BREXIT is forcing the veterinary organisations to ask fundamental questions about the future make-up of the practice team, Royal College Council members were told at their meeting in London on 2nd March.

RCVS chief executive Nick Stace said the likely reduction in the availability of EU-trained veterinary surgeons after Britain withdraws from the European Union means there will be changes in the role of the veterinary nurse.

In discussions on a paper outlining the College’s guiding principles for a post-Brexit world, the Council was told of the proposed consultation, due later this spring, on schedule 3 of the Veterinary Surgeons Act setting out the Register.

Mr Stace said the challenge for the RCVS and its members was to define novel ways to use the skills and training of nursing staff. “This would make it a more challenging and interesting career for the VN, make the work of the vet more challenging and interesting, and that new set-up could also make veterinary practices more profitable.”

Improved understanding

Past president Jacqui Molyneaux hoped the renewed focus on the nature of the Schedule 3 provisions would improve understanding among both vets and VNs about what tasks nurses are allowed to perform.

She believed there was a misunderstanding among many members that it was only about minor surgical procedures, but the exemptions defined in the legislation also enabled veterinary surgeons to delegate other tasks.

Andrea Jeffrey, director of VN training programme at the University of Bristol, agreed that it would be a mistake to be too prescriptive in any changes to the Schedule 3 arrangements.

Creating a list of procedures that could be carried out by VNs could mean that practices would risk breaking the law if they gave nurses new responsibilities that emerge in response to developments in veterinary science. Instead, the wording should “define the spirit of what we are allowed to do”, she said.

Mr Stace said the debate over the impact of Brexit had demonstrated the value of the Vet Futures project carried out last year between the RCVS and BVA.

Britain’s withdrawal from the EU means it will have to become increasingly reliant on home-grown veterinary talent. But through the Vet Futures project, the profession is already working on potential solutions to the manpower problems, considering ways to enable more students to be trained at the UK schools and to improve retention of qualified vets.

In meetings with government ministers, it has become evident that they have been impressed with the way the veterinary profession is taking responsibility for its own future, Mr Stace said. In these uncertain times, there are many professional bodies and lobby organisations that are seeking government assistance and there are limits on what it can provide.

Mr Stace hoped this would mean the government would look kindly on the profession if over the next few years it does need help in meeting the challenges created by Brexit.

He suggested, for example, that the existing veterinary schools may require some capital investment if they are to substantially increase the numbers of graduates they produce. But he insisted that extra funding is not the only solution to the problems of maintaining adequate numbers in the veterinary workforce: “The profession has to think of creative ways of growing its own talent,” he said.
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Groups to combine to become biggest in Europe

INDEPENDENT Vetcare (IVC) and Evidensia have announced their intention to combine their businesses, giving rise to a group with about 500 veterinary clinics in eight countries.

David Hillier, CEO of IVC, will become CEO of the combined group.

Founded in 2011, IVC has more than 315 clinics throughout the UK, employing over 800 veterinary surgeons. In December 2016, EQT acquired IVC from Summit Partners.

Evidensia has more than 180 clinics and hospitals and over 1,200 veterinary surgeons across the Nordic region and Central Europe. It was established in Sweden in 2012 and in October 2014 EQT acquired Evidensia from Valedo.

David Hillier says the aim “is to build the strongest and most respected veterinary group in Europe, founded on principles which are common to all of our practices”.

Kent practice wins marketing award

WHITSTABLE Bay Veterinary Centre in Kent won the practice marketing award in the annual Veterinary Marketing Association awards presented in London last month.

The practice’s campaign was put together by Onswitch. Highly commended in the category was Farm Vet South West of North Petherton in Somerset.

Onswitch had further success when its Fowlfall magazine was declared the winner of the marketing campaign award for UK firms with a turnover of less than £12 million.

The marketing campaign award for companies with a turnover greater than £12 million went to Boehringer Ingelheim’s Bovela campaign.

Boehringer Ingelheim collected a sackful of awards in addition to this one, winning both the veterinary media advertising award and the farm media advertising award for Metacam Cattle; the detail aid award for Metacam Cattle; the direct mail award for its Bovela mailer; the veterinary readership award for Metacam Cats and Dogs; the digital technology award for Equitop Myoplas; the exhibition award for its stand at the International Pig Veterinary Society Congress; and the VMA president’s award for “Bovela Auction Market Tour”.

Bayer Animal Health also had considerable success, winning the companion animal/equine consumer media award for “Be lungworm aware”; the advertising campaign award for Seresto; the point-of-sale award for “No bite is right”; and the PR award for its “Home for Honey” campaign (part of “Be lungworm aware”). Other awards went to: Merial – the international marketing campaign award for its “Parasite Party” campaign, and the integrated digital campaign award for “Viral Cats”; and Elanco – the new product of the year award for Osurnia.

The young marketer of the year award went to Helen Tweed of easyvetcare Ltd.

Honour for veterinary business specialist

VPARTNERS, a US-based non-profit association of veterinary business specialists, honoured Dr John Sheridan at its annual meeting last month in Las Vegas by awarding him “Pioneer Professional Member” status. Dr Sheridan, a founder member of the VPMA, established a small group of eight franchised veterinary practices in 1985, following a 25-year career as a small animal vet. He was appointed MD of Anicare Group Services (Veterinary) Ltd and later he jointly founded Veterinary Practice Initiatives Ltd, the first veterinary corporate consolidator in the UK, until he retired in 2003 – remaining on the board until the company was acquired by CVS in 2005. He now offers part-time management consultancy to the veterinary profession and publishes Veterinary Business, an online practice management resource for the international veterinary community. He also presents and publishes a new episode of the online Veterinary Business Video Show every two weeks. He is shown receiving the award from Dr Peter Weinstein, a past president of VetPartners.

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WHAT IS IT THAT ATTRACTS us to a certain brand or company? It may be the latest advertisement, some revitalised packaging or maybe an unusual style of communication to its customers.

However, it may be, deep down we will already have operated a different and all-important feature to reassure ourselves that, behind the glitz, lies an ethical company whose word we can trust. Most of us will have observed that a corporate culture usually emanates from the style set by its senior officers; if the man or woman at the top behaves with consideration and affords everyone respect, other employees all the way down the food chain can feel confident that they too can operate in a considerate fashion.

We know, don’t we, that aggressive behaviour doesn’t breed lasting success and yet, in companies where the corporate culture is shaped over time, everyone respects other employees all along the line in a selfish act of survival. I look back at that with no great sense of pride but the alternatives were equally reprehensible; I could have cut a few corners, loaded the pipeline and met my figures in a short-lived flurry of success or I could have fudged the figures and hoped that I’d found another, better job before the truth was revealed.

Instead, I chose to bully someone else, passing on the same corporate behavioural norm as an example to a younger person. Shame on me.

I’ve heard many people, commenting on the reports of abuse by celebrities in the 1960s and 1970s, use the caveat that life was different then, making it somehow excusable, and it’s tempting to suggest that an earlier corporate cultural norm negates many more modern concerns, but that doesn’t really hold water. To make a company ethical is to plan out its lasting reputation and to have all employees regard that reputation as being similarly sacrosanct to their own. That requires positive action from the top down and a widespread understanding that taking short cuts, the massaging of truth to avoid an untenable incident in everyday reporting or exerting undue pressure through line management, is absolutely unacceptable.

For many of us, the word “absolute” has taken on a somewhat flexible nature – not unlike post-truth politics – if the prize is great enough.

Where the integrated use of technology and advances in IT allow organisations to set an ethical pathway, in silicon rather than stone, they must also ensure that someone is scrutinising the human activity that accompanies it. It is not unusual to see terminology like “compliance” viewed as a hurdle to be overcome rather than a necessary gatekeeper of corporate reputation. Ethics are not a relative commodity and, as leaders, we have a responsibility to ensure that the messages we send are appropriate and orchestrated with the policies that our customers – both external and internal – expect of us.

We live in a time of widespread mistrust that is not limited to the actions of politicians and bankers. Regrettably, a 24-hour newsfeed is hungry enough to devour anyone, except its own.
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LAST MONTH I DISCUSSED THE CROSS SUBSIDY that our paying clients unwittingly donate to large charities via our practice till. I also quickly reviewed the chief exec’s pay for the large charities (circa £130,000 pa) and discovered that the executive team of eight in the Dogs Trust is paid over £800,000 between them. Veterinary practices undertake various tasks on behalf of charities, for example neutering at a loss, inserting microchips for free, and administering charity-provided drugs and vaccines to animals, all the while providing staff, office facilities, phones, internet, insurance, etc., to facilitate the charities’ activities as we carry out their work.

Our paying clients subsidise this when they bring in their ill pets and pay the usual price. At the end of last month’s column, to see if the charities would do for someone else what they expect from us vets, I sent them a request. Please dig out last month’s magazine for full details, but they were not prepared to do for me what they expect us to do for them.

RSPCA
Thank you for your enquiry about setting up a tortoise rescue... Unfortunately we do not have the resources to offer office space or help answering calls.

It is wonderful that you want to help tortoises, but it is vital that anyone thinking of setting up a rescue is very sure they have the necessary financial resources and skills. Sadly so many small organisations fail, often from lack of funds or knowledge, and it is then left to the larger organisations to pick up the pieces. An alternative would be volunteering with an existing exotics rescue.

Thank you again for contacting us.
Kind regards,
RSPCA Advice Team

Dogs Trust
Dear Mr Cross,
Thank you for contacting Dogs Trust. Unfortunately, we have limited space in our offices. We have just had to rearrange space ourselves to accommodate our growing team. I’m sorry that I cannot be of more help. We wish you and your tortoises the best on your future endeavours.
Kind regards,
Operations Assistant
Dogs Trust – A Dog Is For Life

The replies came in and, as expected, the charities were not prepared to do for me what they expect us to do for them.

Cats Protection
Initial automated reply and guess who they advise must pick up any urgent cases (my bold type)...
Dear Gareth Cross,
Thank you for emailing Cats Protection.
We will endeavour to respond to your query within five working days. Please note: If you have found an injured stray cat, please take it to your nearest veterinary practice and advise them it is a stray. Vets have a duty to give emergency care to any animal presented to them.
Best regards,
Cats Protection

Then:
Hello Gareth
Thank you for contacting Cats Protection.
We would be unable to assist you I am afraid, this is because our welfare work and limited funds are focussed on re-homing cats in need, neutering to prevent unwanted litters of kittens and educating people about good cat care.
We wish you all the best with your future plans.
Kind regards,
Contact Centre Coordinator

Then I asked again and suggested that it wouldn’t cost them anything, and guess what? When it’s the other way round and someone asking for help they can, between the hours of 9am-5pm, lecture practising vets on the subject.

My CSR is, for example, this Wednesday evening, leaving my kids at bed time to see a stray RTA cat for no recompense, looking after a stray rabbit all weekend, de-brambling an old lady’s dog on a Saturday at no charge. Oh, and being there to see people directed to us out-of-hours by the Cats Protection e-mail. Or the local equine vets who attended, at the request of the police, a horse stuck in a ditch recently with very slim prospects of payment. I really don’t need the Dogs Trust with its over £800,000 executive salary bill to offer me the chance of doing my bit for CSR.

Guide Dogs
We have strong working relationships with hundreds of UK based veterinary practices, including private, corporate and referral practices and last year we spent £4.3 million on veterinary services carried out to support our dog population of 8,000.

Our veterinary partners support our work by offering free six-monthly health checks for...
Cats Protection

Comment from Cats Protection’s director of Veterinary Services, Maggie Roberts: “As a charitable organisation that receives no government funding, we are obliged to use our funds in the most effective way possible to help as many cats as we can. This involves working with vet practices to offer lower cost neutering campaigns. When we run regional campaigns we generally contact all veterinary practices within the geographical area inviting them to take part and they can then decide whether they would like to be involved.

We are extremely grateful for the support we receive from a large number of vet practices across the UK and, as all the vets currently working in our vet team at Cats Protection have previously worked in private practice, we do have a realistic understanding of the costs of procedures and the overloads involved.

We know that many cats would go unneutered without this financial assistance. Many owners who are eligible for our schemes and are therefore on low incomes have not previously registered their pets at a vet practice. Therefore many practices gain customers through this initial contact, as well as through their ongoing work with local charities because when people adopt a cat from us they will often choose to return to the same vet next time their pet needs treatment or preventative care.

In the case of cats in our care being prepared for rehoming, we often provide our own vaccines and microchips so we can obtain these more cost effectively by dealing directly with the manufacturer, however, vets usually make a charge for their time e.g. for giving our cats a health check and administering products.

Regarding microchipping, it can be advantageous to vets that pets are microchipped so that, in the instance of an animal being brought in as a stray needing emergency treatment for example, the owner can be easily contacted for payment.

In cases where an owner cannot be located, vets are able to call on animal charities that can often help cover some of the costs of treatment. Without these charities vets would have to cover the entire costs themselves.

Neutering campaigns are often part of a wider partnership between charities and vets and for most practices this is a beneficial and symbiotic relationship.

Unsustainable

Cats Protection are one of the worst charities for screwing prices down to unsustainable levels by forcing practices to compete against one another (see last month’s article). Our practice has done all that they have asked and partakes in their campaigns. As it says in their own comment above, “they will often return to the same vet” after CP treatment. Why then do they often direct clients to a different practice from one they usually attend?

Should they be allowed to interfere in the market? Why, when we do everything they ask and work for them at a loss, do we find they direct clients of ours to the opposition for CP-funded work?

One reason I have got them to admit to is deals done between CP and the big corporates. So if like us you are a smaller business doing your utmost to offer CP what they want, don’t be surprised when they send your clients elsewhere if they get a kitten from them!

