should go about getting the best price for their practice if they decide to sell.

Malcolm Wright is partner at BVMA, MRCS, qualified from Glasgow in 1972 and spent a period in practice before setting up Westway Veterinary Group in north-east England. Over the next 17 years this was developed into a nine-site practice based around a central hospital. In 1991, he set up Vet Direct Services Ltd, a veterinary wholesale company, and in 1999 he set up a national veterinary group, firstvets Ltd, that grew by acquisition to an 11-site practice. Between 2004 and 2006 he sold off his interests in all the various companies. He has throughout his career been involved in the practical business development and sale and purchase of veterinary practices, which was put to use when the Veterinary Business Agency was developed in 1992, and he now specialises in the sales share of incorporated veterinary practices.

Practices in the wrong location, with restrictive premises and no true profit, may not be salable.

**Saleability league**
Top practice price obtained (per vet employed) WINNERS
- Turnover >£375k per FT vet
- 3-5 vet practice
- One site
- Net maintainable profit >18% of turnover [maintainable profit is after owner takes a market rate salary]
- Maintains its own night service with good on-call hours
- Good location in populated area with good total household income
- Structured management not owner-dependent
- Good modern premise
- Turnover <£150k per FT vet
- Single vet practice
- One site
- Net maintainable profit ≥7% of turnover
- No night service/shared available
- Sparingly populated or low income area
- Good location in populated area with good total household income
- Vendor-dependent
- Poor premises or integrated with owner’s home

**Know achievable prices**
When you sell you must have a knowledge of the achievable price your practice could sell for – this is not published and you will have to gu一点点水 what you think your practice is worth; or accept a valuation offer from a corporate.

Would you accept the offer from “We will buy your care” or the PX value of a car as being the best price you would get?

To get the maximum price for your practice will almost certainly mean selling to one of the corporate practices. These firms are large and have extensive legal and accountancy support. You will need to employ professionals who are used to dealing with companies of this size and transactions of this value in this particular field. Using a small firm that has sold a few retail businesses for £200-400k may leave you in a vulnerable position.

The level of due diligence and the legal warrants the corporates will undertake will add on to both your legal and accountancy fees as they go through the process, compared to a “simpler” process if selling to an individual; therefore, it is something you need to have under control throughout the sales process.

**Should you use a practice sales broker?**
A broker should not be an estate agent – they should be involved from the onset of your sale through to completion.

In most cases the property is a separate part of any sale and in many cases the property is leased to the purchaser, with actual terms being negotiated by the broker.

The major parts of any practice sale can be divided into: 1. Pre-sales process. Estimation of the achievable value of the practice, whether it is for the sale of the shares in an incorporated practice or the sale of the assets with a sole trader/partnership practice. This is undertaken by combining a site visit with the analysis of the practice accounts and practice structure and make-up.

Preparation of the practice sales memorandum: this should give any potential purchasers all the necessary information to make an indicative offer. 2. Sales process. This should involve marketing the practice to selective buyers, deciding on preferred bidders, obtaining non-disclosure (protection) agreements for the seller, dealing with all offers, negotiation of detailed terms of the agreement and preparation of Heads of Terms (What you agree to in principle).

3. Due diligence and completion period. Lapse with both stock of lawyers and accountants throughout.

Benefits of using an experienced broker: experience has shown that savings on costs can in the long term result in less value when sold – cheap fees do not always mean savings. In life, you usually get what you pay for.

Selling your practice will probably be the biggest and most complex financial transaction you will undertake in your career, so get it right first time if you want to maximise the benefits of the present market.
Three reminders for investment success in 2017

Reminder 1: Investment volatility is not the same thing as risk for long-term investors

Political shocks gave stock market investors and pension savers a rollercoaster ride over the last year, but despite all the drama about Brexit and Donald Trump’s triumph in America, the financial facts of life remain much the same. It pays to take a medium-to-long-term view when planning for better financial outcomes.

For example, volatility – or the tendency for share prices to fluctuate without warning – is not the same thing as risk for investors who are willing and able to ride out short-term setbacks. Those who resisted the temptation to panic-sell when markets fell in 2016 avoided turning paper losses into real ones and were often rewarded when prices recovered.

