Low profitability a major concern for profession

NEARLY 3,000 veterinary surgeons are working in practices that are failing to make a profit, according to the results of the first SPVS

profitability survey, announced at the SPVS-VPMA annual congress in Newport in January.

Leading management consultant and former owner of a group of small animal practices, John Sheridan said that the superficial health of the veterinary market concealed serious problems of low profitability.

The survey included data supplied by 109 small animal practices, 14 mixed practices and three equine businesses. He calculated that only 30% of those 126 businesses could be regarded as showing a good financial performance with profits of more than 15% of turnover.

About 15% of businesses in the sample were showing an average performance with 12-15% profit. So 55% were performing below the 12% level considered the benchmark for an average business, he said.

More worrying, a significant proportion of these were actually losing money. “I calculate that if there are about 19,000 vets working in around 5,000 practice premises in the UK, then these figures suggest that 2,800 of those colleagues in 456 premises are actually losing money.”

Mr Sheridan warned that these figures should be a concern for all members of the veterinary profession and not just those in the practising arm. “If veterinary practices are healthy, then the veterinary profession and the wider veterinary industry is in a healthy state; but if practices are in trouble, our whole industry is in trouble.”

He chided those colleagues who might believe that the only purpose for becoming a vet is to practise good quality veterinary medicine and surgery. Financial and professional performances were inextricably linked: “Better medicine depends on better business skills, and better business depends absolutely on better medicine.”

Missing the point

He blamed the profession itself for its financial failings and argued that the solutions were in its own hands. While the RCVS/BVA Vet Futures project made a number of worthwhile recommendations for guiding the future direction of the profession, its recommendations missed the point.

The priorities of improving mental health, leadership, working conditions, etc., were “all fiddling around the edges”, he said. “If you concentrate on getting the business performance of practices right, then all the rest will follow.”

Mr Sheridan maintained that vets running poorly performing practices should use their diagnostic skills to investigate the source of their own financial ills. “I guarantee that within the next 12 months you could double your profitability without having to work any harder or longer, without working your team harder, cutting your costs or inflating your fees, etc.”

One of the reasons why practice managers found it difficult to develop a strategy to improve the financial performance of the business was that they were often blinded by too much information.

The beauty of the SPVS survey, he said, was that it only demanded figures on five simple parameters: the transaction volume index, cost of drugs and supplies, manpower costs, establishment and overhead costs and profit as a percentage of turnover. Those figures could be...continued on page 3
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Shaping the future of animal health
Big field in RCVS Council election

SIXTEEN veterinary surgeons are contesting the six vacancies on the RCVS Council this year and four veterinary nurses are standing for the two places on the VN Council. Candidates for the RCVS Council include the current president, Chris Tuffnell, who is seeking election for a third term; other sitting members of the Council seeking re-election are Chris Gray (aiming for a third term) and Thomas Witte (seeking a second term). The other candidates are: Caroline Allen, Sarah Brown, Danny Chambers, John Davies, David Leicester, Tom Lonsdale, Martin Peaty, Matthew Plumptree, Professor Cheryl Scudamore, Huw Stacey, Kevin Watts, Trevor Whirledge and James Yeates. Most are standing for the first time with Cheryl Scudamore standing for the second year running (having come seventh last year) and Tom Lonsdale for the 21st year (coming last every time).

Three sitting members are not standing again: Jerry Davies, who has been on the Council since 2001; Peter Jinman and Bradley Viner who were both first elected in 2005 – all three are past presidents.

The nurses standing for the VN Council are Miguel Borralho, Susan Howarth, Andrea Jeffery and Marie Rippinagle, the last two seeking re-election.

The RCVS will be posting ballot papers and candidates’ details to veterinary surgeons and veterinary nurses eligible to vote during the week commencing 13th March; voting closes, either online or by post, at 5pm on 28th April.

The biographies and statements for each candidate can be found at www.rcvs.org.uk/vetvote17 and www.rcvs.org.uk/vnvote17. In a break from tradition, the College is publishing this information prior to the voting period.

Orthopaedic referral clinic opens in Manchester

MANCHESTER Veterinary Specialists (MVS), an orthopaedic centre in Worsley, Manchester, and part of the CVS referral network, opened at the end of January. The joint clinical directors are Ben Keeley and Steve Bright, both of whom are European and RCVS Recognised Specialists in Small Animal Surgery.

The clinic is located adjacent to Pet Medics, the company’s long-established hospital which is currently undergoing a complete refurbishment.

CVS reports that it has invested more than £1 million to create one of the most advanced single-discipline specialist veterinary hospitals in the country. It has a Siemens 16 slice CT scanner and is the only veterinary clinic in the UK to own a fluoroscopic mini C-arm to facilitate minimally invasive surgery. Services offered include fracture repair, arthroscopy, tibial plateau levelling osteotomy, total hip replacement and arthrodesis.

The CVS referral network now comprises: ChesterGates Veterinary Specialists (Cheshire); Dovecote Veterinary Hospital (East Midlands); Grove Referrals (Norfolk); Highercroft Veterinary Hospital (Bristol); Lumbry Park Veterinary Specialists (Hampshire); Manchester Veterinary Specialists (Manchester); St David’s Veterinary Hospital (Devon).
Are digital ringmasters beginning to control our actions?

I SUPPOSE THE THING ABOUT STATISTICS is that you have to have some idea of the context in which they appear if they are to have any real impact. For instance, it is an almost daily occurrence to hear that Facebook is sliding away in popularity but a recent survey showed that, in quarter 4 of 2016, 75% of male internet users were on Facebook as well as 83% of female internet users. “So what?” you might ask; is that meaningful and does it indicate any significant shift in loyalty and usage? Perhaps that’s the wrong question. This same article, published online in Social Media, showed that 22% of the world’s total population is on Facebook, so the scale and reach remains phenomenal. Maybe the question I should be asking is: are people using it differently or are they cherry-picking social media sites and platforms for different purposes?

We know that female internet users are more likely to use Instagram than men in a ratio of 38:26% and so we might easily conclude that female users use it differently from men but, even if that’s the case, we also know that 32% of teenagers consider Instagram to be their most important social network and that most Instagram users are between 18-29 years old, even though Snapchat reaches more than 40% of 18-34 year olds, so it’s clear that there’s no easy answer.

What do we know is that overall usage of social media is vast and varied – just 10,000 YouTube videos have generated more than 1 billion views and over 400 million snaps are shared on Snapchat every day. With overall usage still growing across all age groups, we need to better understand how people are using the internet and social media if we wish to better harness this tidal wave of behavioural change.

A recent study from King’s College London has challenged the idea that people are passive or helpless consumers of media in a publication which analysed online media use in a group of 8,500 teenage twins. By comparing identical twins who share all the same DNA with non-identical twins who share half of it, the study investigated the relative contribution of genes and environment to individual differences in engagement with online media ranging from education to games and social sites such as Facebook.

Results are expressed as “hereditability” scores that show the percentage of difference in individuals which can be attributed to inherited genetic factors rather than simply environmental effects. Hereditability was 39% for gaming, 37% for entertainment sites, 34% for education and 24% for social networking. Researchers claim that these are larger effects than could be demonstrated by gender differences in media use and raise interesting questions about “filter bubbles” in social media which expose people only to information which already supports their point of view while sheltering them from conflicting or opposing arguments.

Echo chambers

We are all familiar with the idea of “echo chambers” in social media use where information is automatically tailored to the viewpoint of participants by their selection of a given platform within a networking experience. This seems little different from the idea with which most of us grew up, that different newspapers “supported” a different point of view. I have always believed that The Telegraph was a right-wing paper while The Guardian took the opposite polarity – and one’s choice of newspaper was a reasonable indicator for our political standpoint.

Within the confines of academic research, the idea that inherited genetic rather than environmental factors might affect an individual’s social media usage is fascinating, but how might this pan out in the real world? The recent divisive US electoral process gives us something of an insight into how people are already harnessing this. While the party heritage of the electoral candidates remained constant, the issues on which the electorate cast their votes were miles off the campaign messages of both parties.

Intriguingly, Mr Trump’s back office chose to use a proprietary technique known as “psychographics” which attempts to influence consumers, and in this case voters, with targeted messaging designed around psychological profiling based on market data.

The element of psychology is provided by persuading immense numbers of people to complete surveys on their chosen social networks and then compares that information with data it has harvested about other aspects of voters’ lives so that it creates psychological patterns. This enables the provider to “extrapolate backwards” to create targeted messaging that resonates with the fears and aspirations of millions of individuals.

The company behind this, Cambridge Analytica (CA), claims to have between 4,000 and 5,000 data points on every adult in the US and was used by the Republican party in 50 regional campaigns during 2016, seeking data which could be used to “flip” voters to support Mr Trump or to persuade Democrat voters to stay at home and not vote.

Achieving a far improved reading of voters’ intentions, particularly in swing states before the vote, would appear to have been an effective use of our growing understanding of how best to use our relationship with social media to affect behaviour.

Changing our understanding

Of course, we might say that such techniques would never work here although CA also advised the “Leave” campaign in its successful bid to persuade the UK to leave the EU. What this unequivocally shows is that data science is changing our understanding of digital privacy and the sanctity of democracy in ways that most of us did not know and may not fully understand when we do.

In the same way that we may need to require a kill-switch in robots before AI runs away with itself, the political landscape will never be the same again and any disquiet we may already feel about the state of affairs around the world may increase as environmental differences in accessibility and availability of social media diminish and digital ringmasters more widely use technology to control our actions.

Congratulations to last month’s Pictopuzzle prize draw winner, randomly selected (vet nurse) Gemma Burden of Wimborne, Dorset, for giving the correct answer: tapestum
The moment you achieve your childhood dream

The path from student to qualified vet or vet nurse is rarely smooth. Despite many setbacks along the way, Charlie Brereton’s determination and hard work has helped her achieve her childhood dream.

In 2011, Charlie achieved her life’s ambition of qualifying as a veterinary surgeon.

Then in 2014, just months after giving birth to her son, Charlie found herself managing her own veterinary practice.

But for many years, after being told as a 14-year-old girl to forget about becoming a veterinary surgeon, she never thought her dream of being a vet would become real.

Now Charlie can reflect on her journey from school to qualifying from Edinburgh Veterinary College to becoming a joint venture partner (JVP) at Vets4Pets Llantrisant.

“It was such a great feeling to be standing with my certificate, 19 years after being told at school to forget about ever being a vet.”

Next came another stage of Charlie’s dream, practicing as a veterinary surgeon in her home town of Cardiff.

“During my time working for Vets4Pets, part of the Pets at Home Vet Group, as a veterinary nurse, I’d always admired the JVP model. After qualifying I started to look at opportunities to own and manage my own practice.

“For three years I practiced as an employed vet in Cardiff and waited for the right time and opportunity.”

“In 2014, when my son was only a few weeks old, I agreed to become a joint venture partner at Vets4Pets Llantrisant.

“It’s important to have a dream and luckily I’ve been able to live that dream. But it’s down to hard work, determination and also the practice team you are supported by.”

“Now I only worry about providing the best level of veterinary care to my clients, and lean on the Vets4Pets support team for HR, marketing and business advice. For everything else I have my supportive family and husband.”

For more information visit: www.myvetpractice.co.uk/be-a-jvp
Are vet charities taking the mick?

YOU KNOW SPRING IS AROUND THE CORNER when the call comes in from a charity asking you to partake in a neutering drive.

I have worked for welfare charities abroad and in neutering clinics in the UK and am all in favour of doing everything possible to reduce unwanted litters. There is, however, a side of animal charity work in the UK that I struggle to come to terms with.

I was reminded of this after just listening to Evan Davis’ excellent programme on Radio 4 – The Bottom Line – which looks at a different business sector each week. This week it was charities. And as I typed that sentence I noticed something that may have been a Freudian slip, that accidental revealing of a deep-seated emotion or preoccupation – charities as businesses.

It was a business programme, and this week it was about charities. After a series of scandals last year involving fundraising practices for charities, I am using this brief window of time to have a little moan about the end of private practice.

I was using this brief window of time to have a little moan about the end of private practice.

As a practice owner with bills and wages to pay, that immediately grabs your attention. Never mind any money made (or lost) on the neutering – losing a client is a much more serious financial issue. And with that there have, to use an appropriate term for the social media, sent a complaint to the RCVS about the PCPs involved.

So with my attention fully grabbed, the next phase was a protracted negotiation period where they would not tell me exactly what other practices were charging and made it clear that if we were much more expensive than the competition then they would be sending operations there – even our own clients.

A series of prices was eventually agreed. I can honestly say that at the current castrate price it would not even cover the nurses’ and vets’ wages if you timed the amount of time spent with that animal. Never mind the overheads of heating, anaesthetic drugs, sutures, autoclaving, insurance, etc.

Now the public and maybe the charity will say “Well, you get paid enough, so why can’t you do a bit for free?” And to that I would refer them to the question directed to my electricity supplier, insurance company, mortgage and business loan providers, etc.

Could they just knock off a proportionate amount of their fees so we can pass the savings on to the charity? Of course not, so we are stuck in the middle. And as money does not grow on trees, it has to come from somewhere, and voilà – a whole mess of cross-subsidy from the paying public and insurance companies ensues to run the practice while we are doing goodwill neuterings.

Another example of this in action was the free microchipping campaign run by the Dogs’ Trust. The Trust paid (just about) for the microchip and you, dear reader, did the rest. We funded the consult rooms, the staff to put the chips in, the sharpars disposal, the heated and dry waiting room, the receptionist to book them in and the vets and nurses to deal with all the “while he’s here” things that clients would just mention in the free consult, the insurance in case of any mishap, the staff to input the registration data and so on.

Did we, the money-grabbing private sector, get any credit for this? No, we just got to look bad when we started charging properly again for these services.

Other examples of this kind of practice include charities providing their own microchips for insertion, their own vaccinations to be inserted so it’s not too obviously a cross-subsidy from the paying public and insurance companies, etc. They all are willing to help then I will see if they will offer us what they expect us to offer them [pedants please note a few judicious grammatical errors have been inserted so it’s not obviously a wind-up…]

As a little journalistic experiment, I thought of a jolly wheeze: how about I ask them if they would do the same for me? Would they offer their buildings and staff up for me to use if I offered to cover the bare consumables? So I am just about to e-mail all them with all that very request, and the responses will be in over the next few weeks as this article goes to print.

I don’t know what they will say; if they all are willing to help then I will take it all back. Well, some of it. Replies and fallout in next month’s column and feel free to send me your thoughts on the subject at garethcross@hotmail.com, but if you do it would be helpful to know if you are a practice owner or not, i.e. the one paying the bills and wages.

As I don’t like lying, I will base my response on a truth – we have some spare land with our practice and I would quite like to take on some rescue giant breed tortoises. My business partner is not so convinced that it’s a wise way to spend his retirement fund…

So I’ll base my e-mail on that, as it is true, and send it to all the major charities that rely on the goodwill of us practising vets, who at times might feel like they should be doing more.

The charity’s executive team of eight earns more than my four-vet practice’s entire year’s turnover and I’m the one working for free for them.

Dear [charity name]

I am writing on behalf of a group to help rescue and relocate pet tortoises in the UK. I have managed to get a landowner to offer some land for use, but need some help in getting publicity and starting up. I appreciate that you cannot give me money as it has been given to you for your charity, but I was hoping you could offer help to me and my tortoises in other ways. I need an office for use during the day whilst I get it up and running and notice that you have a large HQ building. I will also need use of a phone, internet (for Facebook etc) and printing facilities. As I am not there in person all the time I would appreciate if your staff in the office could answer the phone for me – especially early morning! – and take details etc. of people and tortoises in need of help and be sure to mention the group name (yet to be thought of) when they call in. It would be great if you could help out a smaller animal rescue group like this. I will happily pay for any paper used in printing. Look forward to hearing from you.

Gareth Cross

VETERINARY PRACTICE

AS SEEN BY STEVE LONG

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GARETH CROSS

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ISSUES OF TRUST IN VETERINARY PRACTICE

I HEARD AN INTERESTING FEATURE on the radio the other day concerning trust and how it was becoming increasingly difficult to trust anyone and anything for fear of not getting the best deal.

“Getting the best deal” certainly seems to be the main goal with most of us these days to the point where we can “waste” any number of hours checking this or that website in order to make sure that the self-same thing isn’t for sale somewhere else just a few pounds or even pennies cheaper.