Next month we will finish this mini-series on the business of charities with feedback from the veterinary associations and readers. I have already received quite a few, but if you have any comments about the issues covered please contact me (within the first 10 days of the month) on garethcross@hotmail.com.
Who’s to blame for the current culture in the profession?

THE RCVS CARRIED OUT AN ONLINE SURVEY during the first two weeks of March aimed at finding out if vets and vet nurses feel there is a blame culture within the two professions. I can only answer for the veterinary profession, but I can say categorically that you don’t need to carry out a survey to state unequivocally that “Yes, a blame culture certainly exists.”

Okay, I admit to having little concrete evidence to support this view, but with a considerable number of years of experience I am satisfied that the view is an accurate one. The survey also aims to find out to what extent the RCVS is to blame and I can say again, with the same degree of certainty, “to a very large extent”.

I can’t imagine that the RCVS would find this surprising. Let’s remember that the Chikosi disciplinary hearing was only a little over four years ago in January 2013 and resulted in what many in the profession considered to be a gross miscarriage of justice. That case alone was enough to strike fear into the heart of any vet who might have made what a third party (the RCVS Disciplinary Committee) could later consider to be an error of judgment.

On the RCVS website it states: “It is a common misconception that if you make a mistake then this will be investigated by the College and you will end up in front of a Disciplinary Committee.”

If we are taking a lead from the Evidence Based Medicine approach trumpeted by the RCVS, I’m not convinced that the word “misconception” is accurate. The Chikosi case provided clear evidence that a “mistake” would quite easily end up with the miscreant being hauled before a Disciplinary Committee and that said miscreant was quite likely to be censured or “struck off” as a result.

I have worked in quite a few disciplines within the veterinary field over the years and the espousing of a “learning culture” rather than a “blame culture” has frequently been trumpeted as a significant cultural shift. The success or otherwise of that cultural shift has eventually to be “tested” and, again in my experience, its implementation has frequently been in a manner that best suits the agenda of the organisation at any particular time or circumstance.

Employees who have a reputation for not “toeing the party line” can often see the “no blame culture” twisted to become very much the opposite. Policies written on paper can very easily be bent and manipulated in order to ensure the outcome desired by those at the top. The medical profession is unlikely to be unique in this respect and I suspect there are plenty of avoidable deaths occurring among animals every month for similar reasons to those mentioned above.

Clearly most vets are not being investigated when such things occur (in large part because they don’t come to light), but I am of the belief that were the RCVS to receive a complaint then they would most likely investigate the vet concerned and err on the side of the patient/client unless there was strong evidence to the contrary.

That is what I call a blame culture and it is why most people are likely to try to play the incident down as much as they can in order to avoid possible censure.

I’m fairly certain that telling vets a new “learning culture” now exists is likely to be met with a healthy dose of scepticism until there is good evidence to support its genuine existence. Many of us would believe that holding up one’s hands and admitting to an error was tantamount to signing our own P45.

I applaud the RCVS for seeking to find out how the professions really feel about the issues of mistakes and blame and how they are currently dealt with. However, it will take a great deal of effort and time on their behalf to persuade me that there has been sufficient change in the system to allow me to sleep easily at night on the matter.

CABI publishes book on companion animal economics

COMPANION Animal Economics: the economic impact of companion animals in the UK is the title of a research report recently published by CABI. Compiled by Sophie Hall and Daniel Mills of the School of Life Sciences at Lincoln University, Luke Dolling and Ted Fuller of the Lincoln Business School, and Katie Bristow of Dogs for Good, based in Banbury, the research was sponsored by Mars Petcare.

In the foreword, Dr Sandra McCune of the Waltham Centre for Pet Nutrition says the report aims to raise awareness of the important need for research to evaluate the complex routes by which pets make an important impact on UK society.

“It aims to dispel the myth that pets are a luxury and to increase awareness of the social, economic and health value of pets to society so that better informed debate and decisions can be made for the benefit of people and pets,” she adds.

Included are case studies to illustrate the savings to the NHS that might be associated with companion animal ownership.

Also included in the report is the comment that there is a lack of reliable, consistent figures relating to the number of animals within the UK with no central database, and that “one of the aims of this publication is to provide an initial focus for building such a database at the University of Lincoln”. The 82 pages include 11 pages of references and an index of just over seven pages.

It can be purchased online at www.cabi.org/bookshop/book/9781786391728 for £16.19.
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17 April - 28 May 2017: Developing emotional intelligence in puppies (DEIP)
Sarah Heath BVSc, DipECAWBM(BM) CCAB MRCVS, RCVS and European Veterinary Specialist in Behavioural Medicine
Protect the mental health of canine patients by teaching owners how to develop emotional intelligence in their puppies. The aim is to produce emotionally balanced puppies who are able to cope with life and adapt to the veterinary environment. This course provides the underpinning knowledge to be able to run emotional intelligence classes. Aimed at vets and vet nurses.

8-28 May 2017: The hitchhiker’s guide to haematology
Francesco Cian, DVM, DipECVIM(Anaesthesia), FRCPATH, MRCVS, European Specialist in Veterinary Clinical Pathology, Paola Monti DVM, DipACVP (Clinical Pathology), FRCPATH, MRCVS, RCVS Specialist in Veterinary Clinical Pathology
This comprehensive course will give you the basics you need for interpretation of the most common haematological disorders in dogs and cats. Participants will learn how to review blood smears and develop a logical diagnostic approach to the alterations of red blood cells, white blood cells and platelets. All this will be achieved through a case-based approach. Aimed at vets, veterinary nurses with a special interest in lab work and lab technicians.

8-28 May 2017: Oncology 101 for GP Vets
Dr Shasta Lynch BVSc(hons) MANZCVA(SAM) DipECVIM-CA(Oncology), MRCVS RCVS and European Veterinary Specialist in Oncology
Cancer is arguably the leading cause of disease-related death in dogs and cats. If you graduated when veterinary oncology was skipped at university, or if you just need a refresher, this course can help you. We’ll start at the beginning and discuss the practical aspects of managing dogs and cats with common types of cancer. Aimed at vets. We will run a course for Vet Nurses in July 2017.

8-28 May 2017: Small Mammals
Livia Benato DVM MSC CertZooMed Dip ECZM (Small Mammals) MRCVS
In this course, common presentations seen in guinea pigs, chinchillas, rats and hamsters will be discussed. Dental disease in hystriomorphs and myomorphs, surgical approach to mammary tumours in rats and medical treatment of parasites are some of the topics that will be covered. Small mammal anaesthesia will also be reviewed. Clinical cases will be provided to help participants understand the concepts presented. Aimed at vets and veterinary nurses.

8-28 May 2017: Anaesthetic emergencies for vet nurses
Denise Prisk DipAVN (Surgical), VTAS (Anesthesia & Analgesia), LTCL, LGCI, RVN
Everyone who is involved in anaesthesia should be able to deal with common complications. This course focuses on various emergency conditions, how and why they arise and the actions to take to try and remedy the situation, as well as any preventative measures that may be taken. Current techniques of performing CPR and resuscitation will be covered, and case studies will provide a platform for discussion.

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10-30 April 2017: Ophthalmology in cats and dogs
Natasha Mitchell MBV DVOphthal 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 Trevail DVM, DipECVN, 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 help participants understand the concepts presented. Aimed at vets and vet nurses.

10-30 April 2017: Companion animal dentistry
Rachel Perry BSc, BVMS & S, MANZCVS (Small Animal Dentistry & Oral Surgery), Dip.EVDC, MRCVS, European Diplomate in Veterinary Dentistry
Canine and feline dentistry is undergoing a paradigm shift. Canine and feline dentistry is undergoing a paradigm shift. 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: 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.
GETTING LOST IN TRANSLATION!

I HAVE TO SAY THAT IF YOU ASK ME TO GIVE YOU A LECTURE or maybe a practical session on something I know a bit about – ophthalmology perhaps, or ethics and welfare – I’ll find it difficult to turn you down. Birmingham or Bristol for sure, but somehow Berlin and Bangkok seem a bit more appealing! And so I found myself jetting off to Moscow to talk to the Russian equivalent of BSAVA. Conjunctivitis, corneal ulcers and cataracts are pretty standard fare as far as I’m concerned, but of course for the Russian vets I was speaking to it was Конъюнктивит, кана роговицы и катаракта. Not that my Russian is up to scratch, it must be said: Грипп, эпидемия и вдохновение (hello, thank you and goodbye) are about my limit!

Thank goodness then for a good translator, I’m sure you’d agree. But wait a moment – how can I tell if the translator I’ve been given really is as accurate as their fluent response to my lecture suggests?

One of my lectures was on inherited eye disease in dogs and I talked about a study I conducted after the Panorama programme – “Pedigree dogs exposed” – you may remember from several years ago. I looked at the last thousand dogs I had seen either in referral clinics (375 dogs) or in the ambulatory service I provide for first opinion clinics around East Anglia (625 dogs). Of those seen in first opinion practices, 491 (79%) were pedigree breeds while in referral clinics 330 (88%) were pedigree.

Of the pedigree dogs seen in first opinion practices, 393 (63%) had problems specifically related to their pedigree status – corneal ulcers in boxers, glaucoma in flat coat retrievers, cataracts in Leonbergers to name but three – and in referral clinics 306 (82%) had similar inherited breed-specific issues.

I told the audience that the majority of dogs I see are pedigree breeds and that many had eye disease specifically related to their pedigree nature. And so the talk went on as I discussed these diseases one by one. It wasn’t until dinner later that night with the ophthalmologist who had invited me to speak that he revealed to me how my words had been translated. “The majority of dogs I see with eye disease eat Pedigree dog food and many of them have eye disease specifically related to eating Pedigree dog food.”

Now there is a bit of a problem! Maybe rather more than a bit! Thankfully my friend John, who works for Mars, saw the funny side of it when I e-mailed him as soon as I got back to the hotel. He had the company relay the story to its Russian distributors as a bit of a joke. No harm done, with any luck.

Not a solid meaning

Interestingly, I was talking to a colleague at the university today about interpreting referees’ comments on potential research workers. An English scientist relaying that somebody’s work was “solid” was very much damning it with faint praise – reading between the lines, the reviewer meant “don’t touch this one with a barge pole”. This was an applicant very much to be avoided.

On the other hand a French or Dutch colleague suggesting that an applicant’s work was “solid” was actually giving high praise indeed. But one doesn’t have to cross the channel to encounter very different languages.

As I think I’ve told you previously, I’ve long since given up trying to explain scientific terms in a language for which we have none. This is especially likely to happen when we are diagnosing in their animals and telling them how we are going to treat them.

Plain English

I well remember a little pug a fair few years ago with a central corneal descemetocoele where I was planning to do a corneoconjunctival transposition graft, but not before using a topical non-steroidal anti-inflammatory to reduce prostaglandin-mediated secondary fibrinoid aqueous production in case of intraoperative rupture.

I had a student with me and I was explaining this to them, so I apologised to the owner and told her I would explain it in plain English in a few moments. “Oh, don’t worry,” came the reply, “I understand it all. My father and my brother are both ophthalmologists!”

From that moment on I fully expected the entire situation would go pear-shaped (why do we say that?) and I would explain this to them, so I apologised to the owner and told her I would explain it in plain English in a few moments. “Oh, don’t worry,” came the reply, “I understand it all. My father and my brother are both ophthalmologists!”

From that moment on I fully expected the entire situation would go pear-shaped (why do we say that I wonder), but actually the surgery went really well and sight was restored. But the point is that most of the time the owner won’t have a clue what we are saying unless we are careful to explain it to them.

It is all too easy just to slip into our veterinary way of speaking and not realise that simpler language is imperative – the last thing we want is to be lost in translation ourselves!
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Sales of flea products could ‘double in an instant’...

ALL SMALL ANIMAL PRACTICES should appoint a “flea champion” to ensure that clients know how to use insecticide treatments to provide effective protection for their pets and family members, according to veterinary dermatologist Anthony Chadwick.

In a presentation in the nursing stream at the VetsSouth congress in Exeter in February, he said that despite the availability of a wide range of effective parasite treatments, flea bite allergies are still one of the commonest problems encountered in veterinary consultations.

“As I specialise in dermatology cases and my consultations take up to an hour, I have every opportunity to explain to clients how the different products work and why it is essential to maintain regular treatments. But colleagues working in a general practice may have only 10 minutes in which to deal with each case and so it’s not going to be their first priority.”

It is up to every member of staff to use opportunities for educating clients about the need for regular and appropriate treatment for fleas. Ideally, there should be one person, perhaps a senior nurse, given responsibility for co-ordinating these efforts and ensuring that clients are sent reminders when their pets’ preventive care appointments are overdue.

“If the nurse carries around a flea comb and uses it to check each animal as they come into the practice, I can guarantee that your sales of flea products will double in an instant,” he said.

“The flea champion should have had the training needed to explain about the biology of fleas and all the other parasite species found in companion animals, he said. They should then be able to answer most of the questions raised by pet owners and clear up some of their misapprehensions.

“I am often told that some of the older licensed products are ineffective because resistance has built up against them. That is nonsense – the products still work. But if you are asking too much of a product in terms of speed of action or duration of effectiveness, then you will be disappointed.”

For patients that are particularly sensitive to flea bites, the practice should offer one of the new generation parasiticides like the isoxazolines, such as Bravecto, NexGard and Simparica. These will generally produce a more rapid kill, have a longer duration of activity and be effective against a broader range of parasite species, he said.