The danger of knee-jerk reactions to short-term fluctuations was demonstrated most dramatically when the UK voted to leave the European Union. Various financial experts had predicted dire consequences if the Brexit campaign won and the FTSE 100 did indeed fall sharply when the referendum result was announced on 24th June.

However, this benchmark index soon bounced back when markets realised that weaker sterling would make exports more competitive – remember that most FTSE 100 revenues are earned overseas. As a result, the index increased by more than 10% from its low point in June to trade above 7,000 in October, having started the year just above 6,000.

So those who remained invested throughout the Brexit vote drama of last spring, summer and autumn tended to end that period better off than they started. By contrast, those who sold when the short-term outlook seemed bleak may have suffered substantial losses.

Many shares and stock market-based investment funds aim to reward medium- to long-term investors with income in addition to any returns generated by an increase in capital values. The average dividend paid by FTSE 100 companies is 3.7% of their purchase price at the time of writing.

Unfortunately, many risk-averse savers settle for less than a 1% return from their money in bank or building society deposits rather than potentially trebling their income by investing in the stock market. They fear volatility and the fact that share prices can fall. Worse still for income-seekers, equity dividends can be cut or cancelled without warning. As 2016 reminded us, that’s more excitement than many people wanted from their hard-earned cash.

Reminder 2: The benefits of investment diversification at portfolio level

Fortunately, collective investment funds can help – they offer tried-and-tested ways to diminish the risk inherent in stock markets through diversification at fund level.

Funds spread individual investors’ money over dozens of different shares, bonds and other assets to reduce their exposure to the risk of setbacks or failure at any one company – or, in the case of international funds, any one country. In layman’s terms, the principle is not putting all your eggs in one basket.

Collective investment funds also enable individual investors to share the cost of professional fund management from a team of investment experts. For example, an income fund manager’s duties will include assessing whether dividends are sufficiently covered by the underlying corporate earnings to reduce the risk that income distributions might be cut or cancelled in the future.

It is a remarkable fact that some pooled funds have maintained or increased income distributions to investors for several decades, though of course there are no guarantees they can keep this up.

Reminder 3: The importance of income on portfolio total returns

While most media coverage focuses on share prices and the capital value of stock market indices, such as the FTSE 100 or the S&P 500 in America, the importance of income should not be overlooked. For example, many people are unaware that dividends have delivered most of the real returns – that is in excess of inflation from shares over the long term.

Barclays Bank conducts one of the most comprehensive annual analyses of returns from assets including bank deposits, gilts and shares with data stretching back more than a century. The Barclays Equity Gilt Study 2016 showed that £100 invested in shares reflecting the changing composition of the London Stock Exchange since 1899 would have grown into just £177 after adjusting for inflation if dividends had been spent when they were distributed.

By contrast, the real return from shares soared to a staggering £28,232 if dividends were re-invested. Put another way, Barclays calculated that the “real” (over and above inflation) annualised average returns with dividends re-invested were 5%. However, only a tenth of this, or 0.5% per year, came from rising share prices.

Interestingly, this comprehensive analysis also demonstrates the importance of investors taking a long-term approach to maximise returns from the stock market and minimise their exposure to short-term setbacks or volatility. For example, investments in shares over any period of just two consecutive years since 1899 had a 68% probability of beating returns from cash or UK Government bonds (gilts).

Put another way, if investors in shares sold up after two years, there was a risk of nearly one-in-three that they would be worse off than if they had kept their cash in the bank or gilts. However, shares delivered bigger returns than bank deposits over 75% of all the periods of five consecutive years since 1899. The probability of shares beating deposits was even higher if you invested for 10 years or more, rising to 91%.

While the past is not a guide to the future, it can help us understand our options here in the present. It always makes sense to take a long-term view on investments and to diminish the risks inherent in stock markets by diversification.
Two paws forward, one paw back...

LAST YEAR’S LONDON VET SHOW included a session that considered the progress being made to enhance the welfare of pedigree dogs in the UK and internationally, and the impact the profession can make from the consulting room.

Introduced by BVA president Gudrun Ravetz, sponsored by Agria and delivered by Dr Brenda Bonnett, the presentation was complemented by the subsequent paper from the Kennel Club’s veterinary adviser, Nick Blayney, which looked at measures introduced in the UK.