How often do friends or colleagues (or we ourselves) begin a story with the phrase “I got a damn good deal the other day”? Getting a “good deal” can be important, but it’s not necessarily the same thing as getting “value for money”.

Trust is a funny thing that generally takes a long time to create yet can be destroyed very quickly. And trust is something that can greatly affect the way one feels about the purchase of almost anything from goods to services. Not having trust—or worse, having trust betrayed—can leave a nasty taste in the mouth and a nasty feeling right in the middle of one’s gut.

Professionals have traditionally relied on trust to both gain and retain clients and this has certainly been the case in the medical and veterinary fields. “Goodwill” when purchasing a veterinary practice reflected the importance of the trust the previous practitioner had built up over the preceding years.

Historically, the family doctor with his consulting room in the front parlour was familiar to many of us of a certain age and the same can be said for many veterinary practices. Individual doctors and not infrequently vets too became an integral part of a person’s life, and in the case of vets the person often adjusted their fees according to the known or assumed wealth of the client in question.

We were reminded of this quite recently in that well-known series about farming life – The Archers – when Alastair the vet undercharged Joe Grundy while showing his new prospective partner around the practice. And while I’m sure that this still goes on in some practices, particularly small rural ones, it is almost certainly far less common than in years gone by.

That sort of historical trust is invariably linked with a degree of loyalty from the client and a sense of service from the professional to the client who has instilled their trust in them.

Old-fashioned concept

In some ways it seems a very old-fashioned concept, especially when one goes back to the starting paragraph of this article where getting a good deal has become so important.

We are for instance always being urged to “shop around” for the cheapest energy supplier or the bank account that offers the most add-ons. And while this approach undoubtedly appeals to those who have little else to occupy their time and are eager to spend many a “happy” hour on any number of price comparison websites, most of us just want to be able to trust our electricity supplier or bank to treat us fairly so we can use our spare time for something more stimulating.

Clearly there is a danger in looking at this matter of trust through rose-tinted spectacles and giving greater than warranted credence to the concept. Trust works both ways and if one is putting one’s trust in a professional it is right to expect that professional to be honest and upfront too. In medical and veterinary fields that includes the practitioner admitting his or her limitations and always giving best advice to patient or client, which might include referral to a more knowledgeable colleague in certain circumstances.

The reason I am bringing this up is because there has been a very significant change in veterinary practice over the last 20 years. While there are still a significant number of vet-owned practices around – be it as individuals or as partners – the rise of the corporates has been significant and their onward march is likely to be relentless. I have no great animosity towards them and I can see that they offer many advantages in terms of employment practice such as flexibility of working hours and consistency of approach.

On the downside, however, I suspect that they do not give the clinicians the freedom to make the sort of adjustments to pricing and service that the more traditionally-run practice might have entertained.

I also suspect that these corporate practices do not have the same esteem in the community that was and still is in some places enjoyed by the vet practices of old.

Looking for the best deal

My view is that they are unlikely to engender the same degree of trust from their clients and consequently nowhere near the same degree of loyalty either. And I would imagine that there is a great temptation in many clients to simply phone around or browse the “net” and choose whichever practice appears to offer the best “deal”.

Of course there is an argument (already alluded to) that there is nothing wrong with this, and that such competition is what gives customers and consumers the best deal – which in pure monetary terms is almost certainly correct although there is always a danger that apples and pears are being erroneously compared.

But if “value for money” is the important criterion, shopping around will not necessarily provide that. How the client “feels” about the service provided is often paramount and if they feel they have been treated with fairness, honesty and respect by a practice that has always appeared to “care”, any extra bit of cost may seem like money well spent.

Trust is an important part of medical and veterinary practice. We would all do well to remember that and do all in our power to ensure that hard-earned trust is not unnecessarily sacrificed on the bonfire of the bottom line.
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**6-26 March 2017: Anaesthesia for Veterinary Nurses – out of your comfort zone**

Denise Prisk DipAVN (Surgical), VTS (Anesthesia & Analgesia), LTCL, LCGI, RVN

This course will look at anaesthesia of dogs and cats 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.

**10-30 April 2017: Ophthalmology in dogs and cats**

Natasha Mitchell MVB DVOphtal MRCVS, Veterinary Council of Ireland Recognised Specialist in Veterinary Ophthalmology

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

**10-30 April 2017: Epilepsy in cats and dogs**

Raquel Trelaw DVM, Dip ECVN, MRCVS, European Specialist in Veterinary Neurology

In this course we will discuss the different pathologies that can be misinterpreted as seizure activity and how to try to collect the right information in order to lead the investigations. Epilepsy aetiologies and treatment, which include drugs available and recent developments will be discussed in depth, as well as emergency treatment in cases of cluster seizures and status epilepticus. Video based cases will be available in order to discuss the neuroanatomical localisation, differential diagnosis and recommended tests. Aimed at vets.

**10-30 April 2017: Companion animal dentistry**

Rachel Perry BSc, BM&BS, MIA DCVS (Small Animal Dentistry & Oral Surgery), Dvdvd, MRCVS, European Diplomate in Veterinary Dentistry

Canine and feline dentistry is undergoing a paradigm shift. It no longer has to be stressful and can even become enjoyable by learning a few key concepts and skills. Become a better practitioner and serve your clients and patients to the best of your ability. Join this course with open eyes and an inquisitive mind and re-learn what you thought you knew. Be a part of the revolution! Aimed at vets. Course for nurses running in June.

**10-30 April 2017: Reptile clinical care**

Sarah Pellett BSc(Hons) MA VetMB CertAVP(ZooMed) MRCVS

Nathalie Wissink-Argilaga Lic.Vet GPCert(ExAP) CertAVP(ZooMed) MRCVS

The course will discuss reptile identification, husbandry and handling; hospitalisation; supportive care, critical care and emergency treatments; basic diagnostic approaches; common diseases and treatment options and analgesia and anaesthesia in reptiles. Case studies will be used throughout the course as well as a forum for discussion. Aimed at vets and vet nurses.

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Sarah Heath BVS; DipECAWBM(BM) CCAB MRCVS, RCVS

European Veterinary Specialist in Behavioural Medicine

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Francesco Cian, DVM, DipECVCP, 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: Companion Animal Behaviour for General Practice**

Clare Wilson MA VetMB CCAB MRCVS PG dipCABC

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.

**6-26 March 2017: Feline Medicine Update**

Samantha Taylor BVetMed(Hons) CertSAM DipECVIM-CECM 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, urinary 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.

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“MORNING!” ... “MORNING!” ... “Y’ALL RIGHT?” ... “YEAH – YOU?” ... “NOT TOO BAD” ... “OK, GOOD, SEE YA!” ... “YEAH – BYE!” How many times have you had that sort of a conversation, I wonder – even today perhaps? If that is, you can call that a conversation! My dictionary would have it that a conversation is “the exchange of thoughts and feelings by means of speech or sign language” and I guess maybe the batting backwards and forwards of the platitudes above is better than walking straight past someone you know.

But what would happen if you stopped your interlocutor and replied “Thank you so much for asking, actually I have had this problem for several days and I’d be glad to have someone to share it with…” – what several days and I’d be glad to have someone to share it with… “Thank you so much for asking, actually I have had this problem for several days and I’d be glad to have someone to share it with…” – what several days and I’d be glad to have someone to share it with…

Dr DAVID WILLIAMS
seeks help for his swollen feet and finds himself on a journey of discovery, where his own attempts at diagnosis meet those of his medical colleagues, with a little natural help

and I guess maybe the batting backwards and forwards of the platitudes above is better than walking straight past someone you know.

But what would happen if you stopped your interlocutor and replied “Thank you so much for asking, actually I have had this problem for several days and I’d be glad to have someone to share it with…” – what several days and I’d be glad to have someone to share it with… “Thank you so much for asking, actually I have had this problem for several days and I’d be glad to have someone to share it with…” – what several days and I’d be glad to have someone to share it with…

Three mornings down the line and there was no improvement, so on the way to work at 8am I knocked on the door of my local GP. Try ringing him at that time and you’re unlikely to get through, but they can’t fail to answer a continual rat-a-tat-tat on the door, can they?

The receptionist, though surprised to see me at that time and you’re unlikely to get through, but they can’t fail to answer a continual rat-a-tat-tat on the door, can they?

The receptionist, though surprised to see me at the door quite so early, was happy to fit me in at 4.50 that afternoon in a branch surgery in a neighbouring village.

I didn’t actually manage to get there until 5pm, but Simon was happy to see me. We have a great relationship in which, on the very few times I visit him, I bring my suggested differential diagnosis list and he picks which one he thinks is most likely!

Getting to the bottom of it

Today was different though. I got a full clinical examination including careful thoracic auscultation and abdominal palpation. This was followed by a comprehensive blood screen – four syringes worth taken away by the courier who had been asked to wait for those samples and a urine test as well.

He hadn’t finished. Next and last was an ECG, which didn’t seem to show any abnormality. I went home thoroughly impressed by this level of attention and it was only later on in the evening I started to wonder whether Simon was overly worried by my medical status.

A consultation on Monday morning at 8am somewhat relieved me. No, said Simon, he and the nurse had to stay till 6pm and with no other patients to deal with they filled the time with a comprehensive approach to my condition!

As it was, everything on the blood screen was normal apart from a raised ESR, the erythrocyte sedimentation rate. We don’t use this rather non-specific marker for inflammation much in veterinary medicine, but it clearly worried Simon somewhat.

I asked him how many tests we had actually run over the weekend. Admitting he might have been a bit over the top, Simon fessed up (as my teenage sons tell me is the appropriate phrase in modern parlance) that the list that had come back gave him 32 different results.

Deary me! I had to remind him that the whole point of the Gaussian distribution was that once you had over 20 values, at least one was going to be outside the normal range if you took p to be 0.05. Undeterred, Simon rang the duty consultant at A&E, who suggested a vasculitis screen.

We had a little discussion, as I felt that given my renal and hepatic parameters were normal, a diagnosis of Wegener’s granulomatosis or sarcoidosis was unlikely. Given the choice of following the advice of a senior consultant or the patient, however, Simon opted for another blood test.

Two days later I still had this fluid accumulation and now a negative vasculitis screen too. By now I had remembered that my college position at St John’s gives me a private healthcare option, so off I went to the rheumatologist who gave me another full examination and ultrasonography of my ankles.

All she could do though was add the term “idiopathic” to the diagnosis of dependent oedema, which Simon had already ended up with. Maybe, she said, a vascular ultrasound would be a good idea to rule out a deep venous thrombosis. That did seem a bit far-fetched, but along I trundled to the radiology department.

Fascinatingly, the relevant test was very simple. A Doppler ultrasound of my femoral vein showed that the sound wave of a cough I was asked to provide had passed from my thorax to the vein in my leg, ruling out a DVT.

This was all well and good as in a few days we flew off to New York to celebrate our 25th anniversary as a couple a few issues ago. Compression stockings on the flight out did make me feel a bit of an old age pensioner, but in fact 25,000 to 30,000 steps of walking each day around the city completely resolved the swelling.

Back at home though, the swelling returned as did the shrugged shoulders of the assembled medics. It was about three months down the line, at about the time I guess I might have got an appointment on the NHS if I were lucky, the swelling miraculously disappeared, never to return.

We like to think that we have medicine, whether veterinary or human, under our control these days – lots of tests leading to a diagnosis then the newest drugs or the surgeon’s knife to make things better. But perhaps we need to accept that what we are really doing is aiding nature to heal herself.

And sometimes she is happy to do that on her own when we can’t work out what to do!
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VetsNorth 2017

A. J. Bell Stadium, Eccles, Manchester
21st and 22nd June

Speakers and subjects for VetsNorth 2017

Speakers in the clinical streams on Wednesday and Thursday and the nursing stream on Wednesday will be:

- Cardiology:
  CHRISS LINNEY, BVSc, GPCertSAP, CertAVP(VC), DipECVIM-CA (Cardiology), MRCVS, RCVS & European Specialist in Small Animal Cardiology

- End-of-life care:
  LIBBY SHERIDAN, MVB, MRCVS

- Exotics:
  MOLLY VARGA, BVetMed, DZooMed(Mammalian), MRCVS

- Feline:
  MAGGIE ROBERTS, BVM&S, MRCVS

- Imaging:
  CHRIS WARREN-SMITH, BVetMed, DipECVDI, CertVDI, MVetMed, MRCVS

- Ophthalmology:
  DAVID L. WILLIAMS, MA, VetMB, PhD, CertVOphthal, CertWEL, FHEA, FRCVS

- Neurology:
  DANIEL SÁNCHEZ-MASIÁN, LicVet, DipECVN, MRCVS, RCVS and European Specialist in Veterinary Neurology/Neurosurgery

- Orthopaedics:
  STUART CARMICHAEL, BVMS, MVM, DSAO, MRCVS, RCVS Recognised Specialist in Small Animal Surgery (Orthopaedics)

- Pain management:
  GWEN COVEY-CRUMP, BVetMed, CertVA, DipECVAA, MRCVS, RCVS Recognised and European Specialist in Veterinary Anaesthesia and Analgesia
  JO MURRELL, BVSc(Hons), PhD, DipECVAA, MRCVS

- Soft tissue surgery:
  PRUE NEATH, BSc(Hons), BVetMed, DipACVS, DipECVS, MRCVS; RCVS, American and European Recognised Specialist in Small Animal Surgery (Soft Tissue)

- The Management Day will be led by the Onswitch team and the Mind Matters session on the Thursday by Trevor Bell and more...

The full programme and booking details will be live on www.vetsnorth.com in early March and in next month’s issue of Veterinary Practice

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OWNERS OF ELDERLY CATS
and dogs should be encouraged to bring their pets in for a clinical examination every six months, according to Dr Sagi Denenberg from the Bristol veterinary school.

Speaking at VetsSouth 2017, he argued that the risks of the age-related condition, cognitive dysfunction syndrome (CDS), make it necessary for more frequent health checks than the annual visits recommended for younger pets.

Dr Denenberg, an RCVS and European specialist in veterinary behavioural medicine, said: “They should be seen twice a year to follow the changes that are likely to occur faster as they grow older. Once the effects of this condition are explained to the owners, they will be more than happy to bring in their animals.”

The numbers of pets developing neurodegenerative conditions, much like Alzheimer’s disease in their human companions, has grown with the increasing longevity associated with improved diet and healthcare. Yet Dr Denenberg argued that CDS is still substantially underdiagnosed and undertreated in the UK pet population.

He listed the wide range of clinical signs that may develop in older members of both the two main pet species. These include changes to memory and learning ability, increased nocturnal wakefulness, anxiety, vocalisation and repetitive behaviours. Together these changes can have significant detrimental effects on the bond between the animal and its owner.

Clinical signs of CDS usually become apparent later in cats than in dogs, from the age of 14 and 11 years, respectively; but there will be significant individual variation and it has become clear from laboratory studies that initial signs may be detectable in much younger animals that would normally be regarded as middle-aged, he said.

Subject raised rarely
In his experience, Dr Denenberg said it was very rare for owners to raise the subject of decreased mental function in their pets during a veterinary examination. This has been backed up in several studies, including one in dogs aged seven years and over, which showed that 75% had some signs of CDS but only 12% of owners mentioned these during a veterinary consultation.

He believed there were several possible reasons for this. It may be that the owner has not noticed the gradual changes, or regarded them as a normal part of the ageing process. “Let’s be clear, cognitive decline does not have to be a part of normal ageing,” he said.

There was also concern about the consequences of a positive diagnosis. “There are some owners who have noticed the deterioration in their pets but are afraid to mention it because they think you will tell them that the animal should be euthanased,” he said.

There is also a belief among many owners that the condition is untreatable – which is certainly not the case. The effects of CDS can be managed and with appropriate treatment some may actually be partially reversed, he suggested.

CDS is, however, a complex topic and it may be difficult to cover every aspect in a single visit. His approach was to give a pamphlet to clients with animals that may be showing such signs explaining the ageing process and a questionnaire to give a clearer picture of the animal’s condition. The results can then be discussed at a follow-up appointment and any decisions made on the treatment strategy, he said.