A survey by the Veterinary Dermatology Study Group showed that at least 20 products are commonly stocked by first opinion practices in the UK and so it would be unreasonable for nurses to try to remember all the details on the product data sheet for each one.

He recommended that a maximum of about five products should be stocked by each practice, which should give the right combination of active ingredients to deal with any parasite problem likely to emerge in its clients’ pets.

Nurses also need to be aware of other developments in the parasitology field, he said, particularly the growing threat posed by veterinary and zoonotic diseases spread by ticks.

These conditions have been reported with increased frequency in recent years, although it is not yet clear whether that is due to changes in the population of the tick vectors or simply greater awareness of the risk among animal owners and the healthcare professions.

Nurses should be aware of the possibility of exotic tick species arriving into the UK as a result of the government abandoning the requirement to give an acaricide treatment to animals entering the UK under the Pet Travel Scheme. He noted the recent reports of outbreaks of babesiosis in southern England as well as the dangers of Lyme disease for the health of people and animals.

Mr Chadwick also proposed that nurses should form the main defence against the potential threat posed by adverse reactions to parasiticidal treatment. Of course, the safety of new products is tested during the licensing process, but there is still the possibility that some animals may be unusually sensitive to the active ingredients. That appears to have been the case with the spot-on treatment Tiguvon, which has since been withdrawn from the market, he said.

He urged nurses to ensure they understand the process for notifying the VMD when there is evidence of adverse reactions: “You are likely to be the first to hear when something does go wrong and so the sooner you report a problem, the quicker it will be sorted out.”

Anthony Chadwick.

Sales of flea products could ‘double in an instant’...

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New product for managing canine epilepsy

DECHRA Veterinary Products has introduced Soliphen (phenobarbital) as a first-line treatment for the management of canine epilepsy cases. The 60mg tablets are available in packs of 60.

The company says that in up to 40% of dogs, epilepsy cannot be controlled with phenobarbital alone. For the more challenging refractory cases, Libromide (potassium bromide) is licensed to be used alongside Soliphen as a concurrent therapy and Dechra has produced guidelines detailing how the treatments can act alone or concurrently.

In tests, the combination treatment reduced the mean seizure rate from 27.4 seizures per month to 2.2 seizures, the firm states.

Dog food range relaunched

BURGESS Pet Care has relaunched its Supadog range. Following the removal of the Supadog name from the range in 2014, the company noticed that many of its consumers continued to call the product by its original name, despite the change. As such, informal research was carried out with trade consumers – the result was “unanimous in the need for Supadog to make a return”.

New natural flea repellents

WILDWASH has introduced two new natural flea repellent products to its line of pet shampoos and cosmetics.

Choosing ingredients from four continents that have been selected as the most effective insect-repelling botanicals in their country of origin, WildWash says it has created an effective natural anti-flea shampoo for dogs and a powerful natural flea and bug repellent for dogs and horses.

The anti-flea shampoo includes eucalyptus, peppermint and lemongrass; the flea and bug repellent includes horsetail, eucalyptus and nettle which, says the firm, also help to condition and brighten the coat.

Condolence card range launched

SOUTHPORT-based veterinary receptionist, artist and children’s book illustrator Rachel Backshall has launched a range of pet sympathy cards.

Rachel originally designed the range for the family business Just Cats in Southport. After starting out with four designs, the growing range now includes cards for canine, feline, equine and exotic animals, as well as some floral cards.

The cards proved so popular that Rachel decided to extend the range and offer her cards to other practices. Printed on 100% recycled non-smudge card, they can be personalised with logos, websites and e-mail addresses to suit individual practices.

For further information, see www.rachelsveterinarysympathycards.com or e-mail backshallr@gmail.com.

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Monoclonal antibody to treat dogs with atopic dermatitis

THE European Medicines Agency’s Committee for Medicinal Products for Veterinary Use has recommended the granting of a marketing authorisation in the EU for Cytopoint, a solution for injection containing the new active substance lokivetmab, the first monoclonal antibody in a veterinary medicine in the EU. It is intended for the treatment of dogs with atopic dermatitis. The product is marketed in America by Zoetis.
Web resource on canine pyoderma

BAYER has released the third installment of its “Education Now, Safeguarding Antimicrobials” guides, this one on the management of canine pyoderma.

It is authored by Ross Bond, an RCVS Recognised Specialist in Veterinary Dermatology and head of the dermatology department at the RVC.

The guide reviews the definition and classification of pyoderma, history taking and clinical examination, diagnostic testing techniques, and current thinking on therapy options. It is available for download as part of the Veraflo website’s Veterinary Training Centre at www.veraflox.co.uk.

RVC ranked in top three for third year

THE RVC has been ranked as one of the top three veterinary schools in the world by QS World University Rankings for the third year in succession, making it the top veterinary school in the UK and Europe and the highest ranked outside North America.

It is the only independent veterinary school in the UK and Europe and the only veterinary school ranked in the top three veterinary schools in order to rank in the QS survey.

It is the only independent veterinary school in the UK and Europe and the highest ranked outside North America. RVC continues to be held in the highest regard among our international peer group. With this recognition and with our base in one of the world’s greatest cities, the RVC is very much open for business on a global stage and committed to the highest standards in education, research and clinical service.”

History collection digitally enhanced

FOLLOWING the release of its online Archive Catalogue last November, RCVS Knowledge has announced the launch of the next phase of the RCVS Vet History project – the Digital Collections.

Material that has already been described on the Catalogue can now be viewed and read on the affiliated Digital Collections site. Over 150 items including manuscripts, artworks and journals from the RCVS historical collections are currently available to see in full, with more content being added frequently. Access is free and available anywhere in the world. The Digital Collections website features high-resolution digital images of highlights from the library and archive collections, including letters, photographs and notebooks from the collections of army veterinarian Major General Sir Frederick Smith (1857-1929) and watercolours of horse anatomy, behaviour and care, created by Edward Mayhew for his publications Illustrated Horse Doctor (1860) and Illustrated Horse Management (1864).

Several early veterinary periodicals, books and pamphlets are also available to view. So far, pamphlets by Brady Clark (dated 1838), the journals Farrier and Naturalist (1828-1830) and The Veterinarian (1828-1830), are on the site. Individual articles and authors are listed for each issue; further volumes of The Veterinarian will be added over time. To access the Digital Collections, visit www.VHdigital.org to view the Archive Catalogue, head to www.VHdigital.org.

RCVS discussing mental health and more at BSAVA congress

THE RCVS will be raising awareness of its Mind Matters Initiative on its stand (103) and hosting a reception to promote the Practice Standards Scheme (PSS) Awards, among a number of other activities.

Visitors to the stand will be able to take part in the Mind Matters wellbeingtgp social media competition, sharing their own well-being tips for a chance at winning a Fitbit Alta.

On the Saturday, Lizzie Lockett, director of the initiative, will be talking with Catherine Oxoby, risk manager at the Veterinary Defence Society, in a session titled “Blame and shame: lost learning in veterinary profession” from 9.30am to 10.10am. From 4.30pm to 5.35pm, Dr Elinor O’Connor from Alliance Manchester Business School will be giving a talk on “Occupational stressors in veterinary practice in the UK”, while from 5.45pm to 6.30pm Richard Donnay MBE, director of Strongmind Resilience Training Ltd, will be giving a talk on “Resilience; What does it really mean?”

Members of the Advice Team will also be available throughout congress for private Advice Clinics appointments to discuss any queries about the RCVS Code of Professional Conduct, and raise awareness about how the Advice Team is taking the “Code on the Road” to provide confidential, non-judgmental advice to anyone in the veterinary team. Book a clinic at www.rcvs.org.uk/adviceclinics.

Meanwhile, PSS assessors will be on hand during Thursday and Friday for one-to-one PSS surgeries to discuss any aspect of the scheme, including its new awards. Book a surgery at www.rcvs.org.uk/PSSsurgeries.

A special drinks reception in Hall 9 of the ICC from 5.45pm to 7.15pm on the Thursday evening is free to attend for all delegates and will feature PSS assessor top tips, presentations from two award-winning practices about their experiences of the awards assessment process, an awards ceremony with RCVS president Chris Tufnell, and the opportunity to win one of three Awards Assessment Days, worth around £400 each. To reserve free tickets, visit www.rcvs.org.uk/PSSreception.

In addition on Thursday 6th in Hall 10 from 9.10am to 9.55am, Julie Dougmore, the College’s director of Veterinary Nursing, will be joining BVNA president Sam Morgan for a joint talk entitled “Where do we see the profession in 2022?”

Finally, on Friday 7th the College will be hosting a Big Issues Stream in Hall 6 from 8.30am to 10.10am, providing updates on the College’s Brexit Presidential Taskforce and the new pilot of outcomes-based CPD.

For more on BSAVA, see our preview starting on page 16.
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Busy programme at 60th anniversary congress

CHRIS PACKHAM IS TO BE THE KEYNOTE SPEAKER on the opening day of the BSAVA’s 60th anniversary congress, to be held in Birmingham from 6th to 9th April.

The naturalist and TV presenter, who has a degree in zoology, is expected to share his concerns about extinction and ideas for inspiring young people to get involved in animal welfare and conservation.

The congress programme comprises more than 350 lectures and practical sessions and the exhibition has more than 250 stands.

The first sessions begin at 8.15 on Thursday morning and the last will be at 4.40pm on Sunday.

The congress won’t be quite a Brexit-free zone. On Friday at 8.30am, the RCVS president, Chris Tuffnell, will give a Brexit update in the “Big issues” stream. He will be followed by Shona McIntyre discussing “Outcomes-based CPD”. Other sessions in the stream feature Professor John Innes on the impact of science and technology on orthopaedics – now and tomorrow; Ian Self on veterinary anaesthesia and analgesia – “the journey from darkness to light”; Penny Watson on “Canned, extruded or raw meaty bones: the changing palate of pet food over the last 60 years”; and Jerry Davies on “Radiology through the dark (room) ages”.

The stream will conclude with a 100-minute panel discussion on “The changing face of small animal practice: what has changed and what may happen in the future”, with Patricia Colville, Nicola Martin, Ross Allan, How Stacey and Lyne Hill discussing the issues.

The exhibition will feature exhibitors from AB Science (a pharmaceutical company which specialises in the discovery, development and commercialisation of novel targeted therapies) to Zoetics UK (which provides products and services designed for both the clinical and business needs of small animal vets) – and everything in between including various charities such as Blue Cross, VetLife, World Animal Protection, World of James Herriot and Worldwide Veterinary Service.

As usual, a number of affiliated associations will hold pre-congress meetings on Wednesday 5th April. Among these are:

- SAMSoe (Small Animal Medicine Society) with a programme “designed to appeal to all veterinary surgeons continued on page 18

Seeking to serve the interests of all members...

“BUGGINS TURN” IS THE PRINCIPLE governing the selection of candidates for high office in many fields of human activity. Thankfully, that isn’t the case in the major veterinary organisations – where people are generally chosen because of the quality of their input to group endeavours rather than their duration of service.

That is certainly how it was with the next president of the BSAVA, Hampshire practitioner John Chitty.

He has made some valuable contributions to the association’s work over the past decade or so, but he hasn’t devoted the whole of his career to the cause.

Indeed, he joined the organisation only after qualifying from the RVC in 1990 and he drifted away for a while during his early years in practice.

As befits someone who can talk with passion and insight about a wide range of subjects, John explored other career paths before setting off down the exotic animal route where he has made his name as a clinician, author and lecturer.

Born in Poole, Dorset, of Cornish parents, the family moved to Salisbury in Wiltshire where he was brought up. Given that his childhood hero was the naturalist Gerald Durrell, wasn’t he destined to work with reptiles and parrots rather than the traditional domestic species?

“No really. When I qualified, my ambition was to be a small animal dermatologist,” he says. “But I got a job with my home practice in Salisbury and I started off doing mostly farm work.

“One of our clients was the Hawk Conservancy Trust and that’s how I became interested in avian medicine. As the farm work started to shrink, the exotics workload grew and grew and it really caught my imagination.”

When John decided to study for a certificate in zoological medicine, he was fortunate to have Peter Scott, one of Britain’s best known exotic animal vets, living just down the road. Peter became his academic tutor and remains a good friend. But it could have been any one of a number of people who shared their knowledge when he was beginning his career.

“Nigel Harcourt Brown, Martin Lawton, John Cooper, Neil Forbes… they were all remarkably friendly and encouraging. I wouldn’t say there is never any rivalry, but with exotics it is such a small field that we all know each other. You collaborate because that is the only way you are going to make any progress.”

John’s spouse, Kate, set up her plate in Andover in 2010 and John joined the practice two years later. Anton Vets is now a five-vet, two-centre practice with a 70% companion animal, 30% exotics mix.

John completed his certificate in 2000 and his developing reputation as an avian practitioner led to an invitation to work with Nigel Harcourt Brown on the second edition of the BSAVA Manual of Psittacine Birds. He rejoined the association and threw himself into the world of academic publishing.

“I have always loved books and one of my hobbies is collecting old volumes – on anatomy, Darwin, cricket, all sorts really. I was asked if I’d like to join the BSAVA publications committee and loved it.

“You get to do some blue skies thinking, but the best part is that you get to see those ideas actually get off the ground. It is a real pleasure when one of the volumes you have commissioned is eventually published.”

John chaired the publications committee in succession to Penny Watson and then served on the education committee before being picked as junior vice-president. Assuming there is no unexpected change of fortune, he will succeed Professor Susan Dawson as president of the association at its AGM in Birmingham on 9th April.

“So what are his plans for the year?”