Formerly at the Ontario Veterinary College, Brenda is a veterinarian and consulting epidemiologist and since 2011 has spearheaded the creation of the International Partnership for Dogs (IPFD) and DogWellNet.com. She is the CEO of IPFD, a non-profit organisation whose mission is to facilitate collaboration and sharing of resources to enhance the welfare of dogs worldwide.

Several national Kennel Clubs in Europe and North America, including the UK and Sweden; other stakeholders in dog health such as the Agria-Swedish KC Research Fund; and collaborators such as VetCompass in the UK and Sweden; made to enhance the welfare of pedigree dogs.

IPFD promotes an evidence-based approach. Some of this “evidence” comes from Agria whose current footprint in the Swedish market stretches to 40% of all Swedish dogs and 23% of cats.

Agria data have been used to produce numerous peer-reviewed scientific papers. In addition, material on the most common and high-risk conditions has been created specifically for the use by breed clubs. These data help define which conditions are the most important for a breed.

The need for this approach was highlighted following the Pedigree Dogs Exposed documentary and the global reaction to Syringomyelia (SM). In the period from 1995-2006, approximately 70 times as many Cavaliers died of heart disease than SM.

Brenda also referenced a paper from VetCompass with similar findings. While not saying SM isn’t important, she stresses the importance of using evidence to define priorities rather than media-driven decision-making.

In Scandinavia, the Agria data support Kennel Club and breed club breeding strategies. Breed clubs also have access to KC public-access databases linked to pedigree health data. Depending on the breeding requirement (e.g. eyes, hips or other), screening data can go back seven or eight generations – one of the benefits of a compliant and inclusive culture.

Brachycephalic dogs are currently a hot topic with the UK profession. Indeed, in September 2015 the “Vet Petition” focused attention on health problems in these breeds. Looking at respiratory disorders, the 2009-2013 Agria data reveal a relative risk 20 times greater for brachycephalic breeds compared to all combined.

But what about the actual prevalence of brachycephalic obstructive airway syndrome (BOAS) in the UK? A straw poll of vets might conclude “all are affected” while the opposing breeder view could be “they’re all fine”. But anecdotal opinions need to be replaced by evidence. Even from research, e.g. BOAS in Pugs, based on one referral hospital’s data v. primary-care clinical records, there is a potential for misinterpretation of data without careful consideration of the source and differences between study populations.

Are we making a difference?

Established Surgical Registries would allow quantification of the problem directly from vets. This initiative is just starting in Sweden; a mandatory approach was not supported by the Norwegian government. Although established for years in the UK, it is also not mandatory and participation by veterinarians has been poor. As promoted by IPFD, collaborative efforts are needed. The Nordic Kennel Union has introduced puppy certificates, pre-breeding certificates and re-evaluated breed standards. In Germany, Finland and France, fitness testing is established for various brachycephalic breeds. There is an emergence of cross-breeding health programmes, especially in Finland and Norway, for some challenged breeds.

Closer to home, UK vets, individually and collectively, were challenged to consider their role, e.g. to educate their clients … perhaps the snuffling/snorin in the Pug shouldn’t just be dismisses as “normal” in the breed; to more compromised health in the medical records; and to participate in programmes and research that would help determine the true rate of occurrence of such problems. All marketers were asked to reconsider their habitual use of “cute” and “funny” depictions of extreme conformation in general advertising.

Brenda’s full presentation together with Nick Blayney’s supporting paper are available to view on Vets.tv and much of the breed-specific health data can be found at DogWellNet.com – the information hub of IPFD providing links, documents, downloads and additional resources to vets, breeders and others in the canine world.

Reference


General causes of mortality: rates in 2006-2011

Paralympian to host marketing awards

DANNY Crates is to host the Veterinary Marketing Association (VMA) awards at the Lancaster Hotel in London on 17th March.

Claire Edmunds, who chairs the association, says he is widely considered one of the greatest British disability athletes of all time.

“Since retiring from international athletics, Danny has built a reputation as a leading motivational/inspirational speaker, delivering keynote presentations around the world,” she said.

Entries for the awards close on 10th February and can be made electronically at www.vma.org.uk. Table reservations for the presentations can also be made via the website.
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