Clients need to understand that it is not easy to make an immediate diagnosis of CDS with any confidence – the only definitive test would involve a biopsy of prefrontal cortex tissue and that was very likely to exacerbate the problem.

It was important to base the diagnosis on a range of clinical signs rather than the one that is causing the most distress to the owner. “When a problem emerges with an animal soiling in the house, for example, it may not necessarily be due to a decline in the animal’s cognitive function. There may be a medical or physical reason, so don’t just focus on that one explanation for what you are seeing,” he said.

The veterinary adviser must be proactive in drawing out relevant information about the animal’s physical and mental state and in convincing the client that its condition can – and should be – treated.

There is also a range of products designed to improve brain function and ameliorate the other physical changes seen in ageing – particularly those effects on the immune and skeletal system that can accelerate an animal’s mental decline. These include drugs that can have a direct impact on the brain such as selegiline. This is a selective and irreversible inhibitor of monoamine oxidase B, which has been licensed for the treatment of canine CDS.

There is also a range of nutraceutical and dietary options for which there is good evidence of beneficial effects in older dogs, Dr Denenberg said. He noted that the best results appear to be achieved when dietary changes are made alongside efforts to stimulate the dog’s physical and mental function with toys and exercise.

‘Antimicrobial trolley’ launched at VetsSouth
GRATNELLS, one of a number of first-time exhibitors at VetsSouth 2017, used the event to launch its Antimicrobial Veterinary Trolley. Specially designed for veterinary practices requiring a hygienic storage trolley which can double up as an examination table for smaller and medium-sized animals, the new trolley allows vets to have all their examination and diagnostic equipment to hand.

Features include an easy-to-clean white metal top, a rubber examination mat and upgraded braked castors as well as useful shelf and tray storage with translucent tray lids.

The trolley frame, shelves, trays and lids are all protected by the Gratnells Antimicrobial System. These elements are coated with BioCote, an antimicrobial additive which creates a surface where microbes cannot survive.

This protection works alongside existing cleaning regimes, providing an additional level of defence against contamination, says the firm.

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.

Richard Picking, international marketing director at Gratnells, said he was encouraged by the response at VetsSouth. “We welcomed a host of visitors to our stand, who showed a high level of interest in the new Antimicrobial Veterinary Trolley as well as our other veterinary trolleys, shelving and accessories, and are hoping for the same excellent reception again at VetsNorth – the Manchester Veterinary Congress – later this year.”

For details on the Gratnells veterinary range, see www.gratnellsveterinary.com.
Network aims to support independent practices

Among the first-time exhibitors at VetsSouth 2017 was Local Vets, a network of independent practices, which was formed just over a year ago.

The founder, Matthew Dunne, explains that building a network of “approved practices” was born out of a desire to give independently owned vets the same advantages as those experienced by the large corporate groups; he believes that practices with a clear vision and strategy can thrive in an increasingly competitive market.

He says the difficulty faced by many small to medium-sized independent practices is the lack of time and resource available to implement a strategy: “Local Vets approved practices are given the tools to gain new clients cost-effectively and nurture existing ones.”

The network delivers its services as part of a “practice performance package” in an online portal. Practice staff can manage the toolkits available to them as part of a subscription service and can add in optional toolkits according to their needs.

Matthew, whose partner, veterinary surgeon Sara Burke, works in a family-owned practice, raised nearly £50,000 on Exeter-based crowd-funding platform, Crowdcube, to develop the business, with people investing amounts ranging from £10 to £10,000.

Says Matthew: “We facilitate the building of a ‘family doctor’ type relationship between clients and pet owners, with a ‘Total Health’ approach. This keeps pets healthy, keeps clients engaged and helps vets to cater for their biggest market – the healthy pet.

“We make it easy for practices to communicate regularly with their clients and ensure their loyalty is rewarded. Our programme of monthly promotions is supported by a monthly e-mail newsletter, daily Facebook posts and collection of client feedback.”

He believes the package gives independent practices many of the advantages the big groups enjoy – enabling vets to optimise practice performance but without losing independence.

For information about the network, visit www.lovelocalvets.com.

A view across an area of the VetsSouth 2017 exhibition: the stand of Local Vets is second from the right.
Canine epilepsy treatment launched

VIRBAC has launched EpiRepress, a new treatment for epilepsy in dogs which aims to make dosing and dispensing easy and accurate.

EpiRepress contains phenobarbital, the only ingredient licensed to treat both idiopathic and structural epilepsy, and which provides clinical improvement in 85% of cases, Virbac says. The product is offered in the conventional 60mg tablet strength, which can be split into two or four.

The firm says it is the first epilepsy treatment to be offered in easy-to-dispense boxes of 30 tablets, removing the need for the practice team to count out tablets from larger pots, and the smaller box size makes the purchase price more manageable for clients.

A range of resources for practices and owners accompanies the treatment, including an Epilepsy Diary, packed with useful questions and tips; a folder to keep the diary and extra materials together; and a diagnostic and treatment poster for practices to use complete with differentials.

New marketing pack for shampoo range

CEVA Animal Health has launched an “eye-catching” new marketing pack to support its range of DOUXO shampoos, waterless mousses and localised dermatology solutions.

Featuring imagery of the Great Barrier Reef to demonstrate that the skin barrier is a fragile ecosystem needing care and protection, the new marketing material includes client leaflets that explain how to use the shampoo and mousse with a detachable application reminder to help with owner compliance, and a choice of two waiting room posters to generate interest from clients.

The pack is supported by a new vet detailer focusing on the skin as a complex and fragile ecosystem, with a detachable poster covering the range.

New look for dental water additive

VET Aquadent, Virbac’s drinking water additive which “helps to fight dental plaque and tartar formation in dogs and cats”, is being given a new look for 2017. The solution, part of the firm’s veterinary dental range, has been given a new blue colour as well as a new bottle with a more contemporary design, Virbac says.

Claire Lewis, junior product manager at the firm, explains: “Blue is a popular colour in the veterinary dental sector so we wanted to bring VET Aquadent in line with other related products to help ensure that it is instantly recognisable, both to existing and new users.”

Reduced milk withhold period for antimicrobial

NORBROOK has announced a reduced milk withdrawal time in cattle from 10 to eight days for its long-acting antimicrobial injection, Alamycin LA 300. The label change, approved by the VMD, is effective immediately.

Alamycin LA 300 – available in 100ml packs – protects cattle, sheep and pigs against bacterial infections with a single dose. A standard dose of 20mg per kg (1ml/15kg) provides activity for three to four days, while a higher dose of 30mg per kg (1ml/10kg) can also be administered for prolonged duration of activity, if required.

Rebekah Dudek, Norbrook veterinary adviser, says: “Discarded milk has a direct impact on farmer profits and the reduced withdrawal period for Alamycin LA 300 means that farmers can now benefit from throwing away less milk, which could positively impact on dairy profits.”

New oral enrofloxacin introduced

VIRBAC has launched Enrofloxin – an oral antibiotic for exotic species, including pet rabbits, rodents, ornamental birds and reptiles. Containing the antibiotic enrofloxacin, it is available in 10ml bottles for convenient dispensing. Enrofloxin can be used to treat digestive, respiratory tract and skin and wound infections and features “a distinctive caramel aroma”.

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New head of professional conduct at RCVS

VELIA Soames joined the RCVS last month as the new head of professional conduct.

She was previously (since 2014) director of professional standards and conduct at the Chartered Institute of Management Accountants; in 2013 she held the post of director of legal services at the Chartered Institute of Arbitrators and from 2008 to 2013 was the head of regulation at the General Osteopathic Council.

Antimicrobial use on agenda at VWHA event

THE annual meeting of the Veterinary Wound Management Association (VWHA) is to be held on 4th May in association with the EWMA (European Wound Management Association) Congress in Amsterdam from 3rd to 5th May.

The theme of the meeting is "The (non)sense of antimicrobials during wound treatment" and the morning programme will comprise nine presentations on "How to live and deal with bacteria in wounds."

More information and registration details can be found at: http://ewma.org/ewma-conference/2017/scientific/veterinary-wound-healing-association/.

Consultation on telemedicine services

THE RCVS has launched a consultation asking for the views of the veterinary and veterinary nurse professions on the use of telemedicine in veterinary clinical practice.

The aim of the consultation, which was launched on 13th February to run for six weeks, is to receive feedback to help the College develop an appropriate regulatory framework for such services in the veterinary sector. The College’s current Code of Professional Conduct and supporting guidance is generally concerned with face-to-face provision of veterinary services.

The consultation, in the form of an online questionnaire, considers issues such as who is responsible for veterinary care if it is provided remotely, how “under veterinary care” is defined in the context of the telemedicine delivery of services, the potential risks as well as opportunities for improving animal welfare that may arise out of new technologies and the appropriate regulation of veterinary services provided directly to clients using new remote technologies.

To take part, see www.rcvs.org.uk/telemedicine.

Dry dog food is top-selling pet product

SALES for all pet products and services world-wide in 2016 were worth US$103.5 billion, according to Euromonitor International.

This was the first year that sales passed the US$100 billion mark, representing a 4.7% increase over 2015.

The biggest selling product was dry dog food, with sales of nearly US$30 billion and growing at 4.6% a year. It accounted for almost 40% of the US$75.25 billion global pet food market.

Promotions linked to feeding hospitalised patients

ROYAL Canin is offering a number of promotions, including free equipment vouchers and tube feeding kits, “to help spread the message on the importance of feeding hospitalised patients”.

The company is offering up to £50 worth of vouchers to use at J.A.K Marketing when purchasing GI diets (including canine and feline recovery packs). For those purchasing the recovery packs, it is also offering a “buy three get one free” deal and will send complimentary “Get Well Soon” counter displays for practice receptions, which help to explain the recovery packs to clients and include “Get Well Soon” cards.

Practices ordering any three packs of liquid diets will receive a free Vygon Vet Nutrisafe tube feeding kit worth £9.49.

The offers end on 31st March.

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Ultrasound machine donated to Sri Lanka charity

BCF Technology has donated an ultrasound machine to vet Janey Lowes, founder of WEcare Worldwide, for use in Sri Lanka to provide veterinary care for stray dogs.

The mission of WEcare Worldwide is to provide care for less fortunate animals around the world, starting in Sri Lanka. The story of how Janey is providing free veterinary care to stray dogs in Sri Lanka was recently the most viewed item on the BBC news site.

Janey comments: “BCF providing us with an ultrasound machine to use in the south of Sri Lanka is an absolute game-changer in a country where there are only two other scanners nationwide. It will be invaluable and allow us to open up the option of diagnostic imaging to over 100,000 dogs in need, revolutionizing the standard of treatment we can provide.”

For more information about the work Janey is doing in Sri Lanka, visit http://wecareworldwide.org.uk/.

Virtual CPD congress ‘a global success’

NEARLY 3,500 delegates from 48 countries registered for the recent International Virtual Congress event, organized by The Webinar Vet. With 45 CPD hours available over 48 hours, the annual congress and pre-congress CPD event is one of the largest hosted in the UK, says company founder, Anthony Chadwick.

“The event is the UK’s only online veterinary CPD congress and attracted speakers and delegates spanning the globe,” says Anthony. “Our keynote presentation by Mark Jones and actress Virginia McKenna from the Born Free Foundation was a highlight of the event.”

Forty-two speakers provided 44 webinars and the organizers also launched a “One4One” initiative on all tickets sold for the event, to help vets in developing countries: for every delegate ticket purchased, The Webinar Vet donated a ticket to a vet in a developing country. This meant that 900 vets from around the globe attended the event, when they would otherwise not have been able to afford to.

For those who missed the live event, the recordings are still available to purchase: see www.thewebinarvet.com or call 0151-324 0580 for more information.

Group sells share to private equity firm

MEDIVET, which operates nearly 170 clinics across the UK, has sold a share of its business to private equity firm Inflexion, but has retained its independence.

Inflexion operates a specialist minority, non-controlling investment fund which allows it to invest in businesses with strong management teams where Inflexion will have no control. This partnership, Medivet says, will mean Inflexion will make available its expertise and in-house capabilities to Medivet in order to support growth and expansion.

Medivet’s growth capital is provided by HSBC, with which Medivet has a 30-year relationship.

Corporate purchases equine clinic in Kent

CVS has acquired Bell Equine Veterinary Clinic in Mereworth, Kent, the first practice in the world to install a standing MRI unit for horses. Julian Samuelson, former managing director of Bell Equine, will continue in the role of clinical director.

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THE RCVS and the Doctors’ Support Network (DSN) have joined forces to launch the “&me” campaign, which aims to tackle mental health stigma in the health professions by encouraging prominent members to speak out about their own experiences.

The campaign was officially launched at an event sponsored by Kevan Jones MP (Labour – North Durham), who has spoken about his own experiences with depression, and which featured first-hand testimonials from senior veterinary surgeons and doctors who have experienced mental ill-health.

“&me” is a collaboration between the RCVS Mind Matters Initiative, which seeks to address mental health and wellbeing issues within the veterinary profession, and the Doctors’ Support Network, which provides peer support for doctors and medical students with mental health concerns.

Veterinary surgeon Neil Smith, who chairs the RCVS Mind Matters Initiative, outlined how to participate in the campaign. “The real challenge is to start to get this message out to the wider professions. Stigma is a difficult thing to tackle, but the good news is that changing our minds is within the power of every individual to do,” he said.

The campaign is now encouraging senior health professionals to step forward and talk about their own experiences with mental ill-health, especially as both medical doctors and veterinary surgeons have higher suicide rates than the general population but often have more reluctance to seek help because of the impact it may have on their career.

&me is interested in hearing from not only doctors and veterinary surgeons but also nurses, veterinary nurses, dentists, pharmacists and other healthcare professionals who want to open up about their experiences of mental ill-health. To participate in the campaign, e-mail Dr Louise Freeman on vicechair@dsn.org.uk. Further information can be found at www.vetmindmatters.org/&me.

£10,000 and a mercy mission from Sale practice

STAFF from a Sale veterinary practice have returned from a mercy mission on a remote Caribbean island. After castrating stray dogs on a bar table, surviving a tropical storm and stitching up goats savagely attacked by dogs in a graveyard, vet Claire Nicholls and veterinary nurse Jennie Ward admit their two weeks of volunteering with the Worldwide Veterinary Service (WVS) charity was a real eye-opener. WVS supports Carriacou Animal Hospital – a charity clinic, a two-hour boat ride from Grenada. The clinic provides routine healthcare, including neutering and parasite control, as well as treatment for sick and injured pets. Claire (left) and Jennie, who work for Southfields Vets in Sale, were helping with a WVS project to run a neutering campaign, mobile health clinic and education programme. During their stay they also rescued a dog, who faced being put down, and managed to rehome her after neutering and carrying out parasite control, as well as treatment for sick and injured pets. Claire Nicholls and Jennie had no facilities provided and so had to set up their own makeshift surgery in a pub. 

Southfields Vets have donated £10,000 to WVS following a two-year fundraising drive, donating all fees from neutering and castration procedures carried out at its surgery to the organisation, which aims to improve the treatment and welfare of animals throughout the world, and supports around 600 charities in more than 100 countries.
A round-up of recently published papers in the field of anti-parasitology

Essential oils in the management of chewing louse infections in equids
Lauren Ellse and others, University of Bristol
Chewing lice are a significant cause of dermatological disease in various livestock species. Control of skin infestations may be complicated by growing levels of resistance to many commonly used insecticides, such as the pyrethroids. This has generated interest in developing alternative treatment strategies, including the use of plant extracts.

The authors investigated the potential value of applying essential oils of the tea tree to chewing lice on the coat of donkeys as a method of controlling the donkey louse Bovicola ocellatus. They used suspensions of 5% (v/v) tea tree or lavender oil or an excipient-only control, which was gowned into the coats of 198 winter-housed donkeys on two occasions, two weeks apart.

Louse counts conducted before each application and two weeks later demonstrated a significant reduction in louse numbers in the two treatment groups, while the louse burden in the control group either remained unchanged or increased significantly. Coat length appeared to have no effect on the decline in louse numbers.


Transabdominal ultrasound method for evaluating ascarid burdens in foals
Martin Nielsen and others, University of Kentucky
The large roundworm Parascaris species primarily affects foals and yearlings and may lead to life-threatening small intestinal impactions. Currently available diagnostic methods cannot estimate the magnitude of an ascarid worm burden in individual foals that may be at risk. The authors describe the development of an ultrasonography-based method for estimating the numbers of worms in the guts of foals before and after anthelmintic treatment with ivermectin or oxendazole. They conclude that the technique can be an effective tool in monitoring ascarid burdens in young horses.