“Well, I certainly won’t be focusing on exotics animal medicine as I do back at the practice. My job is to serve the interests of all members of the BSAVA. But I think I can do that best by co-operating with people outside the association.

“A good example is the work we are doing with Burgess Pet Care, the Rabbit Welfare Association and others in promoting the national rabbit awareness week (17th to 25th June). It has been going for a few years now and this year the theme will be nutrition.

“During that week there will be a number of events to improve understanding of the rabbit’s nutritional needs – i.e. hay or grass rather than energy-rich, muesli-type mixes – at the 50 or so practices around the country that have been recognised as rabbit-friendly by the veterinary charities. The alliance of organisations behind the initiative is keen to get more practitioners on board and improve the veterinary care available for the growing numbers of rabbits being kept by adults as well as children’s pets.

The fact that the BSAVAs one fairly slim manual on rabbits has now expanded into two very chunky volumes is an indicator of how much our understanding of rabbit medicine has grown over the past decade or so, he says. But there are still gaps in our knowledge that need to be filled if rabbits are to enjoy the same consistently high standards of treatment as the two more established pet animal species.

John is also keen to ensure that his practitioner colleagues get the treatment they deserve. He is hoping to work with the RCVS and the other BVA divisions on Mind Matters and similar initiatives intended to improve the mental and physical health of the profession itself.

“In the BSAVA, we have a really good clinical offering through the congress, regional meetings and the publications, etc., but we need to take a holistic approach to improving the way that vets work.

“If you are not functioning well as a person, then you can’t be functioning properly as a vet. We will see what we can do in these areas, working with the other veterinary organisations, to help our members to develop the knowledge and skills to become happier people and better vets.”
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with an interest in small animal medicine;
- Association of Veterinary Anaesthetists (with a theme of "Anaesthesia for special circumstances: not just fancy drugs!");
- AVSTS (Association of Veterinary Soft Tissue Surgeons) with a theme of “What's new and hot”;
- BrAVO (British Association of Veterinary Ophthalmologists);
- the British Veterinary Dental Association, looking at oncology, endodontics, anaesthesia and oral surgery;
- the British Association of Veterinary Emergency and Critical Care (BAVECC) with discussions on neurological dilemmas;
- the British Veterinary Behaviour Association (BVBA) with a theme of “The Pet's Perspective – seeing it through their eyes”;
- British Veterinary Dermatology

Free review of building plans
ACD Projects is offering a free review of practice building plans at the congress.

“Whether practices have started their build, have ideas they’ve jotted down in a notebook or scoped out detailed plans, our experts are happy to make observations to improve the finished result, provide impartial advice, or suggest trouble shooting solutions,” says the firm’s founder, Alex Darvill.

There is also a chance for delegates to win one of two Kindles by answering a few questions on what they think it takes to build a perfect practice.

Donation to provide funding for student research
AGRIA Pet Insurance is supporting the charitable work of PetSavers with a £1,500 donation set to fund a study into treatment for a serious illness in companion pets. The donation will enable PetSavers to fund a Student Research Project. These are awarded annually to veterinary students undertaking study into specific illness, currently including “Erythropoietin in Canine Transmissible Venereal Tumour Disease” and developing novel biocompatible and antimicrobial coatings for orthopaedic implants in of street food from across the world including tastes of Jamaica, Mexico and the UK, and each ticket comes with two complimentary drinks.”

Drinks will be flowing in the exhibition hall from 5 to 7pm on the Thursday evening, 4.30 to 6.30pm on Friday and at the same time for 60th anniversary celebration drinks on Saturday.

The Ceva Awards for Animal Welfare will be presented in Birmingham on Wednesday 5th April; and the annual Petplan Awards (“the Veterinary Oscars”) the following evening.

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GRANTS FOR MASTERS BY RESEARCH PROJECTS

PETSAVERS is to make grants totalling £140,000 “to help vets to unlock their inner researcher”, as part of the BSAVA’s 60th anniversary celebrations.

The grants will fund four Masters by Research projects, giving veterinary surgeons, those in practice in particular, the opportunity to investigate aspects of clinical research relating to their work.

Universities have submitted research suggestions and BSAVA members can vote for their favourite in six areas: the use of antibiotics, canine parasitic diseases, advances in oncology, quality of life assessment, chronic feline conditions and joint disease.

The charity is inviting delegates to cast their votes at its congress exhibition stand or to vote online. The ballot will run until 25th April and the top four titles will be announced for potential applicants to apply for one of the grants.

Susan Macaldowie, who chairs the PetSavers management committee, said: “We want to create exciting and valuable opportunities for researchers, the veterinary profession and for pet owners and hope that these grants will bring forward some groundbreaking discoveries to mark this special 60th anniversary for the BSAVA.”

Applications for the grants will open on 12th April and close on 31st August.

For details, go to www.petsavers.org.uk.

dogs. Janet Hughes, head of Veterinary Business for Agria, and the firm’s managing director, Simon Wheeler, will present the cheque to PetSavers during the congress on Friday 7th April at 10am on the charity’s stand.

Focus on behaviour management

LINTBELLS will be focusing on behavioural issues with pets and showing how it supports practices with details of its loyalty scheme and a competition to win £200 of exclusive website, www.lintbellsvet.com.

Silver jubilee for microchipping firm

AVID is celebrating its 25th anniversary this year, with the last year being notable for the introduction of compulsory microchipping of dogs. Before that change, the company released the new microchip website for use by veterinary practices, rescue centres, dog wardens and trained implanters and reports that the new version of the system has been very well received, with practices using it commenting on how quick and simple it is to register a microchip.

Last October there was a new release of the mobile app for Android and IOS devices, which allows practices to register a microchip and also retrieve details for a microchipped pet.

Avid says that one of the biggest areas which practises are concerned with is the transfer of microchip details from breeders to the new keeper and its system allows the breeder to transfer details at no charge when completed online. Coming soon is a new version of the Avid MiniTracker which includes Bluetooth connectivity.

Appeal for stand volunteers

THE Bella Moss Foundation (BMF) is appealing for volunteers to help on its stand.

The charity will be exhibiting from 6th to 8th April (not on the Sunday of congress) to promote its work in helping pet owners and professionals dealing with cross-species antimicrobial resistance (AMR).

It will be showcasing its free tools for clinicians, including its practice hygiene audit app, and a new “Beat The Bugs” owner education video.

BMF founder, Jill Moss, says: “Every week the charity receives around 30 enquiries from vets and nurses in practice looking for help on practice hygiene or an ongoing AMR case and we are able to provide free expert clinical advice – however, the charity is entirely run by volunteers and at times like congress we are especially in need of more manpower to help us exhibit.”

To volunteer, visit www.thebellamossfoundation.com or contact Ms Moss on 07860 879079.

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

Effects of a light meal on gastro-oesophageal reflux in dogs during surgery
Ionnis Savvas and others, University of Thessalonika, Greece

Gastro-oesophageal reflux is a major complication of general anaesthesia and may have devastating consequences should it result in pulmonary aspiration of the gastric contents. Surgery patients are generally denied food for several hours to avoid such problems, but there is growing evidence that limiting the fasting time may reduce the incidence of intra-operative reflux.

The authors examined the effects of two different pre-operative fasting times on the incidence of reflux in 120 dogs which received tinned food either three or 10 hours before being premedicated for general anaesthesia. The premedication used was propionyl-promazine, while anaesthesia was induced with thiopental sodium and maintained with halothane. A pH electrode was introduced into the oesophagus and a pH of below 4 or greater than 7.5 was considered as evidence of reflux.

Three dogs in the three-hour feeding group and 12 in the 10-hour group had a reflux incident during the anaesthesia. The authors suggest that giving a half-daily ration of a normal diet three hours before surgery may offer clinical benefits.


A microalgae-based nutritional product alters insulin sensitivity in horses
Kristin Brennan and others, Alltech Inc., Nicholasville, Kentucky

Insulin resistance describes a physiological process in which the ability of insulin to stimulate glucose uptake in skeletal muscle is reduced. Diets rich in omega-3 fatty acids have been shown to improve insulin sensitivity in rodents with experimentally induced resistance. The authors investigated the effects of a dietary supplement produced from marine microalgae that is rich in docosahexaenoic acid on measures of insulin sensitivity in horses with experimentally induced resistance. The authors designed a study to examine the effects of this component on insulin sensitivity and activity of the enzyme lower in the affected animals than in the controls.


Use of serum beta-hydroxybutyrate to identify anorexic piglets
Amanda Perri and others, University of Guelph, Ontario

Weaning piglets can alter their behaviour and intestinal structure, sometimes resulting in life-threatening anorexia. When piglets are housed in large groups, it may be difficult for stockmen to identify those animals that are not eating. The authors investigated the role of serum beta-hydroxybutyrate (BHB) to identify anorexic piglets. Blood samples were taken from individuals showing other clinical signs of anorexia, loss of body condition and abnormal repetitive behaviour, known as chomping. However, most piglets selected as anorexic on the basis of their clinical signs were found to have normal BHB levels.

Canadian Veterinary Journal 57 (11): 1,143-1,148.

Pet owners’ satisfaction with a high-protein-low carbohydrate diet for growing dogs
Gwendumle Chaix and others, Vetibac, Caen, France

The ancestors of the domestic dog would have eaten a diet in which most of the calories were derived from protein and lipids, unlike modern commercial diets, which may contain a considerable proportion of carbohydrate. There is some evidence to show that high protein/low carbohydrate diets may improve bodyweight and composition and enhance glycaemia regulation. The authors assessed the response of dog owners to their journeys to a novel commercial diet based on this formula. Respondents to the survey were happy with their pets’ response to the transition diet and reported no significant problems with digestibility.


Assessment of intestinal alkaline phosphatase levels in canine chronic enteropathy
Kaori Ide and others, Tokyo University of Agriculture and Technology, Japan

Chronic enteropathy is one of the most common causes of vomiting and diarrhoea in small animals although its pathogenesis is still poorly understood. It may occur with or without evidence of intestinal inflammation and is usually diagnosed by excluding other potential causes of gastrointestinal signs. The authors examined the use of intestinal alkaline phosphatase (IAP) measures to distinguish between healthy dogs and those with chronic enteropathy. Measures of active IAP were detected in the faeces of all dogs but the expression and activity of the enzyme were lower in the affected animals than in the controls.


Effect of dietary fibre source on growth performance and intestinal microflora in piglets
Seung-Jin Lee and others, Kyungpook National University, South Korea

The dietary fibre plays a number of different roles in pig nutrition and a minimum level may be necessary to maintain normal physiological function of the gut. The authors examined the effects of different sources of dietary fibre, namely rice bran and sawdust, on growth performance and intestinal microflora. Their results indicate that high levels of sawdust in piglet diets can negatively affect growth and health. However, when mixed with other fibre sources, this component may provide a cost-effective alternative source of dietary fibre with beneficial effects on intestinal microflora and growth.


Client perceptions of a new dietetic weight management food for obese cats
Undine Christmann and others, Virginia-Maryland College of Veterinary Medicine

Obesity has become one of the most frequent health problems in cats, leading to a variety of secondary conditions such as diabetes and lower urinary tract disease. The authors tested a novel weight control diet on 132 overweight client-owned cats and assessed the owners’ perceptions of its effect on the animals’ quality of life. In 83% of participants there was a reduction in weight, averaging 11% over the six-month treatment period. The owners of 79% of these cats were given more calories in their diet than recommended by the manufacturers and yet the majority still lost weight. Owners perceived an improvement in the pets’ demeanour and energy levels, without changes in appetite or begging behaviour.


Influence on meat quality of flaxseed and α-tocopherol acetate in the diet of chickens
Rashida Parveen and others, Faisalabad University of Agriculture, Pakistan

In response to increased demand for healthier food is driving efforts by the broiler industry to develop methods for growing poultry meat with higher protein, lower fat and increased n-3 fatty acid levels. The authors examined the influence on meat quality of supplementing the diet of broilers with extruded flaxseed and α-tocopherol acetate. Their results show that the fat content in breast and leg meat decreased as the inclusion level of extruded flaxseed increased. The fat content was lower in breast meat and the polysaturated fat to saturated fat ratio was also higher. Pre-slaughter mortality decreased in all groups of broilers receiving the supplemented diet.


Effect of a high fat diet on insulin sensitivity and adipokine concentrations in horses
Nick Bamford and others, University of Melbourne, Australia

Pasture-associated laminitis is a significant cause of disease in horses with obesity and insulin dysregulation recognised as major risk factors. However, the relative influence of obesity and its adaptation to high glycaemic diets on the development of insulin dysregulation is unclear. To determine the role of increased adiposity in this process, the authors gave 18 horses a high fat diet, with or without a once-daily glucose-balance diet, and their results showed that increased adiposity did not reduce insulin sensitivity in either the high fat or high glycaemic diet groups. This suggests that obesity is not responsible per se for changes in insulin sensitivity. Also, once-daily glucose, or their results showed, appeared to increase insulin sensitivity.


Digestibility of two raw diets in domestic kittens
Beth Brennan and others, University of Tennessee, Knoxville

A potential advantage of raw food diets is that heat processing may lead to a loss of bioactive compounds and some loss of nutritional value. However, in domestic cats there is little published data on nutrient digestibility of raw food. The authors compared a range of digestibility parameters for one commercial and one home-made raw diet in kittens, against a canned, heat-processed food. Their findings showed that both of their diets had significantly higher digestibility of dry matter, organic matter, protein and energy, compared with the processed food. This resulted in those kittens producing significantly less faecal matter.

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SKIN PROBLEMS ARE SUGGESTED TO BE THE MOST COMMONLY ENCOUNTERED COMPLAINT in first opinion small animal practice but are a frequent source of frustration for vets and owners. The issue is that many owners expect a quick fix. The “pattern recognition” approach, so often appropriately and successfully applied to other common presentations, is likely to fail when it comes to dermatology. A presumptive diagnosis and test treatment may satisfy the owner’s expectation in the short term but, over time, symptoms will probably return more and more frequently and the owner will become dissatisfied.

So while the itchy dog or cat might be a routine and seemingly straightforward consultation, a problem-based approach is almost always going to be necessary to achieve success, and a lengthy, thorough work-up is actually most likely to deliver the “quick fix” owners expect.

The reason for this is firstly that the majority of skin problems look the same symptomatically and we cannot rely on pathognomonic signs.2,4,5 Nowhere is this more evident than in the examination of chronic atopic dermatitis (CAD) and cutaneous adverse food reactions (CAFR).

Multifactorial condition
CAD appears to be a multifactorial condition4 thought to be closely linked to a dysfunction in the skin’s barrier role.7,8 While it is generally characterised by pruritus and a syndrome of typical findings, clinical presentation can be highly variable. In dogs, symptoms may include otitis externa, conjunctivitis, pododermatitis and pyoderma7 and in cats we may see military dermatitis, cosinophilic granuloma complex and bilaterally symmetrical alopecia.5,9,11

Adverse food reactions encompass disorders with an immunological basis (food allergy or dietary hypersensitivity), non-immunologic reactions (food intolerance) and toxic reactions (food intoxications). Intoxications are a common problem, particularly in dogs, but are more likely to cause gastrointestinal symptoms. However, CAFRs, defined as a repeatable cutaneous reaction to an otherwise harmless component of the food, are an important differential in cases of chronic pruritus and include both hypersensitivity and intolerance. Although an IgE-based Type 1 Hypersensitivity reaction has been characterised in some dogs with CAFR, the majority of cases do not seem to have an immunological basis10 and it is impossible to distinguish the type of food reaction from the symptoms seen. In fact, clinical presentation of CAFR tends to mimic atopic dermatitis.8,10

So CAD and CAFR may both manifest in a variable presentation of clinical signs and are indistinguishable at first sight. Furthermore, there seems to be overlap between the two conditions. CAD and CAFR may be present at the same time10 and it is possible that canine CAD may be induced by CAFR.1111 The situation is particularly confused in cats, in which atopic dermatitis is less well characterised and it has been suggested that CAFR may be more common than CAD.10

All of this means that a presumptive diagnosis is near impossible, but does that matter? We could opt to test treat for the most common problems and see if that improves the situation, but the problem here is that secondary bacterial and yeast infections are so very common.

In the unlikely event that they are not already a complicating factor at first presentation, failure to properly address the underlying cause of the skin problem will likely lead, fairly soon, to the development of these complications, leaving us fire-fighting the symptoms.

More likely, a secondary pyoderma has already developed, meaning that a test treatment with antibiotics and anti-pruritic medication will bring miraculous results, reinforcing the owner’s expectation of a quick fix, but only as a temporary reprieve. The symptoms will recur, as will the owner’s frustration. In fact, long-term treatment with anti-inflammatory or anti-pruritic therapies is only likely to fail in cases of CAFR.19

Additionally, in this age of concern over antibiotic resistance, it is more important than ever that we are systematic in our approach to diagnosis and management, and understand what we are trying to achieve with medication. Once we have identified the underlying cause or causes for our patient’s symptoms, we can choose to use the right therapeutics appropriately.

A thorough, problem-based approach is the right one for these cases. By systematically eliminating – or identifying and treating – each potential cause in turn, and assessing the patient’s response at every stage, we can achieve a specific diagnosis.

Allergies testing may have a role to play in this approach, depending on the individual case, but only as part of this stepwise diagnostic pathway. If we have reached the stage that atopic dermatitis is the likely diagnosis and other causes have been eliminated, skin or intradermal testing can be useful as a confirmation and to help identify the allergens involved, but these should not be relied upon as screening tests.12

Likewise, blood testing for “food allergy” can seem tempting as a rapid diagnostic tool but, at most, should be reserved to help identify possible problem dietary allergens to avoid. Given that not all CAFRs are immunological in origin, and the immunological processes have not been well characterised in those that are, IgE blood testing is not a reliable diagnostic tool.2

While it is a prolonged process, an exclusion diet trial will likely be an important part of the diagnostic approach. Once ectoparasite-induced allergies and microbial infections have been ruled out, an eight to 12-week diet trial – ideally followed by challenge with the original diet – will be necessary to confirm or rule out a dietary basis to the symptoms.

Diet developments
There are now a wide range of complete and balanced hydrolysed protein diets available for both dogs and cats, with more recent developments in this area bringing us diets for both species based on proteins hydrolysed to the level of single amino acids or chains of a few peptides.

Whatever the diet used, however, owner compliance is essential to success, so a detailed conversation to explain the aims and reasoning for this approach will be necessary. This applies to the whole diagnostic process. By recognising our clients’ expectations for that elusive quick fix and explaining why this is not realistic, we can bring them on the diagnostic journey with us.

We can explain the importance of a specific diagnosis and that, once we know what is behind their pet’s frustrating symptoms, we have a very good chance of successfully controlling them through management, appropriate medication and the right diet for the individual patient’s needs.

References
Feeding patients with concurrent diseases

“WHAT SHOULD I BE FEEDING MY DOG?” is the question most frequently posed by pet owners to a veterinary nurse – yet sometimes there is no easy answer, VNAs attending the nursing stream at VetSouth 2017 were told.

Nicola Ackerman, senior medical nurse at the Veterinary Hospital, Plymouth, outlined a strategy for dealing with those patients with concurrent diseases in which the ideal diet for one condition is contraindicated in another.

A typical example would be a kidney disease patient for which the specialised renal diets normally recommended may contain high levels of fat that are likely to exacerbate any co-existing problems with pancreatitis, she said.

There are no blanket recommendations applicable in every situation and so it is necessary to adopt a “holistic approach” geared to the specific needs of the individual animal, she said. “We need to fully understand the different disease processes going on in that patient and create a nutritional profile for that specific situation.”

Any dietary choices should be based on the same thorough history taking and laboratory analyses that are essential when investigating any medical condition. But as she pointed out, information on the product label may not contain all the information needed by the VN to assess its suitability for that particular patient.

“The label will be worded to satisfy the legal obligations of the manufacturers, not the clinical questions that we may want to ask. So the label may tell you how many calories per 100g the food contains, but it won’t always tell you how much of that comes as fat, how much as protein, etc.,” she said.

Usability questions
Where there are any questions about the suitability of a product, Mrs Ackerman recommended calling the manufacturer’s technical helpline. If the staff cannot provide the information needed, then that may well tell the nurse all she needs to know about the quality of the product.

It is also worth asking whether the food is produced to an open or closed system. “Consistent quality is compliance,” she said.

When you are trying to teach how to do ‘raw’ properly, you must appreciate that vegetables are not necessarily benign – brassicas like kale and cabbage contain high levels of calcium oxalate which may not be suitable for a patient with kidney stones, while carrots are rich in phosphate and that may not be recommended in other renal diseases.”

Clients will also give treats to their pets more frequently than they are usually prepared to admit. “I have reached the conclusion that nobody tells the truth,” she warned.

This will be especially important when trying to manage a common condition that will complicate the treatment of many other diseases – obesity. The nurse should use various tactics to ensure that the client follows advice by pointing out the beneficial effects on the pet’s quality of life of even relatively modest weight changes.

They can also appeal to the owner’s parsimony: “Everything that we dispense is based on the animal’s weight and so if their pet is slimmer it can save them quite a lot of money.”

But it is not always possible to overcome the emotional bond between human and animal. “We are dealing here with chronic diseases that will never be cured. So they think, ‘If the pet is going to die anyway, why can’t we make him happy by giving him what he wants?’ That is a big challenge when you are trying to achieve good compliance,” she said.

Expanding educational team aims to teach how to do ‘raw’ properly
RAW pet food company Natures Menu reports that its Educational Team will be expanding in 2017 in response to enquiries for more “lunch and learns” across the UK.

The team of five professionals, which has provided sessions for over 300 practices across the country, is led by Dr Claire Miller and its aim is to provide clear and constructive information about the growing availability of raw complete and balanced pet foods available from DEFRA-registered pet food companies.

Craig Taylor, managing director of Natures Menu, says there is a vast difference today from the raw meaty bones and “BARF” diets traditionally prepared by home users versus the professionally formulated and produced raw complete meals offered for pet consumption. Natures Menu’s complete and balanced raw diets are carefully nutritionally balanced and are formulated within the FEDIAF guidelines for the everyday pet owner wishing to feed raw in a safe, responsible way, he says.

The company invests in developing good practice guidelines with colleagues, through its membership of the Pet Food Manufacturers Association (PFMA), and has “pioneered new standards of hygiene and microbiological understanding” when it comes to raw pet food manufacture. Its raw pet foods, formulated and developed in professional facilities, are strictly managed on multiple levels and are now recommended by many practices, says the firm.

The company states that its team will be seen at the main veterinary exhibitions throughout this year. For more details about online CPD courses on responsible raw feeding, or to book a lunch and learn session, call Melanie Sainsbury on 0800 0183770 or e-mail melanie@naturesmenu.co.uk.

The 2017 Practice Design Awards

Are you proud of what you have achieved with your practice premises?

Have you, within the last two years, developed a truly outstanding place in which to practise veterinary medicine and surgery?

Is there a particular feature or room with a design innovation that has made a significant difference to you, your staff, your clients and/or your patients?

Then these awards are for you!

THE British Veterinary Hospitals Association (BVHA) Design Awards for 2017, run in association with Veterinary Practice, are intended to recognise – and reward – outstanding design.

If, within the last two years, you have opened new premises for a first opinion and/or referral practice – whether a brand new building or a conversion of a building previously used for some other purpose, refurbished your existing premises or come up with an innovative design solution for an area of the practice, these design awards are for you.

Any practice that has completed a project on or after 1st June 2015 is eligible to enter. All that’s required is to complete the entry form on the BVHA website (www.bvha.org.uk) with information such as:

1. Your practice name, address, telephone number and e-mail address, plus the name and position of the person submitting the entry.
2. The numbers of veterinary surgeons, veterinary nurses and other support staff in the practice.
3. What area of veterinary practice you are involved in, whether referral or first opinion, companion animal, equine, farm animal or mixed practice.
4. A report (in no more than 500 words) about the project, emphasising its outstanding design and innovative features – listing clever solutions to problems, explaining why things were done in a particular way, plus an assessment of whether what you have done is living up to expectations.
5. Up to 15 photographs showing the finished project – including pre-improvement shots if available.
6. A floor plan of the premises (preferably the architect’s drawing).
7. An indication of the various costs involved.

THE CATEGORIES

1. New-build premises
2. Conversions of buildings previously used for other purposes
3. Refurbishment of existing practice premises

In addition, there will be a BVHA President’s Award for an outstanding innovation in the design of a specific area or feature of a practice in any of the above categories.

THE PRIZES

- Prizes, including a trolley from Gratnells, a plaque and certificate, will be awarded to the winner in each category with additional prizes provided by Securos Surgical, including the grand prize for the overall winner.
- The BVHA president will make a special award to the practice which, in his opinion, has the most innovative or imaginative design feature among the entries received.
- The three category winners will receive an invitation for two people to attend the presentation ceremony where the overall winner will be announced.

Terms and conditions of entry

Entries can be submitted by post (to: Design Awards 2017, 15 Chaseside Gardens, Chertsey, Surrey KT16 8JP) or by e-mail (to gdavidritchie@gmail.com), or by a combination of the two (e.g. send entry information by e-mail; photos on disc or memory stick). The floorplan must be sent by post. Photos sent by e-mail should be in the form of jpegs at 300dpi with a maximum size per photo of 2MB. Photos and plans sent by post will be returned on request once judging is complete. Closing date for the receipt of entries is Thursday 15th June 2017.

Judging will be carried out during the summer by a panel representing the BVHA and Veterinary Practice. The judges will compile a shortlist from the entries and visit the practices concerned. The results will be announced after judging is completed and featured in Veterinary Practice. The judges’ decisions will be final; no correspondence will be entered into.

The 2017 Practice Design Awards are open to any qualifying veterinary practice within the UK
Introducing world-class techniques to the winners

“We are delighted to be partnering with the BVHA and Veterinary Practice on the 2017 Practice Design Awards,” says Clare Potts of Securos Surgical.

“This is such an important way to recognise best practice in the design and functionality of a hospital. We truly understand the impact of having the right equipment and implants to patient outcomes and recovery and look forward with great excitement to seeing the entries and meeting the finalists.

“We hope to welcome all entrants into the new Securos Surgical Community during the course of 2017 and to working with the finalists and winners on introducing world-class techniques and instrumentation.”

The firm will be donating the following prizes:

**Overall winner:**
A package of Securos Surgical hand instruments worth £1,000
A year’s worth of Securos Surgical CPD courses
Installation of Smart Flow – the world-class patient management system

**Category winners:**
A package of Securos Surgical hand instruments and sutures worth £750
A year’s worth of Securos Surgical CPD courses

**President’s Award winner:**
A package of Securos Surgical hand instruments and sutures worth £750
Each winner will enjoy a consultation, in practice, with a Securos Surgical specialist to create a bespoke prize package that best suits the practice needs.

Securos is an evidence-based, best medicine provider of solutions for musculoskeletal diseases.