Effect of deworming on digestion in heavily parasitised mares
Rafaé Silva and others, Federal University of Minas Gerais, Brazil
Intestinal worms are considered a common cause of chronic weight loss in horses due to damage they may cause to the intestine and the resulting reduced nutrient uptake. The authors investigated the effects of anthelmintic treatment on digestion, bodyweight and body condition in mares with a heavy burden of small strongyles. They found that there was no difference in bodyweight or blood parameters between the wormed and placebo groups. The elimination of cyathostomes did not significantly alter digestion when the horses were fed a diet that met or exceeded their dietary requirements.


Ruminal stability and hepatic metabolism of monepantel in ruminants
Maritza Ballent and others, National University of Central Buenos Aires, Argentina
Monepantel is an amino-acetonitrile derivative that shows promise as a novel anthelmintic for the control of gastrointestinal nematodes in sheep and cattle. The authors investigated the main enzymatic pathways involved in the metabolism of monepantel in the two-target species. Monepantel sulphone was the main metabolite detected after incubating the drug with liver microsomes. The conversion rate was five-fold faster in sheep than in cattle. Incubating monepantel with the internal contents of both species showed that the agent had high chemical stability, without significant metabolism and/or degradation.


Babul pod meal in the control of gastrointestinal parasites in goats
Jitendra Paswan and others, Bihar Agricultural University, Bihar, India
Livistock farmers in the developing world often have limited access to high-quality fodder; studies are looking at the potential use of alternative crops. In India, the babul shrub (Acacia nilotica) is common and its seed pods are known to be a source of good-quality protein. The authors investigated the potential value of supplementing the diet of young goats with babul pod meal. After three months, the supplement was shown to have had no detrimental impact on a range of blood parameters in the animals, having significant beneficial effects in reducing faecal nematode and coccidial egg counts.

Veterinary World (India) 9 (12): 1,400-1,406.


Diagnosis and control of equine tapeworm infections
Martin Nielsen, University of Kentucky, Lexington
Equine tapeworm infections are recognised as a potential cause of colic. These parasites have been the focus of numerous studies in recent years, mostly on developing improved tools for the detection of tapeworm infections and investigations into the role of these parasites in equine disease. The author reviews the evidence on the diagnosis and control of tapeworms in the horse and points out current deficiencies in knowledge in these areas. None of the currently available diagnostic methods appear to be useful in evaluating anthelmintic treatment efficacy.

Equine Veterinary Education 28 (7): 388-395.

Pharmacokinetics and bioavailability of itraconazole solution in cats
Chaoping Liang and others, South China Agricultural University, Guangzhou
Itraconazole is a first generation synthetic triazole agent used in the treatment of systemic and superficial mycoses. Pharmacokinetic studies on this agent have been carried out in a number of species, but there is little published data on its behaviour in cats and nothing on its bioavailability after oral administration. The authors gave itraconazole as a single dose of 5mg/kg delivered either intravenously or orally in a two-phase crossover study. Their results show that the disposition of itraconazole after oral treatment is characterised by a long terminal half-life, a short peak time and moderate bioavailability.


Growth in cattle drenched with long- or short-acting anthelmintics
Jeff Eppleston and others, Tablelands Livestock Health and Production Agency, NSW
Gastrointestinal nematodes such as Ostertagia ostertagi are a major cause of growth and productivity losses in the Australian beef industry. The authors examined the anthelmintic strategies of beef farmers raising cattle in the Central Tablelands of New South Wales. They measured the performance of cattle receiving either short-acting anthelmintics or a long-acting moxidectin-based drench. They found that post-weaning growth rate and feed effectiveness with short-acting drenches was slower than that of heifers receiving a single long-acting drench on weaning.

Australian Veterinary Journal 94 (9): 341-346.

Immune responses in dairy cattle naturally exposed to Fasciola hepatica
John Graham-Brown, University of Liverpool
An over-reliance on the flukeicide triclabendazole has led to the emergence of resistance in the parasitic trematode Fasciola hepatica. This problem has generated renewed interest in the development of alternative control methods, including vaccination. The author discusses the results of studies on the natural immune response in cattle to fluke infection. He warns that the fluke’s capacity to generate a non-protective Th 2-type immune response may create problems for those attempting to develop an effective vaccine, if the product is administered after initial exposure to the parasite.

Cattle Practice 24 (2): 68.

Pharmacokinetics of a single oral dose of ponazuril in weaning goats
David Love and others, Texas A&M University, College Station
Ponazuril is a metabolite of the compound toltrazuril used in controlling Eimeria species infections in a number of species. However, neither the main drug or its metabolite have been licensed in the United States for the treatment of goats. The authors investigated the pharmacokinetics of a single 10mg/kg dose of ponazuril in weaning goats. Their findings suggest that the agent is well absorbed and so further trials are now underway to determine its clinical efficacy in this species.

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A Collar Like No Other
Zoonotic risk from exotic companion animal parasites and the role of the OV

THE ESTABLISHMENT IN ESSEX of the exotic tick-borne disease Babesia canis came as a shock in 2016, not only to the pet-owning public but also to veterinary professionals and the public health sector.

This was not because B. canis is a zoonosis but because it demonstrated the very real possibility that foreign parasites with zoonotic potential may also become established through their increased distribution abroad, the spread of potential arthropod vectors, increased pet travel and imports.

The most important of these in the companion animal sector is Echinococcus multilocularis, a severe zoonosis, with local and metastatic spread of cysts leading to hepatopathy and potential multiple organ involvement. Despite significant advances in treatment over the past two decades, infected individuals can still expect a significant reduction in life expectancy. But E. multilocularis is not alone in being a dangerous zoonosis at risk of landing on our shores…

Tick-borne encephalitis (TBE) is a viral pathogen transmitted by Ixodes spp ticks which are already endemic across the UK. Although traditionally considered to be a parasite of Eastern Europe, TBE has spread west and north with a mortality rate of 1%-2% in those people infected.

The risk of TBE introduction is a strong argument for reintroduction of the compulsory tick treatment on the Pet Travel Scheme (PETS), but this will only be effective if veterinary professionals and pet owners are also educated to the importance of treating for ticks before, during and after travel, and monitoring pets for them while abroad.

Tick-borne encephalitis (TBE) is a viral pathogen transmitted by Ixodes spp ticks which are already endemic across the UK. Although traditionally considered to be a parasite of Eastern Europe, TBE has spread west and north with a mortality rate of 1%-2% in those people infected.

A wide range of other zoonotic parasites such as Linguatula serrata (“tongue worm”: Figure 2), Dracunculus medinensis (cutaneous worm: Figure 3) and Thelazia callipaeda (eye worm) have been diagnosed in travelled dogs in the UK in the past 12 months. The culicine mosquito vector for D. repens is ubiquitous in the UK and the fruit fly vector for T. callipaeda is also establishing and increasing its range.

Compulsory tapeworm treatment for pets before entering the UK.

The increase in pet travel and importation across UK borders, however, in combination with the relaxation in the time period allowed between tapeworm treatment and return to the UK, and the spread of the parasite across Europe (Figure 1) threatens this status.

It is vital that the compulsory praziquantel treatment before return to the UK remains in future negotiations regarding the Pet Travel Scheme, but it is also important that additional treatment of dogs upon return and monthly treatment abroad is promoted and implemented, if we are to remain free of this life-threatening zoonosis.

Thelazia callipaeda is a zoonosis with zoonotic potential.

Climate conditions are ripe in the UK for further fruit fly distribution and across Europe, where its vector has thrived, T. callipaeda has followed.

Legislation, while important, is not possible against all of these parasites so a multi-faceted approach is required to maintain UK biosecurity and protect its native pets and residents from novel disease.

Targeted lobbying is required with clear specific objectives. Reintroduction of the compulsory tick treatment would be useful as a tool against foreign tick and tick-borne disease entry, but maintaining the compulsory tapeworm treatment is vital.

Contact illegal importation of puppies is also essential for both long-term biosecurity and animal welfare and increasing the minimal travel age on PETS to six months may be a novel way to achieve this.

Increased education and support for OVs is vital as OVs can play an essential role in not only checking documentation but also giving accurate advice to pet owners taking their pets abroad and in disease surveillance in pets entering the country.

Early detection of infected pets and ensuring pets leave the UK with the right parasite prevention in place are key in preventing exotic diseases entering the country and keeping pets safe.

Increased co-operation between government agencies and the veterinary profession is essential. Disease surveillance, particularly of vectors and reservoir hosts that may allow novel infections to establish, is required to monitor and forecast long-term risk and spread of disease.

This will require new levels of co-operation between industry, government agencies such as the Animal and Plant Health Agency (APHA) and Public Health England (PHE), and veterinary organisations such as the BVA, BSAVA and ESCCAP UK & Ireland. This has already taken place successfully to monitor the B. canis outbreak in Essex and can be used as a model for co-operation in future outbreaks.

Engagement of the public is also essential. OVs are the public face of the profession when working with pet owners travelling abroad and importing pets. Only by engaging the public and demonstrating how important tailored parasite protection is while they are abroad will we achieve the compliance and goodwill required to maintain biosecurity and keep pets safe while travelling.

The OV is involved in all of these approaches, on the front line of protecting UK borders from exotic disease and improving animal welfare. They must therefore remain well trained, well funded and in sufficient numbers to continue public education and disease surveillance work.

Figure 1. Range of Echinococcus multilocularis in foxes in Europe – ESCCAP map 2014.

Ian Wright, BVMS, MSc, MRCVS, is co-owner of the Mount Veterinary Practice in Fleetwood, Lancashire. He has a Masters degree in veterinary parasitology and is head of the European Scientific Counsel Companion Animal Parasites (ESCCAP UK & Ireland) and guideline director for ESCCAP Europe. This paper is based on his presentation to Improve International’s Parliamentary Reception on 25th January which had the theme of “The role of veterinary education in safeguarding animal welfare, promoting international trade and protecting public health”.

Figure 2. Linguatula serrata adult [courtesy of Pedro Serra and NWJ].

Figure 3. D. repens adult.
Risk management in pet parasite control

IN THE PAST YEAR BOTH VETS AND THE GENERAL PUBLIC have encountered various stories in the media regarding parasites, some exotic, some less so, and the possibility of transmissible diseases.

It is important to remember, however, that the best parasite prevention programme is tailored to the individual pet and its lifestyle. Our first old friend to revisit is *Toxocara canis*, a parasite with worldwide distribution that has zoonotic potential. In young dogs, we should be particularly concerned with the occurrence of patent infections, i.e. ability to clinically identify parasite (Nijsse, 2016).

Patent infections, however, are less likely in dogs over six months of age due to a degree of age-related immunity to tracheal migration of the larvae (Dubey, 1978). Despite this, it is important that adult dogs are regularly wormed to prevent this parasite, especially in households with children or immunocompromised individuals, as *D. caninum* is recognised as zoonotic (Cabello, 2011).

In conclusion, looking at the pet, its lifestyle and risk factors should help us implement the most appropriate preventive parasite regime. Our client may be staying close to home or venturing far and wide, so it is essential we gather all the information we need in order to advise on the correct parasite prevention.

**Blaise Scott-Morris**

of Virbac says that with all the reports of exotic parasites, we shouldn’t overlook those closer to home when considering preventative parasite programmes...

**References**


**Ctenocephalides felis**

(Blaise Scott-Morris: © Virbac – all rights reserved).

**Diagnosing tapeworm burdens in horses**

AUSTIN Davis Biologics has developed the EquiSal Tapeworm test which uses horse saliva to diagnose tapeworm burdens.

The test has statistical accuracy for detecting tapeworm burdens in horses with 83% sensitivity and 85% specificity, similar to those of the serologic ELISA (85% and 78%, respectively).

Dr Corrine Austin, a director of the company, says that the intensity of infection in the horse is important to consider as larger burdens are more likely to cause colic symptoms, but even moderate burdens can result in damage to the intestinal mucosa. Given the correlation of infection intensity to horse intestinal health, and concerns for anthelmintic resistance, there is an increasingly recognised need for accurate diagnostic tests.

“Standard faecal egg count (FEC) methods, such as the McMaster method, are widely used for detecting cyathostomins (redworms) and ascarids (roundworms) but, due to the way in which tapeworm eggs are released, these methods are generally considered unreliable for the diagnosis of tapeworm burdens. FECs tend to substantially underestimate the true level of tapeworm infection and sensitivity has been shown to be highly variable. “EquiSal Tapeworm detects tapeworm-specific antibodies in horse saliva to provide a tapeworm burden diagnosis of low, borderline or moderate/high. The test has the benefit that horse owners themselves can collect the sample to send back to the laboratory for analysis,” Dr Austin states.

“Current advice is to integrate tapeworm testing into an existing worm egg count schedule by using EquiSal Tapeworm every six months before worming.”

Scientific validation of the test has been peer-reviewed and published in the journal Veterinary Clinical Pathology.
A round-up of recently published papers related to orthopaedics

Owner satisfaction with the results of cranial cruciate ligament treatments
Juliette Hart and others, Colorado State University, Fort Collins

Cranial cruciate ligament injuries are a common cause of lameness in dogs, leading to stifle joint osteoarthritis and chronic pain. There is good evidence on the effectiveness of tibial plane levelling osteotomy in restoring normal function in such cases. However, there is little published data on the success of non-surgical treatment options such as orthoses, devices custom-made to support and protect the injured leg.

The authors contacted the owners of 819 dogs managed non-surgically and 203 cases treated using the TPLO procedure. The response rate was 25% for owners in the orthosis group and 37% for the TPLO group.

Significantly more owners reported their dogs had mild or no lameness in the surgical group, but more than 85% of owners in both groups said they would choose the same treatment again. Clients considering non-surgical treatment should be aware of complications such as persistent lameness, skin lesions, patient intolerance of the device and the need for subsequent surgery.

Lack of efficacy of a commercial product in treating equine arthritis
David Frisbie and others, Colorado State University, Fort Collins

A commercial product containing hyaluronan, sodium chondroitin sulphate and N-acetyl-D-glucosamine has become widely used by equine practitioners in the USA for the treatment of osteoarthritis. The product has not been approved for use in this species by the US authorities, but is often administered as a post-surgical joint lavege or as an intra-articular, intravenous or intramuscular solution. The authors used the product on 32 healthy horses with experimentally induced osteoarthritis. They conclude that the product should be used with caution as it may have no benefit and may even cause harm.

Outcome of surgery to correct grade 4 patellar luxation in dogs
Eric Hana and others, Texas A&M University, College Station

Medial patellar luxation is a common orthopaedic disorder in both large and small breed dogs. It may be developmental or traumatic in origin and will generally be treated through surgical realignment of the patella. The authors examined the records from 47 surgical procedures on 41 dogs. Full function was reported in 42.6% of cases, acceptable function in a further 40.4% and 17% of treatments were ineffective. The overall complication rate was 25.5% and revision surgery for major complications was required in 12.8% of cases.

Detection of osteoarthritis in horses with radiography and low-field MRI
Christine Ley and others, Swedish University of Agricultural Sciences, Uppsala

Validated non-invasive methods are required for the early detection of osteoarthritis changes in order to develop prevention and treatment strategies. The authors compared the effectiveness of conventional radiography and low-field magnetic resonance imaging in identifying such changes in the joints of Icelandic horses. The horses were euthanised and the presence of microscopic lesions was confirmed on post-mortem examination. Early stage joint space narrowing could be identified with both modalities. Mineralisation front defects in conventional radiographs may be a useful screening method for early stage disease.

Clinical response following bilateral tibial tuberosity advancement
Briana Danielson and others, Ohio State University, Columbus

The tibial tuberosity advancement procedure was introduced in 2002 for the treatment of dogs with cranial cruciate ligament ruptures. The technique initially involved a fork implant (later, screws) in a tension band plate to stabilise the osteotomy and help maintain a cranially advanced position. The authors investigated the short-term radiographic complications and bone healing associated with the method. Among 74 client-owned dogs treated with single-session, bilateral procedures, there were 13 incidents of post-operative complications, only one of which was considered major.