Historically recognised as a provider of surgical equipment, particularly the PowerX crimping device used in lateral suture and the XGEN (Forkless) plate for TTA, Securos is evolving to become a more integral partner for veterinary surgeons by delivering world-class CPD using our highest quality products and surgical instrumentation in progressive surgical techniques.

Key CPD courses include “Introduction to Orthopaedics and Patella Luxation”, “Tibial Plateau Levelling Osteotomy (TPO)” and “Craniol Occipital Wedged Osteotomy (CCWO)”.

The firm is dedicated to empowering surgeons to deliver high-quality patient care with confidence and with the support of a Securos Surgical community of surgeons.

For further information go to: www.securos.co.uk, telephone 07891 539282 or e-mail clare.potts@securos.co.uk.

Hygienic storage trolleys for category winners

GRATNELLS, which manufactures and markets Britain’s most widely used range of storage systems, is a main sponsor of the 2017 Practice Design Awards. The company has been supplying the veterinary sector with a comprehensive range of mobile and static solutions for many years, developing a product range to help create the infrastructure that sits behind an efficient veterinary practice, and will be presenting its latest veterinary trolley (picture) to each of the category winners, worth over £1,500.

One of the firm’s trolleys was featured in a winning submission in 2015, creating a complete storage unit in the new prep area of a refurbished practice in Surrey (picture).

Specially designed for veterinary practices requiring a hygienic storage trolley which can double up as an examination table for smaller and medium-sized animals, it allows vets to have all their examination and diagnostic equipment to hand. It comes with an easy to clean white metal top, a rubber examination mat and upgraded braked castors as well as useful shelf and tray storage complete with translucent tray lids.

The trolley frame, shelves, trays and lids are all protected by the Gratnell’s Antimicrobial System. These elements are coated with BioCote, an antimicrobial additive which creates a surface where microbes cannot survive. BioCote works alongside existing cleaning regimes, providing an additional level of defence against contamination and also helps prevent microbial contamination on storage trolleys, providing a longer product lifespan.

The company’s comprehensive range of products can be found in practices across the UK and cater for all storage needs – from frames and trolleys right through to trays and trolley accessories, the fully adjustable system providing maximum control and flexibility throughout the practice, everywhere from the store room to theatres and recovery wards.

Richard Picking, international marketing manager at Gratnell’s, says: “We are delighted to be associated with the Practice Design Awards this year. This sector is important to us and we are committed to supporting the operational requirements across every area of the veterinary surgery to ensure best practice is delivered to the highest standards.”

Feeding plan to improve the welfare of cats

DR Sarah Ellis and Dr Lizzie Rowe at International Cat Care have developed a feeding plan which, they say, helps mimic the way cats eat in the wild and so provides both physical and mental stimulation for cats.

The plan also helps, says the charity, to prevent overeating and promote a balance between energy intake and energy output, in order to avoid weight gain, as well as encouraging weight loss in overweight cats.

Dr Ellis states: “Research shows that current feeding practices are contributing to the obesity epidemic, with a number of factors associated with a cat’s modern lifestyle leading to overweight. For example, most cats need little or no exertion to obtain their food, making it more likely that the calories they take in through eating will outweigh the calories they use up through exercise.”

“Furthermore, the way we feed our cats generally does not match the lifestyle they were designed for, resulting in a lack of mental stimulation and reduced opportunity to express natural, instinctive hunting behaviours. This can lead to boredom, apathy, anxiety, frustration and stress in cats, resulting in reduced well-being and potentially the development of problem behaviours.”

Dr Ellis adds that by making a few simple changes to the way we feed our cats, we can help them to live longer, healthier and happier lives.

The plan recommends:

1. Giving cats five or more small portions of food a day (rather than feeding fewer, bigger portions).
2. Using puzzle feeders.
3. Changing food location regularly.
4. Spreading feeding across the 24-hour period (using timed feeders and puzzle feeders).
5. Monitoring cats’ behaviour and weight.

A detailed version of the feeding plan, along with the full report behind its development, can be found at https://icatcare.org/advice/general-care/keeping-your-cat-healthy/feeding-your-cat-or-kitten.
A look through the literature on emergency and critical care

Epidemiology of systemic inflammatory response syndrome and sepsis in cats
Jonathan Babjak and Claire Sharp, Tufts University, Massachusetts
Sepsis is the result of a systemic inflammatory response to infection and is a cause of substantial morbidity and mortality in human and veterinary medicine. However, much less is known about the epidemiology of sepsis in veterinary patients compared with people. Most of the available information is derived from retrospective descriptions of specific populations, such as patients with pneumonia or pyothorax.

The authors conducted a study examining the epidemiology of systemic inflammatory response syndrome and sepsis in hospitalised cats. Among a population of 246 cats, the prevalence of sepsis at admission was 6.2 cases per 100 admissions and four cats developed sepsis while hospitalised. Four of 17 cats with sepsis at admission and three of four that developed sepsis while hospitalised either died or were euthanased, resulting in a mortality rate of 33.3%.

The peritoneal space and urogenital system were the most common septic foci and Gram-negative organisms were the most common pathogens identified. These result confirm that sepsis is an important clinical entity in cats associated with a high mortality rate.


A review of 65 cases of air rifle pellet injuries in cats
Drazen Vukic and others, University of Zagreb, Croatia
Injuries caused by air rifle pellets are not uncommon in rural and suburban areas. Despite their modest size, these projectiles can cause serious injuries, particularly to the head and torso. The authors compare the prevalence of injuries caused by different types of metal projectile in urban, suburban and rural cats.

Reviewing the records at a university hospital diagnostic imaging centre, they found 65 cases with this type of injury and in 38.5% of them the projectile was an incidental finding. Two or more injuries were found in 29.2% of the cats. In those cats with only one injury, the pellets were most frequently lodged in the abdominal region, including the lumbarosacral spine. Journal of Veterinary Medicine 18 (8): 626-631.

Comparison of sodium carbonate and apomorphine for inducing emesis in dogs
Eldie Yam and others, Murdoch University, Western Australia
Ingestion of a harmful substance is a frequent reason for dogs being admitted as emergency cases at veterinary clinics. Induction of emesis may be performed to limit exposure to ingested toxins. The authors examined the records from 787 admissions to assess the safety and efficacy of using either sodium carbonate (washing soda crystals) or apomorphine to induce emesis. They found that the occurrence of emesis with sodium carbonate was high but inferior to that achieved using apomorphine. However, sodium carbonate is less costly and more readily available than the alternative, making it a viable choice in emergency medicine.

Australian Veterinary Journal 94 (12): 474-477.

Traumatic uterine rupture in three felds
Rebecca Davies and others, Tufts University, North Grafton, Massachusetts
Uterine rupture is a fairly uncommon finding in small animals with the majority of cases related to damage caused by endometritis, pyometra, foetal death, or uterine torsion/prolapose. Traumatic injuries are usually a feature of near full-term gravid animals. The authors describe three such cases in two domestic short-hair cats and one bobcat (Lynx rufus). In two cases the injuries were associated with road traffic accidents and one cat had been attacked by dogs. The two cats were treated by surgical exploration and ovariolysis, and recovered uneventfully. The wild cat died shortly after hospitalisation and its injuries were identified on post-mortem examination.

Journal of Veterinary Emergency and Critical Care 6 (6): 775-781.

Upper airway injuries in 10 dogs secondary to trauma
Eleni Basdani and others, University of Thessaloniki, Greece
Chest injuries may occur in dogs as a result of various traumatic events, including bite injuries, road traffic accidents, choke chains and gunshot wounds. The authors describe the clinical features of 10 cases of upper airway injuries or stenosis. Seven cases involved tracheal rupture, laryngeal ruptures occurred in two dogs and tracheal stenosis in another. Reconstruction with simple interrupted sutures was performed in four dogs, tracheal resection and end-to-end anastomosis was performed in five dogs and one was euthanased intraoperatively. Aspiration pneumonia occurred subsequently in one dog and two showed vocal changes.


Perineal evisceration secondary to a bite injury in a dog
Daniel McCarthy and others, University of Tennessee
Perineal herniation is a result of muscular pelvic diaphragm weakness, permitting the misplacement of pelvic and abdominal tissue into the perineal region. The authors describe a case requiring emergency surgery in a six-year-old male castrated Springer spaniel with evisceration of most of the small intestinal tract through the perineal region, secondary to a dog attack. The dog had been treated for a bilateral perineal herna one year earlier but only the right defect had been corrected. The injury was successfully treated using both abdominal and perineal approaches. This case adds to the evidence in favour of prompt surgical intervention for perineal hernias.

Canadian Veterinary Journal 57 (10): 1,053-1,056.

Retrospective evaluation of glucagon infusions as adjunctive therapy in hypoglycaemia
Kristen Datte and others, Ohio State University, Columbus
Hypoglycaemia in dogs occurs when blood glucose concentration falls below 60 mg/dl. This may be a result of various disease conditions and will produce clinical signs including altered mentation, weakness and ataxia. The authors describe the clinical features of nine cases of hypoglycaemia which received glucagon therapy as a constant rate infusion. The mean time period before blood glucose levels returned to normal was seven hours. They conclude that glucagon constant rate infusion is a safe method for the treatment of hypoglycaemia and can be readily utilised in a practice setting.


Intravenous lipid emulsion therapy for bromethalin toxicity in a dog
Brittany Heggem-Perry and others, University of Illinois, Urbana
Bromethalin is a central nervous system toxin that is used as an anticoagulant in several rodenticide products. The compound has no known antidote but as it tends to accumulate in fat, intravenous lipid emulsions have been used in attempts to treat toxicity cases. The authors describe a case in a four-year-old spayed female Pit Bull terrier which was seen to eat rodenticide. Samples of serum taken one hour before and one hour after completion of intravenous lipid emulsion therapy showed a 75% reduction in bromethalin levels. This appears to be the first reported case of successful treatment of bromethalin toxicity in a dog using this method.


Review of exertional heat illness syndrome in thoroughbred racehorses
Margaret Brownlow and others, Barkers Lodge Road, Picton, New South Wales
Metabolic heat produced by racehorses during races can elevate core body temperature by up to 1°C. Exercise-induced heat stress syndrome in Australian racehorses has been described and labelled exertional heat illness (EHI). Its clinical signs include endotoxaemia and increasing central nervous system dysfunction. The authors describe the current knowledge of the aetiology and treatment of this condition. Standard treatment relies on rapid and effective cooling, sedation, non-steroidal anti-inflammatory drugs to ameliorate the effects of endotoxaemia, and glucocorticoids to stabilise cell membranes and reduce the effects of inflammation on the central nervous system.


Treatment of a perforating thoracic bite with negative pressure wound therapy
Mirja Noiff and others, Ludwig-Maximilians University, Munich, Germany
A four-year-old male Dachshund presented five days after being attacked and bitten by another dog. It had been treated with intravenous marbofloxacain but was anorectic and developed a fever two days after the incident.

Surgical resection of the damaged portion of the thoracic wall was carried out and the defect stabilised with a polypropylene mesh implant inserted along with negative pressure wound therapy. Microbial culture revealed a multidrug resistant Staphylococcus pseudintermedius. The therapy was changed two, five and seven days after surgery and the dog made an uneventful recovery.

Journal of the American Veterinary Medical Association 249 (7): 794-800.

Temporary rectal stenting in the management of severe perineal wounds
Owen Skinner and others, University of Florida, Gainesville
Perineal wounds in dogs are surgically challenging due to the limited availability of skin for closure and the risks of faecal contamination of the wound site. The authors describe a technique involving temporary rectal stenting in two dogs following severe perineal debridement. The wounds were managed with surgical debridement and wet-to-dry honey dressings prior to caudectomy and negative pressure wound therapy. The long-term outcome was deemed excellent and so temporary rectal stenting may be a useful technique for faecal diversion to facilitate resolution of complex perineal injuries involving rectal perforation.

PHARYNGEAL STICK INJURIES: A SURGICAL EMERGENCY

PHARYNGEAL STICK INJURIES IN DOGS are true emergencies and can be fatal, but differentiating between potentially life-threatening wounds and those which are less serious can be a challenge.

Paul Aldridge, in a recent session organised by The Webinar Vet, looked at how to overcome these challenges using a prompt, thorough and aggressive approach to diagnose and manage these cases in order to obtain the best possible outcome for the patient.

The first challenge faced by many first opinion practitioners is to ascertain whether the presenting patient has suffered an acute pharyngeal stick injury where an owner has not witnessed the actual event.

The signalment of a patient can be useful under these circumstances as studies have shown that most pharyngeal stick injuries are seen in younger larger breed dogs, and rarely seen in miniature breeds.

A number of presenting clinical signs can also raise suspicion of a pharyngeal stick injury and include dyspnoea, cervical or pharyngeal swelling, cervical pain on flexion and palpation, anorexia, dysphagia, gagging, and salivation which is often blood-tinged.

The presence of cervical subcutaneous emphysema is another potentially serious finding and should always ring alarm bells that there has been significant pharyngeal damage with prompt surgical exploration always being necessary. Whether a pharyngeal stick injury has been witnessed by the owner or whether the underlying cause remains a mystery, some patients will present collapsed due to their injury and Paul advised that, as with any collapsed patient, a major body assessment needs to be performed so any immediate life-threatening issues can be treated and the patient stabilised prior to any further examination.

Dyspnoea is one of the more common complications secondary to pharyngeal/laryngeal injury and oxygen needs to be administered to support these patients. A tracheostomy may also need to be performed where necessary. Hypoperfusion is another possible complication, and intravenous boluses of fluids need to be administered to resolve any perfusion deficits.