Conservative management of fractures of the mandibular rami in horses
Nicola Janesson, Skara Equine Hospital, Skara

Unilateral mandibular fractures of the horizontal or vertical ramas in horses may result from kicks, falls or other forms of trauma. Surgical techniques for repairing such fractures may use either internal or external fixation techniques, but there is a lack of case-controlled studies to demonstrate efficacy. The author reports a retrospective case series of 24 horses in which unilateral mandibular fractures were managed conservatively. Owners of 23 of these horses said their horse had returned to its previous or intended use and had no masticatory or fracture-related problems. One owner reported tooth loosening, but no infection and masticatory problems.

Post-operative complications with the Arthrex cruciate repair method
Nick Rappa and Robert Radasch, Dallas Veterinary Surgical Center

The Arthrex Cranial Cruciate Ligament Repair Anchor System (CCCRAS) is a technique that uses a femoral bone anchor to eliminate fibre-wire pull-through of the femoral fabellar ligament as a complication of surgery in dogs with stifle injuries. Owners of dogs treated with the method were contacted six months after surgery. The overall complication rate was 20.3%, infections were recorded in 5.4% of the sample and this resulted in the need for implant removal in 1.8% of patients. The owners reported full or acceptable function in 96% of cases.

Evaluation of the patellar ligament after TPLO and TTA surgery
Dana DeSandra-Robinson and others, Affiliated Veterinary Specialists, Maitland, Florida

There have been efforts to develop alternative methods for the stabilisation of the joint following cranial cruciate ligament rupture. The authors radiographically evaluated changes in the patellar ligament in dogs with unilateral cruciate ligament disease treated with the two techniques. Thickening of the distal portion of the patellar ligament was detectable with both groups. A significant decrease in thickness was noted between the first and second follow-up examinations with the TTA group, but not in those undergoing TPLO. The clinical relevance of these changes is uncertain.

Stability of local anaesthetics used in lameness investigations in horses
Ditte Adler and others, University of Copenhagen, Denmark

Pain localisation using local anaesthetic agents is an essential part of the lameness investigation in equine practice. Such examinations will often take place in the field under challenging working conditions. The authors examined the physico-chemical stability and vulnerability to bacterial contamination of three products containing bupivacaine, lidocaine or mepivacaine. The products were stored at different temperatures for up to 16 months. Their findings showed that these local anaesthetics were extremely stable under field conditions and that small changes observed in the active agent concentration would be unlikely to reduce its efficacy.
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SURGICAL INTERVENTION USED TO LIMIT OR MANAGE OSTEOARTHRITIS

STUART CARMICHAEL argues that surgery should not be regarded as the main option in the management of OA joints, rather as one of the key tools available among many others for a good outcome.

THE RELATIONSHIP BETWEEN SURGERY and osteoarthritis management has always been an interesting one. On one hand, surgery is an important tool in the modification and management of OA; on the other, surgery to a joint is likely to be followed by the development of OA, as a direct consequence of the damage already initiated by the condition that indicated the surgery.

Often this important link is forgotten, with the notion that surgical management of the primary problem is completely curative. Degenerative joint disease is then seen as a failure rather than an inevitable consequence of the problem.

A chance is missed to produce a better end-result by addressing and attempting to control the development of OA management during the surgical recovery period and beyond. But we need to know the real likelihood of this problem after joint surgeries to dismiss or address it.

Surgical intervention can play an important role in the management of osteoarthritis in dogs and cats. Surgery has most benefit in the early stage of the disease to try and modify development of the disease or in the late joint disease as an attempt to salvage and restore some pain-free function when non-surgical management is failing to control pain or the joint is mechanically non-functional.

We are probably much more familiar with salvage procedures in relation to OA while the long-term effect on the development of OA in early disease interventions is much more poorly appreciated.

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Surgical intervention in early joint disease
Surgery can be used in the early stages of osteoarthritis to correct the problem that is damaging the joint and initiating degenerative disease. Used in this way it can limit the rate of development of degeneration by improving anatomy, reducing pain and helping to restore more normal joint function.

Examples of this would include surgical stabilisation in cruciate disease or other traumatic ligament failures. It can also be used to influence or alter disease progression by altering the anatomy and/or weight-bearing focus in young growing dogs affected by dysplastic changes in one or more joints (Table 1).

The manner in which improvement is achieved in each of these techniques varies, with anatomical modification to either alter the stability or the weight-bearing focus of the joint (Table 2).

Juvenile Pubic Symphysiodesis (JPS) achieves its effect by altering the way the pelvis develops through growth and changes the relationship between the acetabulum and the femoral head in a positive fashion to reduce instability and improve joint congruence.

We will now review some of these procedures, commenting on the key objectives of the surgery and the evidence available for long-term impact on joint disease.
1. Triple or Double Pelvic Osteotomy in hip dysplasia

The main objective in this surgery is to isolate the acetabular segment of the pelvis by using two or three strategic osteotomies in the iliac body, the ischium and the pubis (TPO). This allows the pelvic segment to be rotated laterally to increase the dorsal coverage of the femoral head by the dorsal rim of the acetabulum (Figure 1).

The osteotomised portion of bone is then stabilised using a special plate to allow early joint function while the bone is healing. The surgery is indicated when a risk is perceived by detecting excessive instability and early remodelling of the joint but must be performed before the structural changes become too advanced to achieve the desired results.

Follow-up studies have indicated that osteoarthritis continues to develop in surgically treated joints but that this development is not linear or time-related (DeLuke et al, 2012; Boyd et al, 2007; Hurley et al, 2007). Additional slowing of degenerative disease may be gained by instituting a good rehab programme post-surgery. Clinical results post-surgery are often reported to be good.

2. Juvenile Pubic Symphysiodesis (JPS) in hip dysplasia

This is a novel idea which involves surgically fusing the pubis using cautery in young puppies. This has the effect of altering the shape of the pelvis as the bone develops and results in a slightly different shaped pelvis which has increased acetabular coverage of the femoral heads.

One of the challenges of the surgery is that it depends on very early detection of instability and a decision about whether the instability is likely to produce clinical problems later in life. For best results surgery must be performed early, before the puppies are 22 weeks old. Puppies are most successfully identified as candidates for this intervention by using the Penn Hip assessment technique. Puppies treated with JPS were demonstrated to have a much-reduced incidence of OA compared to non-treated animals when followed through continued on page 26.

Table 1. Common sites and surgical procedures

- Hip dysplasia
  - Triple or Double Pelvic Osteotomy (TPO or DPO)
  - Juvenile Pubic Symphysiodesis (JPS)
- Cruciate disease
  - Tibial Plateau Levelling Osteotomy (TPLO)
  - Cruciate Ligament Repair
- Elbow dysplasia/osteoarthritis
  - Sliding Humeral Osteotomy (SHO)
  - Proximal Abducting Ulna Osteotomy (PAUL)
  - Proximal Ulna Osteotomy (PUO)

Table 2. Surgical objectives in early OA cases

<table>
<thead>
<tr>
<th>Objective</th>
<th>Techniques</th>
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<tbody>
<tr>
<td>Modifying anatomy by osteotomy</td>
<td>TPO/ DPO</td>
</tr>
<tr>
<td>Unload areas of joint</td>
<td>PUO, SHO</td>
</tr>
<tr>
<td>Alter development of bone</td>
<td>PAUL, JPS</td>
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Figure 1. TPO: surgical manipulation of the acetabular segment produces improved coverage of the femoral head dorsally and limits instability.

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to two years of age (Ducland et al, 2010).

3. TPLO and TTA in cruciate disease
Both of these techniques are commonly used to treat cruciate deficient joints. They act to alter the forces passing through the joint when the animal is weight-bearing. The joint is stabilised by reducing or eliminating forces passing through the joint when deficient joints. They act to alter the common used to treat cruciate disease. Both of these techniques are

In cruciate disease (Dueland et al, 2010).

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Figure 2. Untreated cruciate deficient joint showing advanced arthritic changes.

Dysplasia of the elbow is usually the cause of a rapidly progressive and debilitating osteoarthritis of the elbow.
Surgery has been used to salvage joints with end stage disease which are no longer functional. Salvage can be accomplished using a variety of surgical techniques, but most fall into one of three general groups: 1. Excision Arthroplasty 2. Arthrodesis 3. Total Joint Replacement

The procedure selected is largely dictated by the joint involved.

### 1. Excision Arthroplasty

Mainly performed in cases with hip arthrosis but can be used in the TM joint, the shoulder and the elbow with varying results. In the humo-rural and humo-ulnar joints a good outcome can be obtained due to the formation of a functional pseudoarthrosis. This is largely dependent on surgical technique with the most common fault being incomplete removal of the femoral head, resulting in pain and failure to form a false joint.

Early mobilisation of the joint post-surgery (from week two) is also essential in establishing a mobile pseudoarthrosis. The chance of a good outcome is less likely in large or giant breeds.

### 2. Arthrodesis

Fusion of a joint achieves success by eliminating joint movement which is the source of pain and lack of function. The success of the procedure is totally dependent on the joint selected. Joints like the carpus and hock can be fused in a functional position and produce good results as immobility of these joints carries little consequence mechanically for good ambulation. In contrast, the elbow and stifles pose much more of a problem, although a good outcome can be obtained using a variety of techniques.

Limitations are introduced by the skill and hardware required and the resultant costs. At best, single or pairs of joints are treated. Results vary depending on the joint involved and the prosthesis.

- Hip – expect excellent functional outcome with few complications (Figure 4).
- Stifle – good results.
- Elbow – variable results with all prostheses/salvage option rather than expect full function.
- Shoulder/hock – too early to say how functional the results from these are.

### Summary

There are many ways where the correct and timely use of surgery can make a big impact on immediate function and the prognosis of an animal destined to develop OA or suffering from advanced disease. Surgery, however, should not be regarded as the main option in the management of OA joints, rather as one of the key tools available among many others to produce a good outcome in the population of patients with osteoarthritis.

We can modify, help and improve but until we can prevent OA or have a joint replacement option which is as good as the original, OA should not be regarded as a surgical disease.

### References and further reading


### Insurer makes first external investment in FinTech company

RSA, which insures more than one million cats and dogs in the UK, reports that it has made its first external investment in a FinTech company – PitPat Ltd – creators of the PitPat dog activity monitor and dog care intelligence data platform.

PitPat, RSA says, attaches quickly and securely to a dog’s collar where it has a battery life of over a year. Owners download the free iOS or Android app and create a profile for their pet, based on the dog’s age, breed and weight. PitPat then suggests a daily activity goal to help owners keep their pet fit and healthy by making informed lifestyle choices.

Owners can view daily updates on their pet’s activity levels, noting how much walking, running, playing and resting they’ve been doing – and seeing a daily “calories burnt” count.

Kenny Leitch, global connected insurance director at RSA, comments: “We have been looking for the right partner to work with us and our customers. PitPat offers us a powerful and practical way of generating lots of secure and robust data about 200 breeds of dogs that is both incredibly easy for us and valuable for our customers.”

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**Figure 4. Total hip replacement.** There is a very high degree of owner satisfaction on results post THR.
FELINE PEMPHIGUS FOLIACEUS

PEMPHIGUS FOLIACEUS IS A RARE autoimmune disease in cats accounting for less than 1% of the author's skin cases. It is, nevertheless, considered to be the most common autoimmune disease of the skin seen in both dogs and cats.

Autoantibodies attack a component of the adhesion molecules on keratinocytes, leading to lack of intercellular cohesion in the stratum spinosum or subcorneal level of the epidermis (Hnilica and Patterson, 2017; Paterson, 2008).

Clinical signs
- No age, breed or sex predilection. Cases have been seen in cats less than a year of age and in those more than 16 years.
- Crusting lesions are typical, particularly of the nose, face and pinnae (Figure 1).
- Lesions may progress ventrally, often surrounding the nipples.
- A frequent and unique feature is a sterile paronychia, which may exhibit a thick caseous discharge (Figure 2).
- Hyperkeratosis of the footpads is sometimes present.
- Fever, anorexia, lymphadenopathy and depression may be observed.

Differential diagnosis
- Bacterial paronychia.
- Dermatophytosis.
- Food allergy.
- Ectoparasitic infestation.
- Food allergy.
- Atoxyc.
- Facial dermatitis of Persian cats.

Diagnosis
- History and physical examination.
- Cytological examination of primary lesions or nail bed exudate often reveals acanthocytes (detached keratinocytes formed as a result of acantholysis) surrounded by non-degenerate neutrophils (Figure 3).
- Histopathological examination. Sub-corneal pustules containing acanthocytes and non-degenerate neutrophils are diagnostic. In both histopathological and cytological examinations, bacteria are usually absent.
- Bacteria, if detected, are considered secondary to the primary autoimmune disease.

Treatment
- In many cases, cats respond well to glucocorticoids. Of these the first choice is prednisolone (2.25mg/kg by mouth q 12-24 hours) (Figures 1 and 4). Prednisolone was very successful as monotherapy in a series of cases (Simpson and Burton, 2013).
- Dexamethasone (0.1-0.2mg/kg by mouth q 12-24 hours) may be used if the case does not respond to prednisolone (Hnilica and Patterson, 2017; Paterson, 2008).
- Successful treatment with ciclosporine has been reported (Irwin and others, 2012).
- Other drugs such as triamcinolone and chlorambucil are also reported to be effective (Hnilica and Patterson, 2017).
- A percentage of cats will be cured and require no further treatment. In those that are not cured and treated with glucocorticoids, the aim will be to find the lowest possible dose that maintains remission and give the treatment on alternate days or less.

References

‘One Health’ partnership formed between human and animal hospitals

LUMBRY Park Veterinary Specialists, a small animal referral hospital in Alton, Hampshire and part of the CVS Group, has announced a partnership with the Evelina London Children’s Hospital to promote the concept of “One Health”.

The partnership is the result of the experience of Lumby Park’s clinical director, veterinary cardiologist Dr Luca Ferasin, and his family around the birth of his second son, Mattia, who was born to Dr Ferasin’s wife Heidi, also a veterinary cardiologist, in March 2015, with multiple severe and life-threatening congenital heart defects.

He successfully underwent more than seven hours of open heart surgery at the Evelina hospital, part of Guy’s and St Thomas’ NHS Foundation Trust, when he was six days old. During this time, Dr Ferasin and his wife got to know Dr Caner Salih, a consultant paediatric cardiac surgeon and member of the team caring for Mattia.

Several weeks after Mattia’s surgery, Dr Salih acquired a French Bulldog puppy called Büdu and became concerned when a heart murmur was detected during his first visit to the vet. He asked Dr Ferasin to assess Büdu. He diagnosed him with the congenital heart condition perimembranous ventricular septal defect (VSD) – a large VSD was one of the multiple heart defects successfully corrected during Mattia’s life-saving surgery.

Commenting on the partnership, Dr Ferasin explained: “The related stories of Mattia and Büdu highlight the remarkable similarities between paediatric and small animal medicine, not only in terms of medical conditions, diagnostic techniques and therapeutic procedures, but also in terms of the psychological, emotional and social importance of the human-animal bond – in both directions.

“Our partnership [will] celebrate these similarities and promote the concept of ‘One Health’ in a bid to advance both human and veterinary medicine. By working closely with the Evelina London, we aim to contribute positively to the development of novel techniques, research and therapies in both our children and in companion animals. We’re planning a range of initiatives, including fundraising and collaborations with the clinical staff at Lumby Park and the Evelina London, in particular with those in the cardiology and cardiac surgery departments. We’re also planning social events, such as advanced pet-therapy sessions for children undergoing treatment at the Evelina and their families, including direct interaction with our veterinary patients with similar conditions.”
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**THEY’LL EAT WHEN THEY FEEL BETTER? POST-OPERATIVE FEEDING**

**FEEDING INPATIENTS, PARTICULARLY THOSE WHICH ARE ANOREXIC**

or have a low body condition score, or those in for the long term, is an area where one can really put the “nurse” into nursing skills. Although inpatient feeding is primarily the nurses’ responsibility, full support for the entire process from the whole team would be very best practice.

A positive patient outcome is more likely when nutritional requirements are properly paid attention to (Brunetto et al, 2010), starting by taking an accurate history on admittance – not the vague “been off food for a few days” – to ensuring the correct diet is given and maximising the chances of them actually eating said diet. Ultimately, receiving enough calories really does affect the outcome (Remillard et al, 2001).

Assuming the correct diet and calorie plan have been recommended, there are many tricks for getting them to eat, so let’s take a closer look.

First off, don’t set yourself up to fail! Assuming the correct diet and calorie intake but if this isn’t done, ensure the patient has adequate pain relief and consider the physical aspect of the food – roll soft food into bite-sized balls, feed from a raised bowl, warm food to enhance the aroma and if feeding human food, such as tuna or pilchards, ensure you use the juices too to improve palatability.

Cats tend to like privacy, so feed at one end of the kennels, are properly placed where you also expect them to find out what the animal might eat, might not be ideal and may just cause enough stress to quash any appetite. It also goes without saying that for cats, litter trays should be well away from the feeding station and water should be as far away from food as possible (Ellis et al, 2013). This can be tricky in a small kennel, so if the patient is to be residing for more than a day and you have the space available, a larger dog-type kennel would be preferable.

Nausea must be controlled with antiemetics as feeding a critically ill patient is vital to reduce further complications (Hackett, 2011), and must have time to take effect. Also, while it is tempting to offer a smorgasbord of everything in order to find out what the animal might eat, this is very unappealing to a patient who feels sick.

The rule is simple: offer a small amount of one food, leave it for no longer than 20 minutes and remove any which is un eaten.

**Dehydration**

It is possible that patients having many procedures during work-up may become mildly dehydrated, potentially resulting in headaches – in this instance, feeding from a raised bowl, or hand feeding, may be beneficial. Consider offering a palatable rehydration solution instead of water in these cases.

Finally, consider the general environment where the patient is expected to eat, from the patient’s point of view. Is there a noisy dog or is someone vacuuming? Is the radio too loud for their heightened sense of hearing? Interestingly, Bowman et al (2015) found that classical music played in the kennel area reduced stress in dogs.

**Deal with distractions**

While you are attempting to hand-feed at one end of the kennels, are your colleagues wrestling a dog into a muzzle at the other end? Is someone wearing a strong perfume or are people arguing or mucking around?

The rule is simple: offer a small amount of one food, leave it for no longer than 20 minutes and remove any which is uneaten.

**Nurse drawing up Recovery Diet (with thanks to Anderson Moores Veterinary Specialists).**

While you are attempting to hand-feed at one end of the kennels, are your colleagues wrestling a dog into a muzzle at the other end? Is someone wearing strong perfume or are people arguing or mucking around?

**References**


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**Clare Hemmings**

Clare Hemmings qualified as a VN in 1995 and worked at a multi-discipline referral centre. Although no longer on the register, she keeps up to date and passed the Certificate in Canine and Feline Veterinary Nutrition with distinction. In 2003, Clare won Pet Health Counsellor of the Year for work with arthritic patients and joined Royal Canin in 2004, where she is Veterinary Practice Support Manager in the Scientific Communications department. She has written for various veterinary and pet publications.
Vets and antibiotic milk failures

NOTIFICATIONS ARE ARRIVING AT VETERINARY PRACTICES informing them that a client’s milk has failed an antibiotic milk test. The consequences of this can be serious or even a direct threat to the continuation of the business. If the farmer recognises that the milk is likely to be contaminated and notifies the purchaser before the milk is collected, then the milk is tested and if positive left on the farm. However, if a tanker is contaminated then several farm collections may be added to the bill for incineration of the milk.

Trying to work out the potential national impact is not easy, but there are around four million bulk tank collections each year. Some 500,000 of these are actually tested and 1,250 failed last year. Extrapolation indicates many thousands of potential failures and much grief.

Eliminating on-farm errors

Veterinary practices are being encouraged to become a major part of a “step change” to eliminate on-farm errors. Considerable background information is available and any investigation following the client notification is guided by failures due to milkling plant errors (18%), animal identification mistakes (41%), misuse of medicines (26%), other reasons and no reason found (15%).

Furthermore, where the application of antibiotics is found to be at fault, these are due to dry cow therapy (35%), milking cow therapy (48%), injections (10%) and combinations of antibiotics (7%).

As veterinary practices have not been aware of bulk tank failures until it is too late, the involvement of vets is leapin ahead to veterinary surgeon-delivered farmer training, paid for by the farmer. Before anyone starts counting the benefits from this major step forward, it may be worthwhile to consider the findings of a recent webinar for British Cattle Veterinary Association members. To be fair, the online delegates may not necessarily be vets and they may not be in practice, but the soundings need some careful thought.

Asked whether it is true that a veterinary surgeon has to authorise cascade use for every individual animal and treatment occasion, only 37% consider the statement to be correct. The creators of the webinar believe the statement is true. Asked whether an inhibitory substance test can be failed by a cow with a natural inhibitory substance in her milk, for example within the next four days after calving, only 19% recognised this true statement. Admittedly, within the webinar there are only seconds to ponder and select an answer, but there appears to be a genuine need for vets to review their knowledge and understanding of milk and antibiotics.

It is explained that different antibiotics respond differently to the inhibitory substance tests commonly used and the levels at which they “fail” are not necessarily the same as their maximum residue limits.

Different antibiotics respond differently to the inhibitory substance tests commonly used and the levels at which they “fail” are not necessarily the same as their maximum residue limits. It is explained that different antibiotics respond differently to the inhibitory substance tests commonly used and the levels at which they “fail” are not necessarily the same as their maximum residue limits. Such detail is contained within the veterinary surgeon training guide available from MilkSure (www.milksure.co.uk).

Having reviewed and assimilated the content, the next stage is the vet-to-farmer training package delivered to farmers by their own vets. The aim is to safeguard residue-free milk and involves a critical control point approach targeted at medicines used within the herd, accidental contamination of the milk during milking and dry cow antibiotic procedures. It is expected that the training will take three hours, but this doesn’t have to be at one time and can involve more than one member of the farm staff at a time. There could also be herdsman from different client farms for the technical essentials section and this can take place at a practice or any convenient location.

The second practicalities part is specific to the herd and includes a farm management plan, developed on the farm. Following this the individual takes an online test. A register of herds with staff who have completed the course is kept centrally.

The MilkSure package has been developed by Owen Atkinson (owen@dairyveterinaryconsultancy.co.uk) on behalf of Dairy UK. Tim Hampton (tim.hampton@arla.com) has been involved with the topic for many years and chairs the Dairy UK Antibiotic Group.

On the MilkSure website can be reviewed details of the Vet’s Training Guide and the 2016/17 Workbook and Manual together with examples of course materials, slide shows, posters and further information links including publications and guidance from purchasers and the Food Standards Agency.

Owen Atkinson comments that in developing the training he now has a much clearer understanding of antibiotics and milk, way beyond the knowledge he applied as a dairy vet.

Mandatory formal training debate

There is a debate whether formal training in the use of antibiotics should be mandatory for all milk producers. Managers of milk-related businesses are also becoming more aware of the issues and feedback from farmers and vets is being collated with the aim of influencing all dairy farmers and veterinary practices with dairy farming clients.

Pharmaceutical companies are part of the mix and some initial funding for practices to generate interest with clients is being considered.

There have been investigations of antibiotic failures for many years. When the scheme was introduced for a small payment to farmers, if they contacted the dairy before collection there was a good uptake and many farmers benefited from the one claim in six months policy.

Over the years the problem of contaminated milk has not dramatically increased, but despite past initiatives there has been no significant fall in incidents.

Initially the fault is often believed by the farmer to lie with the testing, or other taints, or mislabelling, or the milking machine manufacturer, before any antibiotic misuse is accepted.

For the moment the industry is enthusiastic to make the veterinary surgeon-to-farmer training package a major step forward. The more practices that show interest immediately, the more support will be forthcoming.

My thanks to Owen Atkinson and Tim Hampton for sharing their vision for progress and expanding on the planned programme.
CONVERTING GOOD INTENTIONS INTO ACTION ON FARMS

Some of the participants in the large animal day at VetsSouth 2017.

VETSSOUTH 2017 GATHERED A ROOM FULL of expertise and enthusiasm for its one-day large animal programme, bringing together Professor Joe Brownlie, Derek Armstrong (AHDB Dairy), Dick Sibley (My Healthy Herd), Eamon Watson (NMR), Roger Blowey, Ailsa Milnes (Boehringer Ingelheim), Paul Williams (MSD Animal Health), Caroline Murray (Flanco Animal Health) and experienced veterinary surgeons in cattle practice.

This was an opportunity to discuss disease knowledge and the demands of control programmes. There are numerous issues for practices and solutions were offered and debated. Such was the enthusiasm and interest that there was little for the chairman (Richard Gird) to do except make sure that everyone was fed and watered throughout the day, more or less on time.

One of the big issues is how to convert the best wishes and intentions into action on the farm. The three speakers from the BVD vaccine companies addressed many of the technical aspects, but also detailed the involvement of the whole industry in attacking the disease in cattle.

Activity is taking place at veterinary practice and farmer level and promoting the details of understanding and how vaccination fits into the overall effort came across as more important than scoring points about the specific attributes of a product.

As the day progressed it became more evident that the use of vaccine is expected to increase as more herds become BVD-free. Protecting naïve herds will require greater assurance of other farms intentionally or not, were highlighted.

There are basic rules that include an understanding of R0 where anything over 1 indicates that the disease will grow and less than 1 die out. Different diseases have different values. Slow-moving diseases like Johnes’s and bTB take longer to control.

Achieving BVD freedom

Professor Brownlie responded to the concerns of delegates about BVD matters. Discarding a formal, structured presentation, he drew many cartoon cows and linked persistently infected animals into time lines of infection, with many examples of how the disease was introduced into beef and dairy herds.

Bull semen is a particular concern, often overlooked.

It was encouraging to hear that a veterinary practice-based scheme can achieve BVD freedom for a client in one to two years.

The BVD virus infecting a particular herd can be typed and the virus mutates easily to produce many variations. A persistently infected animal (PI) will carry the non-cytopathic form of the virus. It is absolutely essential to remove a PI animal from the herd without delay.

BVD Free England was launched some eight months ago and Derek Armstrong advised that 600 farmers had signed up so far to engage with an eradication programme for their herds. Information is available at bvdfree.org.uk about the means available to support eradication.

The estimated annual cost to the industry is around £60 million and 120 organisations have agreed to support the initiative, but funding is low. As progress is made it is hoped that more organisations will become active in the promotion of good practice.

There is already a legal view that a PI calf sold is not fit for purpose. There is no legal framework for disposing of PIs, unlike in other countries and offering compensation for PI calves would be a major step forward for the industry.

The results of tests for individual animals can be accessed by mobile phone. A calf buyer at a market can check whether the calf has come from a BVD-free herd and if not make a management decision whether or not to buy. At some auctions the disease status of an animal being sold is expected to be put up on the market screen at the point of sale.

Derek considers that the eradication programme depends on people, with an acceleration in awareness and disease ownership necessary for the programme to gain momentum.

The target is to achieve eradication within five years and hand on BVD-free cattle to the next generation of farmers.

Eamon Watson reviewed the BVD testing available for herds and individual animals, including bulk milk, cow milk, blood and ear notch tag and test. Testing for the presence of antibody in milk is available on a quarterly basis so that the whole herd is covered over time.

Bloods, to test for the virus, from unvaccinated youngstock are taken from nine to 18 months of age with tag and test at birth to include dead calves, stillborns and aborted foetuses. The safe disposal of early deaths requires care as the risk of infection is high.

Need for observation

Roger Blowey challenged the group to identify particular clinical conditions by observation. This is a particular skill available to the veterinary surgeon that often goes beyond the experience of individual farmers. Training clients to recognise when an animal needs to be examined by a vet and not left to the next regular visit is important.

Observing an animal, lying or standing, can provide focused information, save inappropriate management, reduce costs and improve animal welfare. The general view is that PI animals will not thrive and that many of the production disease issues on farm are reduced when a BVD eradication programme is successfully introduced. There is also a reduction in antibiotic use.

In times past the financial margins on medicines and bTB testing had supported cattle practices sufficiently to provide free advice to clients, but this model continues to be eroded and the expectations of younger vets are making veterinary recruitment difficult.

Other models of operation need to be further developed and agreements to provide data, services and prescribing, with health contracts and authorised vets providing treatment plans for herds, were highlighted.

Forefront of support

Disease control programmes, with BVD Free England being just one example, place veterinary surgeons at the forefront of support for farmers.

The in-depth education of vets, so that they can assess the situation for clients, absorb the technical requirements and continue to actively engage with the farmer, is occupying many agencies.

Veterinary practice is seen as pivotal to success, but there may be a mismatch with the younger vets. It may be that non-veterinary organisations will also have a commercial view as to exactly what services and facilities they expect from vets and how these can be provided for their cattle farming customers.
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Many muscle injuries likely to be undiagnosed...

“MUSCLE PAIN AND INJURY are poorly recognised as a cause of lameness and poor performance in the horse,” according to Dr Tracy Turner of Turner Equine Sports Medicine and Surgery in Minnesota.

Speaking about the diagnosis and treatment of muscle injuries at the 2016 American Association of Equine Practitioners’ Convention in Orlando in December, he said that muscle conditions such as fibrotic myopathy, stringhalt, tying up, and post-exercise fatigue were better recognised than general muscle injury in horses.

The first two are more usually associated with gait abnormalities and the latter two considered specific physiologic disturbances, he said.

Noting that muscle injuries frequently cause lameness in human athletes and racing greyhounds, he said that similar injuries would be expected in horses.

Horses are frequently exposed to several factors known to predispose to muscle strains and injury, including cold, impaired circulation, muscle fatigue, poor training and so on, so why, he asked, do vets not diagnose muscle injuries more frequently?

He believed the reason was the diagnostic process and the fact that diagnosing muscle injuries in horses was very challenging.

Radiographs and nerve blocks are not helpful and ultrasound is only useful after locating the injured muscle.

Palpation could be useful but not in cases where the muscle injury was only painful during exercise or movement and not when the horse was standing still. “Many muscle injuries causing lameness or poor performance are likely to go undiagnosed and are treated using rest, pain killers, and anti-inflammatories.”

A proper diagnosis has to start with a thorough history of the problem, he continued, to determine whether there was a history of a fall or other trauma, the duration of clinical signs, the presence of swelling, and whether lameness or poor performance has been documented.

He urged vets to stand the horse squarely and look and palpate for signs of muscle atrophy, fibrosis, tension, spasm, defects or pain.

Look inside to locate

Dr Turner advocated the use of thermography if the injury could not be located, as the images reflected alterations in circulation of deeper tissues, including muscle, and muscle injury could be detected as either a temperature increase or decrease.

An increase suggested vasodilation associated with inflammation while a decrease indicated chronic scarring, reduced circulation, local oedema, swelling, and vascular stasis due to severe inflammation.

Once the site of injury has been located, ultrasound can be used to evaluate muscle fibre alignment and look for haemorrhage, he said. Sites at which muscle injuries have been located include both the forelimbs and hindlimbs, haunches and the back, with localised muscle soreness readily induced by a poorly fitting saddle or poorly balanced rider.

Once the injury has been found, the next step is rehabilitation, beginning with stretching – so long as this can be done without causing pain.

Other options include: massage (to relax the muscle, loosen and help prevent scar tissue formation, and encourage blood flow and healing of the muscle); therapeutic ultrasound (to speed up the healing process by increasing blood flow to the affected area, decreasing pain by reducing swelling and oedema, and gently massaging muscles to loosen scar tissue); shock wave therapy; electrical stimulation (either transcutaneous electric nerve stimulation or functional electrical stimulation); and pulsed electromagnetic field therapy.

The guide is accompanied by an illustrated leaflet entitled Signs of increased arousal combined with a negative effective state.

The documents can be downloaded at www.beva.org.uk/workplacesafety.

BEVA guidelines on managing equine risks

THE BEVA has published guidelines to help veterinary surgeons assess and manage equine risks. The nine-page booklet is being distributed electronically along with a guide written by Gemma Pearson on spotting some of the warning signs horses may display.

The guide has been produced “by horse vets for horse vets”, with BEVA members contributing their views, experiences and suggestions to early drafts. As well as giving advice on implementing measures to limit risks, the guide aims to challenge prevailing attitudes and culture and outlines how to make on-the-spot assessment and when to stop if a procedure becomes unsafe.