Paul said that once a patient has been stabilised, an urgent assessment of the injuries has to be made under general anaesthesia. The risk of delaying this assessment is high and if left too long could result in the patient developing mediastinitis and pneumomediastinum, which are both potentially fatal.

It is imperative these patients are assessed as quickly as possible, as the consequences of “let’s wait and see” could be dire even in those patients which appear bright and well on presentation.

Once anaesthetised, the oral cavity and pharynx of the patient should be thoroughly examined. The tongue should be carefully inspected, the tonsils should be checked including the tonsillar crypts, and the oral palatal surfaces should also be examined along with the pharyngeal and peri-pharyngeal mucosa.

Paul explained that the position of any wounds found helps to indicate the trajectory of the stick and the potential seriousness of the injury. For example, wounds found in the caudal hard palate indicate a rostral pharyngeal trajectory, whereas wounds found in the soft palate indicate a dorsal pharyngeal trajectory.

It is this dorsal trajectory which causes greatest concern as sticks can pass through the soft palate into the dorsal pharynx and from there move distally, causing injury to the oesophagus.

Other, often less serious trajectories include sublingual and – the most common – lateral pharyngeal injuries. Paul also advised that when one wound is found, it is imperative to look for further injuries as often the offending stick will have penetrated far deeper than the original superficial wound.

Radiography of the head and neck is another vital component of the diagnostic process. Cervical emphysema presents as gas lucencies within the neck which are outside of the trachea and oesophagus and its presence indicates significant damage to the pharynx and/or the oesophagus. These cases must be surgically explored using a cervical approach either in practice or at a referral centre.

Thoracic x-rays may also reveal gas extending down the fascial planes of the neck as well as a pneumomediastinum. There may also be improved contrast within the mediastinum allowing for easier identification of vessels and tracheal rings.

These findings, whether together or in isolation, indicate significant and potentially life-threatening damage and these cases must be surgically explored or referred immediately.

Endoscopy can sometimes be useful to image the oesophageal lumen, but oesophageal tears can often be difficult to appreciate using this technique and advanced imaging is more relevant for chronic rather than acute cases of pharyngeal stick injury.

Treatment

**Intra-oral approach**

The intra-oral approach is usually suitable for sublingual, rostral pharyngeal and lateral pharyngeal injuries where there is no evidence of cervical emphysema or oesophageal puncture wounds.

The aim of this approach is to probe and explore any wounds via the mouth and to remove any foreign material, thereby reducing the chance of wound contamination.

Wounds should also be cleaned by packing the back of the dog’s throat and flushing any puncture wounds using a dog’s urinary catheter. Paul said he would usually leave all wounds open to prevent the sealing in of infection and would also use prophylactic antibiotics to reduce the chances of infection developing.

**Cervical approach**

The cervical approach is appropriate where there is evidence of dorsal pharyngeal injuries, cervical emphysema and/or evidence pointing towards oesophageal rupture.

Firstly, if on oral examination a wound is found in the soft palate, it is imperative to lift the soft palate and look behind it for any dorsal pharyngeal injuries. If present, there is enough evidence to indicate a pharyngeal stick injury with a dorsal trajectory and cervical exploratory surgery is necessary.

If the cervical approach is warranted for any of the reasons stated above, Paul advised either referring to a centre that has the expertise to perform the procedure or moving straight to surgery in-house depending on the confidence, knowledge and experience of the attending vet.

When performing the cervical approach, the patient should be placed in dorsal recumbency with a sandbag underneath its neck. The dog should be given a wide clip and a midline incision made.}

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**Paul Aldridge, BVSc, CertSAS, MRCVS, RCVS Advanced Practitioner Small Animal Surgery, graduated from Liverpool in 1995 and after a short spell in mixed practice moved to a surgical role in a small animal hospital in Manchester where he obtained his RCVS Certificate. He is currently at Vets Now Referral Hospital in Manchester. Widely involved in delivering CPD, Paul has lectured to vets and nurses in the UK, Europe and the USA, and has authored and contributed to text books. His clinical interests include all aspects of traumatology, acute abdominal surgery and cruciate disease.**

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**Jayne Laycock**

*report on her “pick of the month” CPD webinar in which Paul Aldridge discussed how to overcome the challenges posed by these potentially fatal injuries*
incision should be made from the criocid to two-thirds of the way down to the manubrium. The midline should then be identified through the incision line and the sternohyoid muscles separated where the trachea can be identified and moved to the right. The traumatised area should be flushed and any puncture wounds are best assessed by probing the pharynx and oesophagus using forceps, oesophageal stethoscopes and/or oesophageal tubes. Any tears in the oesophagus can be repaired by initially debrising the wound and then performing a two-layer closure using simple interrupted sutures where the knots of the sutures placed within the mucosa and sub mucosa are placed within the lumen of the oesophagus. The healing of this wound can be augmented using the sternohyoid muscle to increase blood supply and nutrition.

Post-operative considerations

Patients which have undergone oesophageal surgery should have nil by mouth for at least seven days in order to protect the oesophagus and aid in its healing. For this reason Paul likes to place a gastrostomy tube using the limited approach in the left flank in order to avoid any further trauma to the oesophagus, and this procedure was described in detail within the webinar.

Consideration also needs to be given to providing analgesia, antibiotics, intravenous fluid therapy and ensuring the provision of either passive or active drains to aid in wound drainage.

Summary

Paul advised that it’s not uncommon to encounter pharyngeal stick injuries and when presented they should all be considered life-threatening until proven otherwise.

The presence of cervical emphysema and/or pneumomediastinum are all indications for rapid surgical exploration or referral and most importantly we must never wait and see with these cases even if patients present looking bright and apparently normal.

Given the potential seriousness of pharyngeal stick injuries in dogs, this webinar explains how to approach these cases promptly and aggressively so as to achieve the best outcome for our patients. Of course, prevention is always better than cure and Paul’s final words of wisdom delivered within this webinar were to always educate clients about the dangers of throwing sticks, and perhaps encourage them to purchase and throw a frisbee instead!

**Take no risks** with ophthalmic disease or injuries

**SPOTTING AN OPHTHALMIC EMERGENCY** is easy; any pet coming into the practice with any signs that are non-responsive, red, painful, discharging or otherwise abnormal should be viewed as needing immediate assessment and treatment, VN’s were told at VetSouth in 2017 in February.

Pip Boydell, a neuro-ophthalmologist at the Animal Medical Centre referral centre in Manchester, warned the nurses to take no risks when dealing with such emergencies.

“In some clinical disciplines you can often put right any mistakes that you make in your early management of a case, but where the eyes are concerned you may not get a second chance,” he said.

VN’s may not be allowed to diagnose or treat ophthalmic emergencies, but they can have a pivotal role in determining whether an animal receives the treatment it needs – and in good time, he suggested.

As revealed by a range of slides from his casebook, the extent of the visible changes in the eyes due to disease or trauma can have little relationship with their potential consequences for the organ’s function. So it is highly unlikely that pet owners will have a clear understanding of the urgency with which they should seek treatment, he said.

So it is important for nurses to answer in the affirmative if called by a client and asked if they should bring in the pet for an ophthalmic consultation and to encourage owners to attend should they change their minds after having called for an ophthalmic appointment.

“The classic scenario is a new puppy that gets on the wrong side of a resident cat and gets a swipe. The owners comfort the puppy, it eventually calms down and they make a mental note to have the eyes checked over later.

“What they don’t know is that the scratch can set off an inflammatory pathway leading to uveitis and secondary glaucoma. Those changes may not be obvious for maybe 10 days by which time the puppy is glaucomatous and blind and there is nothing we can do about it. We must get about 20 cases like that every year at our clinic.”

Clients should be encouraged to seek early treatment even for conditions that would not normally be viewed as an emergency – and for which the owner may have even had some prior warning could occur.

“Luxated lenses, for example, is an inherited condition and in time it is likely that it will develop in both eyes. Unfortunately, I am often sent cases in which it’s the second eye that needs treatment – it’s already too late for the first.”

But even when an ophthalmology case is seen by a clinician there is still no guarantee that it will always receive the right treatment.

Dr Boydell noted that few first opinion practitioners have the experience and equipment needed to make a full examination of the back of the eye.

“When an animal appears with a painful, inflamed eye, there is a temptation to regard it as a straightforward conjunctivitis case and treat accordingly. But many conditions can involve the retina and other structures deep within the eye and so I would encourage inexperienced clinicians to ask a colleague in the practice or outside to have a look.”

Whatever condition is diagnosed, the clinical staff should be ready to provide immediate treatment to relieve pain and attempt to control any degenerative changes.

**Melting ulcers**

In cases of “melting ulcers”, the corneal damage can progress at a startlingly fast rate. The condition may be treated by blocking the production of the collagenase enzymes produced by the damaged cells or by *Pseudomonas* bacteria with anti-collagenase agents such as EDTA, acetylcysteine, heparin or autologous serum.

Dr Boydell encouraged all practitioners to have the drops ready to dilate the pupil, prevent the development of uveitis and help in providing relief from pain. Dr Boydell received responses from his audience on their approach to dealing with a range of different ocular conditions, including the worst-case scenario of an animal presenting in the middle of the night belonging to their own mother-in-law.

He showed that the apparent severity of traumatic injury might be unrelated to the urgency needed in the response. In many cases, when an animal is presented out-of-hours the best option may be appropriate intensive medication rather than attempting surgery.

He also warned that there is no point in carrying out an intricate surgical procedure when there is no chance that the animal will retain any vision in the affected eye.

**Emergencies: how do you manage?**

**Emily Taylor, BVM&B, MRCVS, recruit4vets consultant, on how to be a hero in the heat of the moment**

**DO YOU REMEMBER your first night on call? A mixture of anticipation and dread at the bottom of your stomach, or excitement and exhilaration at the prospect of finally doing some of the real life-saving stuff? You’ve got all your ECC notes stacked by your bedside and keep checking your phone hasn’t somehow mysteriously lost signal, or turned itself on silent. What advice would you give your new graduate self? As vets we’re high achievers and hate to see animals in distress, so it’s natural that when faced with an animal with a problem, we want to fix it ASAP – and the urge becomes even stronger when faced with an emergency. To dive in and unblock that blocked bladder, dress the RTA dog’s horrible wounds, diagnose the fracture type in the puppy’s hind limb and get straight to diagnostics with the dyspnoeic cat.

Only the blocked cat is azotaemic and hyperkalaemic and might go into ARF or cardiac arrest with the anaesthetic. The dog with the wounds is actually compensating for a significant haemorrhage. The fracture puppy’s glucose is 2.0 and falling. And the dyspnoeic cat’s biggest risk in that moment is stress of handling and acute decompensation.

I learnt that in some cases, being the hero actually involves analgesia and prior stabilisation, taking the time to search for potential more hidden threats and minimising the stress of the patient. Looking further than the obvious problem, sometimes the more hidden threats can actually be the most dangerous.

Dealing with emergencies in practice can be daunting, especially for the new graduate. If you’ve taken the time to reflect, why not share your experiences with a colleague? It might just help make their next emergency that little more manageable.
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Is there a need for ‘kinder farming’?

**THE LATEST CAMPAIGN BY THE SOIL ASSOCIATION**

has generated a strong response.

The chairman of RUMA (Responsible Use of Medicines in Agriculture), Gwyn Jones, issued a statement that he had been taken aback, not just by the incorrect statements and lack of knowledge of industry progress in the campaign messages, but that the antibiotic resistance issue could be used as a vehicle to promote philosophical, commercial or fundraising objectives.

His ire has been raised by the campaign: now is the time for “kinder farming” – our health depends on it.

The overarching aim of the Soil Association is stated as: all farm animals to feel the sun on their backs, for cattle to graze grass, for pigs to make nests of straw to give birth and for chickens to bathe in the dust outside and peck at insects and worms on grass fields.

**Medicines ‘no longer work’**

The campaign states that people are dying all over the world because medicines no longer work. Antimicrobial resistance is a threat that requires urgent development and action by governments and society as a whole. It threatens the achievements of modern medicine. Common infections and minor injuries that have been treatable for decades may once again kill millions.

The appeal to supporters is: “We have played a crucial part in getting this far. The level of agreement is now so high. The level of agreement is now so broad and diverse, delivering healthy, affordable food while meeting high welfare standards. It is interesting that the campaign also indicates that controlling disease by better facilities, hygiene, etc., makes “intensive indoor systems more sterile – without making improvements to animal welfare”.

So, freedom from sickness is not enough. Intensive livestock farmers and the drug industry are still in denial about how to solve the problem. They claim that how we keep, treat and feed farm animals has nothing to do with how often they get sick and how many antibiotics they need. This is wrong.”

Trying to unpick the points made needs some careful consideration. Maybe it hinges on what is meant by getting sick. In human terms, getting sick possibly often relates to an infection. There is genuine concern that prescribing antibiotics for virus infections in humans can contribute to transferable bacterial resistance.

It is probably true that the livestock industry is unsure of the benefits of simply reducing antibiotic use without understanding the consequences for animal welfare. Maybe the campaigners believe that modern farming has to rely on antibiotics to overcome deficiencies in animal management.

It is likely that many veterinary practices have farmer clients who have inadequate facilities and management approaches, but the general understanding would appear to be that healthy animals are more productive and that money is well spent on preventing disease.

It is interesting that the campaign indicates that controlling disease by better facilities, hygiene, etc., makes “intensive indoor systems more sterile – without making improvements to animal welfare”. So, freedom from sickness is not enough.