New tests for atypical myopathy

SYCAMORE tree samples, blood toxin and biochemical tests are now available at the Royal Veterinary College for equine atypical myopathy diagnosis.

The RVC is offering the testing for the muscle disorder as part of its work towards improved treatments and management of the condition, which is caused by the ingestion of sycamore tree seeds or seedlings by horses that are kept at pasture.

Risk factors for horses remain unclear, says the college. It is not currently known whether some trees are more toxic than others or whether the amount of toxin varies at certain times of the year or with certain climatic conditions.

The Comparative Neuromuscular Diseases Laboratory at the RVC now offers tests for hypoglycin A and its principal metabolite (MCPA-carnitine) in serum from horses suspected of having atypical myopathy or at-risk field companions.

In work supported by The Horse Trust and the RVC’s Animal Care Trust, researchers have developed a more rapid test than previously reported methods.

The RVC’s laboratory also offers urine organic acid and plasma acyl carnitine profile testing which also support the diagnosis in this acquired form of multiple acyl-CoA dehydrogenase deficiency.

In addition, the laboratory is now testing plant samples (sycamore seeds, seedlings and leaves) for horse owners who have concerns about trees on their properties.

Full details, including prices and shipping instructions for vets and horse owners, are on www.rvc.ac.uk/research/laboratories/comparative-neuromuscular-diseases-laboratory/diagnostic-services.

Practice-based CPD on ‘equine airway solutions’

BOEHRINGER Ingelheim has launched a short, interactive equine airway solutions practice-based CPD module.

The module, which accounts for one hour’s CPD, is facilitated by a Boehringer Ingelheim territory manager and presented by Dr Tim Brazil, an expert in equine internal medicine. The presentation, says the firm, will help refresh veterinary professionals’ knowledge on equine lower respiratory tract disease, including recurrent airway obstruction (RAO), and encourage them to feel confident and fully equipped to deal with this common respiratory scenario in practice.

During the module, veterinary professionals will be guided through two common equine respiratory cases and will be encouraged to discuss potential approaches to diagnosis, treatment and management in the cases described. The module is supported by supplementary notes, which can be referred to both during and after the presentation.

Additional webinars on equine respiratory disease are also available on the Boehringer Academy website. These include: Diagnosing equine lower airway disease by Scott Pirie, Managing infectious respiratory disease by Phil Irvins, Clinical diagnostics and management of acute respiratory distress by Tim Brazil and Treatment of inflammatory airway disease by David Rendle.

To book an in-practice CPD meeting, contact your local territory manager. To view the equine respiratory disease webinars, visit www.boehringer-academy.co.uk and search for “Inspiring CPD”.

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Shaping the future of animal health
Trump’s turn to tackle climate change?

IT LOOKS LIKE 2016 WILL HAVE BEEN THE HOTTEST year on record, breaking the previous record of 2015.

Average temperatures from January to September were 1.2°C above pre-industrial levels according to the World Meteorological Organisation. It is thought that the El Nino phenomenon has played a part in the rise, but that CO2 emissions and other greenhouse gas emissions continue to be the main culprits.

Even more disturbing is that in parts of Arctic Russia, temperatures have been 6°C to 7°C above the mean, and rises of more than 3°C have been recorded in Alaska and North Western Canada. All of which is being linked to increases in the frequency of extreme weather conditions such as flooding and heatwaves.

The increasing evidence that at least some of this rise is man-made has convinced most mainstream scientists and heatwaves.

Increases in the frequency of extreme weather conditions such as flooding and heatwaves.

The human cost

Even if one believes that much of climate change is a natural phenomenon, there can be little rational argument against trying to ensure that human activity doesn’t add to it. After all, whatever the cause, the heating of the planet and the effect this is having and will continue to have can hardly be denied. And reversing or containing rising global temperatures makes stopping or turning the largest oil tanker seem like child’s play.

The Paris agreement was hailed as a breakthrough at the time and it has to be said that it probably surpassed all expectations that such global cooperation on climate change could be achieved. Even more encouraging news is that total global CO2 emissions appear to have remained “flat” for the third year in a row despite increasing global economic output.

Much of this is put down to a reduction in the use of coal in the USA as a result of increases in wind, solar and shale gas for electricity production.

Again, President Trump has shaken the status quo by vowing to reverse coal’s falling usage in an effort to secure more blue collar jobs for the American disenfranchised, but it remains to be seen if he will implement this policy now he has taken office.

Mr Trump is a businessman and by all accounts a very clever one who can spot an opportunity to make money from a deal and carry it through to the finish.

It is to be hoped that once confronted with the real facts and the huge groundswell of world public opinion concerning climate change, he will recognise that pursuing a policy of clean renewable energy will be good for jobs, the economy and the USA’s long-term good standing in the world.

Our conservation correspondent ponders what the new leader of the free world will do to address the big issue

The deal came into law on 4th November and speaking at the recent climate change talks in Marrakech, French President Francois Hollande promised to hold the USA to account when President-elect Donald Trump came to power. During the US Presidential election campaign, Trump came across as a climate change denier and pledged to withdraw the US from the Paris agreement if he became the next President.

Now that reality is here, many are hoping this was nothing more than campaigning rhetoric and that once Mr Trump is confronted with the facts he will see the wisdom in curbing greenhouse emissions for the benefit of the whole planet.

The words Because you’re worth it and images of L’Oreal’s unreal glamour girls march through Susie’s head as she rummages around the spaghetti and other greenhouse gas emissions continue to be the main culprits.

Susie, now affording a grin, turns for her deserved applause. The expectant applause ripples around the audience, and a few folks, assuming the show’s over, melt away.

Susie delves again; Ernie ogles. A second lamb splutters forth, not quite so white but definitely pearly. The ewe bleats relief. Last round. Susie plunges into what has become a cavernous interior; locates the last, turns it round, and pulls forth.

This one, mustard-coloured in its tell-tale jacket of meconium, is a little less enthusiastic about its earthly arrival. But it’s alive, alive, alive, and that’s all that matters.

Susie, now affording a grin, turns for her deserved applause. The expectant smile slides from her face. They’ve all gone. What’s the use of a bunch of voyeuristic bystanders if they all bugger off before the grand finale?

Even wretched Ernie slaps Susie on the back and says, “Keep the bill down, would you love?” – high praise from Ernie, or at least Susie would like to think so.

As she unbinds from the van doors, blood and meconium and amniotic fluid streaking her arms, face, calving top, and even plucking her hair, Susie has to reflect that, Ernie and audiences besides, and very un-L’Orealeish, the lambing was indeed worth it.

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

CLIENTS

THE LAMB IN A VAN

NORMALLY ERNIE BRIDLINGTON wouldn’t dream of bringing an animal to the surgery, let alone a ewe, but No 276 is different. She’s been scanned with triplets and what’s more, was put to a tup worth £5k.

And now she’s having trouble lambing.

Ernie, waving his shovel hands around at Susie and informing her that he’s “had a good go at the job”, begrudgingly states that the effort “better be worth it”. The trailer, job”, begrudgingly states that the.

And now she’s having trouble lambing.

Ernie, waving his shovel hands around at Susie and informing her that he’s “had a good go at the job”, begrudgingly states that the effort “better be worth it”. The trailer, job”, begrudgingly states that the.
TWO MASTERPIECES NOT TO BE MISSED

AFTER ALL THE HYPE SURROUNDING La La Land, it was with some unease that I sat down to watch the other week, certain that it was unlikely to be as good as virtually everyone said.

But Damien Chazelle's musical about a couple of aspiring performers – one an actress, the other a musician – really is that good and from the initial moments of the very first scene, a massive musical number set in a traffic jam on a Los Angeles flyover, all my concerns evaporated.

The stunning choreography (by Mandy Moore) and cinematography (Linus Sandgren) of that first scene are maintained throughout the whole piece to produce a film that, while obviously the product of the bizarre imagination of this period in the mid-20th, is reminiscent of the great musicals of the 21st century, is in some ways a measure of how good it is.

With the political mess that is the Academy Awards these days it is unlikely to win very many statuettes, it is a strong contender in all categories. It isn't often that a film does absolutely nothing wrong, but I'd suggest that this is true of La La Land.

Two shows in a row

It isn't often either that I attend top-class movies on consecutive days, but the day after seeing La La Land I was back in the Cambridge Picturehouse for the German comedy Toni Erdmann. At 162 minutes, this is a long film for a comedy (although I've attended a few in this genre that seemed far longer) and these days I believe that a film needs a very good reason to last longer.

Here is much more to La La Land than just fun - the lead characters beautifully with a wonderfully light touch and they work together extremely well. Particularly memorable is the song, A Lovely Night, which in mood and context reminded me of one of the greatest musical pieces ever – Isn't This a Lovely Day – from Top Hat, the 1935 classic starring Fred Astaire and Ginger Rogers: there is no greater praise than that.

La La Land has become the third film to be nominated for 14 Oscars after All About Eve and Titanic (I know!) and while in the political mess that is the Academy Awards these days it is unlikely to win very many statuettes, it is a strong contender in all categories.

This is the third collaboration between writer/director Chazelle and composer Justin Hurwitz following La La Land and Whiplash, and all three feature jazz musicians as their male protagonists.

Apparently, Chazelle himself was a jazz drummer for a time while at high school, but it was the darker jazz drummer for a time while at high school, but it was the darker jazz drummer for a time while at high school, but it was the darker jazz drummer for a time while at high school, but it was the darker jazz drummer for a time while at high school, but it was the

In their own way, the two leads – Peter Simonischek and Sandra Hüller – are as impressive as Gosling and Stone in La La Land, and Maren Ade's film is not only extremely funny, it is also highly intelligent and thoughtful.

It would be very easy to play this story solely for laughs, but there is much more to Toni Erdmann and as the narrative progresses it becomes apparent that beyond even the most outrageous episodes in the story is a consistent message about the natures of the two lead characters who seem on the surface to be so completely different.

Maren Ade's name will be new to most British cinemagoers, but she has received acclaim for her earlier work and in Toni Erdmann she has written and directed a movie that must be a certainty for the Academy Award in the Best Foreign Movie category.

Other than that they are films of the highest quality in all aspects of performance and production, there are not too many similarities between La La Land and Toni Erdmann, but they share one important feature: they both have exceedingly good endings. Neither should be missed.
New electric is an impressive blend

The diesel engine hasn’t gone the way of the Dodo just yet, but Volkswagen has decided to not take any chances. The German manufacturer has begun its rapid expansion into alternative forms of propulsion – and the Passat GTE is the newest addition to its electrified fleet.

While it’s some way from the long-range pure “Electric Vehicles” (EVs) that VW has in the works, the Passat GTE – as with its smaller Golf GTE cousin – offers a halfway house between a full EV and a conventional combustion engine by providing both.

Here, it’s a combination of a 154bhp 1.4 TSI petrol engine and a 114bhp electric motor, giving a total system output of 215bhp. According to VW, the Passat GTE is heavier than standard Passat models, thanks to the extra weight of the batteries and electric motor, and this does show in the way the Passat rides. You do get adaptive dampers as standard on the GTE, which help to ensure that it’s still a comfortable car that’ll soak up the worst bumps and ruts. However, even in Comfort mode you still get a somewhat firm initial ride over humps.

At first glance, only keen petrol heads would spot that this wasn’t a normal Passat. It looks much the same as a GT model, apart from a subtle blue line above the grille and blue-tinted GTE badging. The electric changing flap is neatly hidden in the grille.

According to VW, the Passat GTE is all about choice – there are plenty of ways to configure your driving experience. The default “Hybrid mode” will balance the two power sources until the battery runs dry. Or you can select “E-mode” and you’ll glide smoothly on electric power for a maximum of 31 miles at speeds up to 81mph.

“Battery Charge mode” effectively keeps the EV batteries topped up at the expense of fuel economy, and finally there is “GTE mode”, which is where the TSI engine and electric motor work in tandem to give maximum performance.

This final option is triggered by the inclusion of an additional button by the gear lever. Marked GTE, it primes both motors for full output, while at the same time weighting up the steering, improving throttle response and (optionally) stiffening the dampers.

From a driving perspective, the Passat GTE is heavier than standard Passat models, thanks to the extra weight of the batteries and electric motor, and this does show in the way the Passat rides. You do get adaptive dampers as standard on the GTE, which help to ensure that it’s still a comfortable car that’ll soak up the worst bumps and ruts. However, even in Comfort mode you still get a somewhat firm initial ride over humps.

AT A GLANCE

Price: £38,170 (inc. govt. grant)
Engine: 1.4-litre 4cyl turbo petrol, plus electric motor
Power: 215bhp
Transmission: Six-speed auto,
front-wheel drive
0-62mph: 7.6 seconds
Top speed: 140mph
Economy/CO2: 166.0mpg (claimed) /39g/km
Rating: 4.5/5

Since it feels a class above that of major rivals such as the Ford Mondeo. Everything feels meticulously finished and well thought-out, with broad horizontal strakes running through the vents and dash and soft-touch materials making the cabin look and feel really premium.

Buyers get a 6.5-inch colour touchscreen as standard, which is one of the best systems out there as it’s so easy to use, even when you’re driving. All the connectivity features you could want are thrown in too, including sat-nav, although you’ll have to pay extra for GTE Advance trim in order to step up to the full-size 8.0-inch touchscreen rather than the standard version.

Impressive mileage

Over my test review of the Passat GTE, which included a good mix of motorways, country roads and city streets, the trip computer showed an average of 58mpg. This is far better than a similarly powered petrol car, and broadly on par with the 2.0 TDI 190 diesel.

It’ll increase if you stay in EV mode in town and at low speeds, but as is often the way with plug-ins, it’s somewhat off the claimed 166mpg, still, a minuscule 39g/km of CO2 is a big draw for company car buyers – and the GTE is London Congestion Charge exempt.

Potential downsides are that by choosing the GTE you will lose 180 litres of underfloor boot storage thanks to the battery pack. Furthermore, even with the generous government grant, the GTE is still £4,000 pricier than a similarly fast and impressively frugal 2.0 TDI.

In summary, the Passat GTE offers a very impressive blend of performance, refinement and efficiency.

It allows you to fully enjoy the smoothness of electric power around town without the associated range anxiety, while also offering the long-distance performance of a normal petrol car. It is far smoother than a diesel model but, for me, doesn’t quite live up to the implied sportiness of the GTE badge.

I should also note that the excellent 190bhp version of the TDI-engined Passat Estate may be a better all-round prospect for many, not least because in GT trim with the DSG transmission it’s around £6,500 cheaper. That really is an awful lot of pure EV driving required in the GTE to recoup the difference in saved fuel costs.
AS RABBIE BURNS MIGHT HAVE SAID, the best laid plans of mice, men and veterinary practice managers will “gang aft agley”.

For the last of those three, it is often the reluctance of their own staff to embrace new clinical or administrative methods that mean proposed changes are delayed, or even abandoned.

So how can managers ensure that an idea for improving the way the business is run will be accepted by their own colleagues? That requires an understanding of the reasons why people resent change, and of strategies for persuading them to reconsider their resistance, according to speakers at the SPVS-VPMA congress.

Organisational change experts
The meeting, which opened on the day after the annual celebration of Scotland’s national poet on 25th January, featured two experts on organisational change: Margaret Burnside of Cake, a Norfolk-based management consultancy, and Richard Artingstall, director of Vale Referrals in Gloucestershire, who is studying for an MBA in the evaluation of structural changes in veterinary practice.

Mrs Burnside noted that with the possible exception of vending machines, change was inevitable in all aspects of life. Yet an oft-quoted 1995 study by John Kotter of the Harvard University business school found that 70% of change programmes introduced by US companies were failures.

“This was nothing to do with resources or budgets, it was due to behaviour. The central challenge at all stages of a change process in any business will be people and their behaviour.”

There are two main categories of change in the business, as far as its staff are concerned: intentional or imposed, Dr Artingstall suggested. The former will have been anticipated and are likely to be the result of a gradual process.

Clinical staff will generally deal well with that sort of process because they are very good at problem solving and at making decisions based on the available evidence. But vets and VN’s are no better than anyone else at coping with imposed changes in their work: “It affects the limbic system, which is the way we prepare ourselves for fight or flight,” he said.

A minority of the staff members in any organisation may welcome the introduction of new ideas or processes, but the majority are likely to need persuasion and some may be fiercely resistant. All may have concerns about its effect on their working lives and in the short term there may be disruption.

Mrs Burnside advised against warning your staff that proposed changes will be painful, it will hurt them because, guess what, they will.

Dr Artingstall said that the process of responding to changes in working practices occurs in three stages. In the first, the pre-contemplation stage, people are not interested in even thinking about the proposals. That will only occur during the contemplation stage in which they weigh up the pros and cons for them personally before moving on to the determination stage in which they will be prepared to accept their new circumstances.

He warned that managers must appreciate that their staff will go through that process at different speeds. They must also accept that there is no point in pushing ahead with, say, a new computer system if a majority of those who will use it are still at the pre-contemplation stage.

Mrs Burnside recommended that those responsible for change projects in veterinary practices should familiarise themselves with the theories of the US psychologist William Bridges, author of Managing Transitions. This book analyses why many people will resist changes in an organisation and suggests that letting go of familiar procedures or technologies can cause significant distress.

“It is for you as managers to show leadership in coaching people through the changes. You should not dismiss as unimportant the things that many staff feel they will lose,” she said.

Three levels of resistance
Resistance to proposed changes may occur at three levels that can be summarised as “I don’t get it”, “I don’t like it” and “I don’t like you”, Dr Artingstall explained.

The lowest level opposition may be tackled by providing factual information about the potential benefits of the new approach in improving clinical results or financial performance. Those people showing “level two” resistance are responding emotionally to a perceived threat and will need reassurance that they will not be harmed by the changes. Meanwhile, dealing with a level three response is likely to be much more difficult because it indicates a loss of...

continued overleaf
Continued from page 39

How can you try to ensure you take on the best people?

“MOMENTS OF MAGIC” WERE ON OFFER in both the social and business programmes at the SPVS-VPMA congress.

After the talented illusionist and RCVS staff member Megan Knowles-Bacon performed her tricks at the congress cabaret, a different audience was shown how simple acts of kindness can transform a casual visitor into a loyal client.

Tracy Israel, learning and development manager at the Celtic Manor resort, explained how SPVS and VPMA members can learn from a large employer in the hospitality industry about the selection and training of staff. Her colleagues at the hotel complex aimed to provide a five-star service for all visitors to the resort, she said. So the goal was to employ staff who would create “moments of magic”, those little things that make the difference between adequate and excellent service, and make customers feel valued.

Mrs Israel used the example of a waiter serving breakfast who engaged a couple of guests in conversation. When he found that they were marking their wedding anniversary, he brought two free glasses of Bucks Fizz to their table to help them celebrate. Such gestures do not cost much in time, effort or resources but would mean a great deal to those people, she said.

The secret was to employ staff with the right attitude towards working in the service sector. That attitude was the difference between the people who will carry out a given task because they have to do it – and those who will do so because they want to.

“It is about hiring for attitude and then training for skills. If you try to do it the other way around then you are creating a lot more work for yourself,” she said.

She asked her audience to list the factors that will determine the attitude of a job applicant and what clues may be apparent at interview that they have the right one. They offered a wide range of possible influences, age, education, prior experience and nationality, etc. She regretted that it was often easier to find a good work ethic in those born outside the UK.

Asked to identify possible clues that a candidate will show the right attitude if given the job, the audience suggested an equally wide range of possibilities. These included attention to detail in preparing a CV, timeliness, a ready smile, good body language and a curiosity about the job. Mrs Israel noted that it was remarkable how often candidates applying for a job in food preparation turned up for the interview with dirty nails and a slovenly appearance.

She noted, however, that outward clues to the person’s suitability or unsuitability will not always be that obvious. “On occasions, we do have to be a little like detectives in weighing up the evidence and we don’t always get it right,” she said.

Asked about the value of psychometric tests in providing objective evidence on the applicant’s suitability, she agreed that it was unsatisfactory to rely on subjective impressions that could introduce biases reflecting the interviewer’s own attitude and experience. However, it was possible to look at factors like the amount of preparation made for the interview to establish a fair basis for comparing different candidates, she said.

In the hotel business, the management go to considerable lengths to find out what customers feel about the service they receive. Staff are asked to encourage guests to provide feedback on the hotel website and other channels. “We tell them, we want you to tell us what it is we are doing well so that we can keep on doing it.”

The hotel also subscribes to a web analytics service called Review Pro, which scours the internet and social media for comments from guests that will reveal areas where further work may be needed in improving the service.

In the hotel and hospitality trade, as in any business, the management will analyse the success of its services on the basis of both the total demand (i.e. room occupancy statistics) and the numbers of customers who are sufficiently satisfied to provide return business.

Mrs Israel acknowledged that sometimes there may be tensions between these two objectives. It may be more difficult for staff to provide those “moments of magic” when the hotel is busy and running at full capacity.

At Celtic Manor, they aim to achieve room occupancy targets of at least 90% over the course of the year, she said. “Ideally, we would like 90% of those guests to be people who have been here before.”

“We all know that marketing to attract new clients is very expensive so if we can create the loyalty that brings customers back, then it is much cheaper for us in the long run.”
The new Residence Nil Rate Band

IN APRIL, THE RESIDENCE NIL RATE BAND (RNRB) comes into existence and this is a new tax relief that can reduce the amounts of Inheritance Tax (IHT) payable.

It is in addition to an individual’s existing nil rate band of £325,000 and is conditional on the main residence being passed down to direct descendants (e.g. children, grandchildren).

The new allowance will be introduced gradually and means that up until April 2020 families could pay no IHT on up to £1 million of their wealth. The RNRB will be phased in over four years in increments of £250,000 so will be £1,000,000 in 2017/2018, gradually increasing to £1,750,000 in 2020/2021. These are the maximum amounts, so the available allowance will be reduced if the value of the property is less than this.

As with the standard IHT nil rate band, the RNRB will be transferable between spouses and civil partners on death, so the unused percentage of the RNRB from the estate of the first to die can be claimed on the second death. This is irrespective of when the first death occurred or whether they owned a residential property at the time of their death.

Anyone with large estates of over £2 million will see the RNRB reduced by £1 for every £2 that the deceased’s estate exceeds £2 million. So on its introduction there will be no RNRB available if the deceased holds assets of more than £2.2 million.

This will rise to assets of £2.35 million when the full allowance kicks in. Reliefs such as Business Property Relief and Agricultural Property Relief are ignored when calculating the value of the estate.

The allowance is only available where the main residence passes to children (including adopted, foster or step children) or linear descendants on death. If the family home passes into trust the RNRB may be lost where, for example, the property is placed into a Discretionary Will Trust for the benefit of the children or grandchildren. This is a little more complex and advice should be sought to check this allowance is not being lost inadvertently.

The family home doesn’t need to be owned at death to qualify. This is to help those who may have downsized or sold their property to move into residential care.

Care is needed when planning estates as many people may hold the family home as joint tenants. On the first death this means the house passes to the surviving owner with no IHT because of the spouse exemption. The RNRB is not used on the first death, with the surviving spouse inheriting the full unused allowance. But if the combined estate on the second death is greater than £2 million, both RNRBs could be lost due to tapering. This may have been avoided by a change of ownership by keeping each partner’s assets below £2 million.

It makes sense to keep wills constantly under review to cater for changing circumstances – that also includes ensuring legislative change does not adversely impact upon what the deceased would have wanted.

**Investing in property in 2017**

Many people consider purchasing a second property to let as a good investment – there is no doubt that it has been very financially rewarding for many investors for a number of years now.

When asked if this is the best option for a lump sum investment, it is very difficult to compare a property purchase for letting with other types of investment such as investment ISAs as they are so very different in their nature that it is like comparing chalk with cheese. I often liken a purchase of a buy-to-let property to running a business as it can be as much of a lifestyle decision as an investment decision.

One consideration is that it usually involves a very significant cash investment. Some investors re-mortgage their own home to raise capital for a deposit for a second property and also raise a mortgage against this new rental property.

This can work well, but it is also a very risky strategy, as if the rental property is not let for a period of time or the tenant fails to pay the rent, you still need to pay the mortgage payments or one or possibly both properties could be repossessed by the lenders. This does also mean of course that the mortgage interest payments will reduce the return on your investment.

Additionally, under new legislation the mortgage interest can only be offset against the rental income for tax relief at basic rate and no higher rate relief will be available.

Another factor that has made this less appealing than it may have been historically is the stamp duty, which is the tax charged on purchase.

Recent changes mean that anyone purchasing a second property – whether it is for their own or for letting and investment purposes – will pay a higher amount of stamp duty than on the purchase of your only property. These rates are now as shown in Table 1.

You can see that this makes it less attractive – a property of £250,000 would now involve £10,000 stamp duty as opposed to £2,500 before the changes. This can have a significant impact on potential returns.

There are several other considerations when investing in real property to let: the costs of purchase and sale as outlined above are so high, it makes it inappropriate for shorter terms, so it needs to be considered an extremely long-term investment.

Furthermore, property needs managing, which can be expensive and time-consuming, and is why I feel that this needs to be a lifestyle decision – it may of course be something you enjoy, but may also become a chore for some!

<table>
<thead>
<tr>
<th>Property purchase price</th>
<th>Rate of Stamp Duty</th>
<th>Additional property rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0-£125,000</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>£125,001-£250,000</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>£250,001-£925,000</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>£925,001-£1.5 million</td>
<td>10%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Applicant must be a Registered Vet or Registered Vet Nurse or have achieved the Level 3 Award in Performing Microchip Implantation in Animals.

Applicants must also hold one of the following acceptable qualifications:

- SQA Accredited Learning & Development Unit 11
- Regulated Qualifications based on the Learning & Development NOS 11
- Level 4 Award in IQA of Assessment Processes & Practice
- Level 4 Certificate in Leading the IQA Processes & Practice
- V1 or D34
- SQA Internally Verify the Assessment Process

A one-day course will be required to meet Lantra’s requirements together with observing two individual assessments.

Daily rate offered to include expenses.

If you are interested, please contact Jo Briault by email on jo.briault@pet-idmicrochips.com
Why should a client choose your practice?

OUR CLIENTS ARE THE SAME people who attend retail shops or obtain other services and their approach to the cost or standard of service still evolves in the same way.

Many authors, experts and surveys state that price is never a reason why clients go to a particular practice. The following is a simple survey carried out in a supermarket (with permission of the company).

The following gives a sample of the answers/results from the questions asked to people who currently owned a pet.

- When did you last visit a veterinary practice?
  - within the last 12 months 90.20%  
  - in the last 3 years 9.80%

- How many times have you visited your vet in the last 12 months?
  - once 19.6%  
  - twice 17.4%  
  - three times 15.2%  
  - more than three times 47.8%

- What were the reasons for visiting last time?
  - illness 29.5%  
  - vaccinations 47.7%  
  - accident 5.7%  
  - dental care 3.2%  
  - routine operation 12.2%  
  - other 1.7%

- How do you travel to the surgery?
  - by foot 13.92%  
  - by car 85.23%  
  - by public transport 0.42%  
  - by taxi 0.42%

- Have you used a different vet in the past 10 years?
  - yes 42.7%  
  - no 57.3%

- Of the 42.7% who had changed, we asked their reasons for changing:
  - dissatisfied with the service 30.0%  
  - dissatisfied with the staff 10.0%  
  - price 2.0%  
  - moved house 58.0%

- Why did you select a particular practice?
  - location 60.0%  
  - reputation 26.8%  
  - friend recommendation 9.3%  
  - online website or social media 3.0%  
  - Yellow Pages 0.9%

- How would you rate your practice on a scale of 1 to 3? [1 = poor, 3 = very good]

| Average score of the individual practice clients: |
|-----------------|---|---|---|---|
| Practice | A | B | C | D | E |
| Cleanliness and appearance | 2.4 | 1.5 | 2.0 | 2.2 | 2.8 |
| Attitude of veterinary staff | 1.8 | 1.8 | 1.6 | 2.0 | 2.6 |
| Facilities to treat your pet | 1.9 | 2.0 | 2.8 | 2.4 | 2.6 |
| Ease of parking | 2.0 | 2.0 | 3.0 | 1.5 | 1.0 |

- Last question: “Which practice do you attend?”

Percentage of total questioned

<table>
<thead>
<tr>
<th>Practice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Bloggs Vets</td>
<td>19.7%</td>
</tr>
<tr>
<td>The Vet Hospital</td>
<td>18.2%</td>
</tr>
<tr>
<td>Friendly Vet Group</td>
<td>33.3%</td>
</tr>
<tr>
<td>Allvets Centre</td>
<td>21.2%</td>
</tr>
<tr>
<td>Fred Smith &amp; Partners</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

From this you can draw conclusions of the client base in the area and their rationale for using a particular style of practice.

There are certain obvious supply points that all potential clients will look at:

a. Location
b. Appearance
c. Ease of use
d. Quality of service
e. Consistency of service
f. Price

g. Value for money

If you supply these, you are more likely to succeed in attracting new clients.

Once someone has come into the surgery and undertaken treatment, they are technically a client – but what type of client are they?

Getting a new client gives you the opportunity to show exactly what a great practice you have, one that satisfies both the client’s trust in your judgment on how to look after their pet and the satisfaction that it gives to know what you are doing is appreciated.

So how do you do this? You have to first understand the needs of your client types.

Understanding the client types: casual, regular and bonded

Every service business has them: the 80:20 rule that 20% of your clients provide you with 80% of your income. Obviously this does not fit in exactly: with all practices there is quite a range – my last practice group ran at 65:25.

You will see the same faces on a regular basis: they are attracted because of the bond they have with the practice – these are your bonded clients and the number of these you have will determine both the profitability and future value of the practice.

<table>
<thead>
<tr>
<th>Figures from my last major practice in 2006 were:</th>
</tr>
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<tbody>
<tr>
<td>Average annual transactions for top 20 clients</td>
</tr>
<tr>
<td>Average annual spend for top 20 clients</td>
</tr>
<tr>
<td>Average annual transactions for middle 20 clients</td>
</tr>
<tr>
<td>Average annual spend for middle 20 clients</td>
</tr>
<tr>
<td>Average annual transactions for bottom 20 clients</td>
</tr>
<tr>
<td>Average annual spend for bottom 20 clients</td>
</tr>
</tbody>
</table>

- **Casual.** They will go to the vet when the need is urgent – pet going into kennels and needs a vaccine, pet has been unwell for a couple of days, often go to the nearest, most convenient; are usually conscious of price. Checking your records will show a range of these clients’ spending. In the example above, the spending of three groups are shown from a small animal practice.

- **Regular.** They will come to the practice whenever there is a need, usually will keep up with boosters, and bring their pet in quickly if it needs attention. They are usually quite loyal to the practice, but if they don’t feel they get the service they need they will leave.

- **Bonded.** They are the key clients for any practice: will attend regularly, be involved in preventive care, are willing to spend on their pets, are usually insured. They tend to be very loyal, but that loyalty will be lost if they feel they have been taken advantage of.

So although you need a spread of income, your key clients are the top often 20-30% of your customers. These are the ones you need to both attract and keep as clients. These returning clients are your financial base.

How do we produce a bond?

1. The client has to view their pet as an integral member of their family.
2. The fees must remain affordable.
3. The practice must retain the personal touch.
4. The practice must maintain trust and rapport between vet and client.
5. The client should feel involved with the practice.
6. Every client wants to be cared for as an individual.
7. The practice (owner) will make sure all his staff treat the clients the same way.
8. The owner will nurture his or her practice.
9. The owner will take pride in his or her practice.
10. He or she will transfer this pride to the staff by leadership and example.

Are clients loyal? Well, your bonded clients are; that is why they bond and it takes more to lose them than a regular client.

Can you make all clients bonded? No: bonded clients are of a type. Their financial situation is not a determining factor; it is their personality and attitude to their pets. You can, however, get clients who will bond if the circumstances are right. It is a two-way process: they are looking to a practice to offer what they are looking for.

Client loyalty and retention are critical to a successful practice.
Transform your professional life and approach to clinical cases

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- Small Animal Surgery
- Cardiology
- Dermatology
- Diagnostic Imaging
- Endoscopy and Endosurgery*
- Emergency Medicine and Surgery
- Exotic Animal Practice
- Feline Practice
- Ophthalmology

* Endoscopy & Endosurgery is currently not recognised by the RCVS as a designated Advanced Practitioner subject.

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