**Inadequate action**

It is considered inadequate to only prevent disease and reduce antibiotic use because this doesn’t match the overarching aim. Gwyn Jones added: “While some campaign groups have fixed views on how farming should operate, they need to recognise that livestock farming in the UK is broad and diverse, delivering healthy, affordable food while meeting high welfare standards.

“Attacking farming systems under the guise of campaigning to reduce antibiotics could lead to unintended consequences, such as the replacement of high quality and safe British food with cheaper imports.”

Under the banner of ‘We Need to Change the System’, the Soil Association’s campaign continues: “As organic farmers we know that our chickens, sheep, pigs and cows lead healthy lives, rarely get sick and hardly need treating with antibiotics. For example, under organic standards a piglet stays with its mother for at least 40 days.

“We never give routine antibiotics to piglets when they are weaned. But if piglets are removed from their mum when they are as young as 21 days old, this causes stress and they frequently get diarrhoea. This happens on most industrial pig farms and routine treatment with antibiotics is usually unavoidable.”

Maybe pig vets would like to comment on the sales of antibiotics for weaners. With the ongoing data collection on prescribing, this is the sort of information that could be made widely available so that usage comments can be accurately supported.

The desired outcome for the campaign is clearly indicated. “By funding more campaigning, together we can change the lives of millions of farm animals for the better. Your ongoing support prevents many animals from living a miserable, cramped existence in a factory farm. “A donation will mean that together we can prevent a human health disaster and continue to improve the lives of millions of farm animals. We need your help so we can ramp up our work with all farmers, not just organic ones, to make this vision a reality.”

There is a programme of development to achieve “higher animal welfare”. A donation of £10 could bring farmers to a round-table discussion on practical steps to cut antibiotic use; £20 could fund a briefing to MPs and SMPs on how good animal husbandry can massively reduce antibiotic use; £30 could fund work to ensure the Department of Health demands reductions in antibiotic use in farming that match cuts in human medicine.

**Little veterinary reference**

In all the many words making up the campaign, there does not appear to be much reference to veterinary surgeon involvement in antibiotic use, despite the need for a veterinary prescription and examination of livestock.

Within veterinary meetings, the topic of antimicrobial resistance occurs repeatedly, together with discussions about the means of transferring good intentions into actions at farm level. It does appear that the Soil Association and the veterinary profession have a matched awareness about the benefits from reduced antibiotic use.

It is to be hoped that the Kinder Farming campaign is successful in attracting donations and that veterinary practices are funded, from this fund, to have round-table discussions with farmer clients.

Local Members of Parliament and representatives from the Department of Health could be invited, with the objective of increasing understanding of the real issues and ways forward.

**From the website soilassociation.org: Our Health Depends On Kinder Farming**

Farm antibiotic use needs to be cut significantly, but we need your help to make sure that this is achieved through kinder farming methods which improve the health and welfare of farm animals.

Pledge to tackle the antibiotic resistance crisis.

**SALLY Dixon has been appointed farm animal practice development manager for the Willows Veterinary Group with the aim of “helping farmers build a more sustainable future”.**

The group’s farm veterinary team has more than doubled in recent years to 24 at seven sites across Cheshire and North Wales.

In the last two years the group has merged with Charter Veterinary Surgeons based in Cheshire and Staffordshire, and the Cheshire-based Manor Court Veterinary Surgery in Tarvin and Hampton Veterinary Centre in Malpas, which all provide farm animal services.

Sally’s role is thought to be the first of its kind in farm animal veterinary practice in the UK and she is based at the group’s main farm office in Hartford, Cheshire.
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Getting on with the job of eradicating BVD

THE BCVA PRESIDENT, ANDREW COBNER, had just completed a five-hour cycle ride with the Falmouth Wheelers when we sat down at 4pm to talk about various issues.

Andrew explained that he uses some 500 calories per hour on the bike and needed to refuel with fish pie, scones, jam, cream and coffee in the Pandora Inn at Restrouquet Creek, Cornwall.

Before becoming president, he had not been on a bike since he was a teenager and soon he will be travelling from Land’s End to John O’Groats in 15 days, thus the training, donning of lyca and support from the Wheelers.

Learning to ride a bike to achieve up to 80 miles a day is one aspect; learning to ride as a pack without endangering yourself, or others, is a further skill.

The project for the BCVA, in its 50th year, is to raise £50,000 for the charity Send A Car. The initial group sets off on 7th May. Past presidents are joining in, for some for the whole trip, some for one leg and some offering other support.

One or two are said to be cleaning off the rust from their bikes, unused for years, in order to cover a few miles until wind and limb call enough. There seems to be considerable emphasis on coffee and cake as practices will be visited along the route for refreshment stops.

The organisation is well in hand, the route is planned and everyone is invited to participate. Veterinary practices are requested to arrange an event to contribute £500. Rugby shirts from the Six Nations are being sought and together with a Lions shirt, to be signed by the team in New Zealand, auctioned.

Individuals with personal contacts are working hard to make a success of the venture. It is rumoured that the CVO will be starting and may complete the venture. It is rumoured that the BCVA bike ride itinerary

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From Brexit to tack fit and strangles: plenty to discuss at national forum

THE CENTRAL EQUINE DATABASE should be fully operational by this summer, Stewart Everett, chief executive of the Equine Register, told the National Equine Forum in London last month.

Its primary purpose is food chain safety and secondarily disease management and welfare, he said.

Introduction of a free public chip checker is intended to encourage public involvement and promote compliance while an animal ID veterinary app will help with traceability and legal compliance. The digital biometric passport system is expected to link passport issuing office, owner and vet, with the location of the horse, as well as that of the owner, a key requirement for welfare and disease prevention.

Lord Gardiner, Parliamentary Under-Secretary of State at DEFRA, highlighted the importance of the equestrian sector’s role in the UK’s national and rural economies with its contribution of £8 billion a year.

He announced that DEFRA would soon be launching a consultation on proposals for the new Domestic Regulation on Equine ID, in which views would be invited on the need to microchip older horses and how best to implement the new ID regulation and improve the enforcement regime.

‘It is to make it easier for enforcement bodies to take action against the very small minority who deliberately flout the law and who threaten the integrity and reputation of an otherwise first-class sector’.

Effects of Brexit

The Forum’s panel discussion debated the potential effects that exit from the EU may have on the horse industry.

Roly Owens, chief executive of World Horse Welfare, chaired the panel, which comprised Graeme Cooke (deputy CVO for the UK), Simon Cooper (operations officer at Weatherbys GSB), Nikki Newcombe (who chairs the BETA and is managing director of Bliss London) and Clare Salmon (chief executive of the British Equestrian Federation).

The panel discussed Brexit’s potential impact on trade, identification, biosecurity and competition travel. The consensus was that the UK should play its strengths: the UK’s thoroughbred industry is currently Europe’s biggest market, favourable exchange rates bring export advantages and the UK is setting a gold standard with the Central Equine Database.

The panel urged all stakeholder groups from government to horse owners to pull together to support compliance and enforcement. The conclusion was that EU exit has to be regarded as an opportunity for the equine sector and that the sector needed to work together in speaking to government about its priorities.

Positive changes

Ross Hamilton, corporate affairs manager at the British Horseracing Authority, reported that the government had listened to this sector and that positive changes were imminent. The Horserace Betting Levy replacement will commence in April 2017, capturing a return from all betting activity on the sport, including the significant growth in online betting. Critical funding for veterinary research, disease surveillance and protection of rare breeds would continue under the new system.

Impact of tack fit

A three-part session on the impact of tack fit commenced with Dr Sue Dyson of the Animal Health Trust explaining that the use of an ill-fitting saddle can have both short-term and long-term implications for the horse and can affect the long-term muscle development.

In addition, a saddle that does not fit the rider may impair his or her ability to ride in balance with the horse and influence the forces transmitted to the horse’s back. She emphasised the importance of regular use of a qualified saddle fitter.

Neil Townsend, a European specialist in equine dentistry at Three Counties Equine Hospital, provided insight into the anatomy of the equine head and the many different areas that can be influenced by tack.

Dr Caroline Benoist went on to explain the implications of bitting for the welfare and comfort of the horse. Dr Benoist and Dr Dyson both agreed that everyone must work together to increase the availability of scientific research as in so many areas there is a real lack of evidence.

Health network

Dr Tim Parkin, clinical director of the Weipers Centre Equine Hospital at the Glasgow veterinary school, presented the memorial lecture on the launch of the Thoroughbred Health Network as a UK-wide initiative. Its mission is to optimise the health of the racehorse and other equines predominantly by translating and sharing research and disseminating tips and advice on injury and disease.

Survey on strangles

In a session on biosecurity and healthier horses, Andrea Vilela, education and campaigns manager at Redwings Horse Sanctuary, released the results of the charity’s “Strangles Survey”, developed in collaboration with the University of Liverpool.

Over 90% of survey respondents believed strangles should be more of a priority in the UK and the charity’s “Stamp out strangles” campaign intends to increase owner awareness and improve biosecurity and reduce the incidence of the disease among the UK horse population.

Professor Josh Slater continued with the theme of biosecurity, presenting an infectious disease case study and explaining the importance of following a practical outbreak control plan including rigorous quarantine, segregation and isolation protocols.

The take-home message was that horse owners and yards should work with their vets to formulate and implement a disease control plan and that those unfortunate enough to have disease outbreaks should be supported, not demonised.

A summary of some of the NEF presentations can be downloaded from www.nationalequineforum.com. The 2018 Forum will be held on 8th March at the Institution of Mechanical Engineers in London.

[Photos by Craig Payne Photography: www.craigpayne.co.uk]

Equine feed conference at end of April

THE annual BETA [British Equestrian Trade Association] Feed Conference takes place on 27th April at Solihull Village Hotel.

Presentations will include: Karen Pratt and Keith Millar of the Food Standards Agency looking at legislative changes and the impact of Brexit on feed regulations; Professor Andy Durham of Liphook Equine Hospital providing an update on endocrinopathic laminitis and the work of the Equine Endocrinology Group; and solicitor Jonathan Pheasant, of Burges Salmon, highlighting terms and conditions and anti-doping risks. There will also be speakers focusing on the challenges of export and giving guidance on claims and labelling.

Fee for BETA members is £92 (plus VAT); non-members £140 (plus VAT). To book, contact Tina Hustler on 01937 587062 or tinah@beta-int.com.
Emerging threats in equine parasite control

ANTHELMINTIC DRUGS HAVE BEEN USED EXTENSIVELY in the horse over the past 40 years. During this time their widespread use has led to the development of anthelmintic resistance, particularly in cyathostomin populations.

With no new anthelmintic compounds on the horizon, the responsible and strategic use of those compounds currently available is imperative to maintain their effectiveness.

There are three groups of anthelmintic drugs available to treat endoparasites in the horse: benzimidazoles, such as fenbendazole, tetrahydropyrimidines, such as pyrantel, and the macrocyclic lactones, which include moxidectin and ivermectin.

Resistance occurs when parasites develop adaptations that evade the action of that particular drug. When these adaptations confer an evolutionary advantage, the prevalence of the resistant gene will increase.

There are many factors that increase the selection pressure for resistant worm, such as treatment frequency, the proportion of the population exposed to the treatment, exposure to sub-lethal doses when drugs are under-dosed and husbandry practices.

Highest prevalence

While horses are exposed to several nematode species, the cyathostomin are by far the most prevalent (Relf et al, 2013). There are over 50 species of cyathostomin that infect the horse.

Third stage larvae (L3) are ingested from the pasture by the horse and these penetrate the wall of the large intestine. Within the wall of the large intestine the larvae develop further and emerge to form adult worms within the intestinal tract.

In some situations the L3 arrest their development or hypobiose, encysted within the wall of the intestine. The precise triggers for this are unknown, although climate, worm burden and immunity have all been suggested.

Re-emergence of encysted L3 results in extensive intestinal inflammation, which can be associated with subclinical disease or severe colitis, known as larval cyathostominosis – a condition with a mortality rate of up to 50% (Love et al, 1999).

Pyrantel and ivermectin are effective against adult cyathostomins and ivermectin is also effective against the non-encysted larval stages. Moxidectin and fenbendazole, however, are the only two anthelmintics with efficacy against the encysted larval stages of cyathostomins.

Benzimidazole resistance in cyathostomin populations is widespread in the UK, with studies demonstrating resistance in 80-100% of the population (Rossano et al, 2010). There is also growing evidence that moxidectin resistance is emerging. A recent publication documented an egg re-appearance period of five weeks following moxidectin administration (Daniels and Proudman, 2016), while a reduced faecal egg count reduction test has been observed in a UK donkey population (Trawford et al, 2005).

The incorporation of faecal egg counts into herd management programmes has led to the development of strategic worming regimes for horses. By identifying and targeting treatment at horses with significant adult worm burdens, the overall use of anthelmintics has been reduced. By allowing a significant portion of the worm population to remain unexposed to the drug, or in refugia, this has reduced the pressure for the development of resistance in continued overleaf
cyathostominosis a life-threatening condition. The current practice of routinely treating all horses with moxidectin during the winter months is less than ideal. We await a reliable diagnostic test to be able to tackle this further. Throughout the rest of the year, strategic worming should be implemented, avoiding the use of moxidectin where alternative drug classes are available, to limit the selection pressure on nematode populations.

References

THE 2017 National Equine Health Survey will take place from 22nd to 29th May. First carried out by the Blue Cross and BEVA in 2010, it provides an opportunity for horse owners to give feedback about the health of their horses, ponies and donkeys so that the most common diseases and problems can be identified, prioritised and addressed.

Last year information was given on nearly 17,000 animals; the six most notable disease syndromes identified were (in order) lameness, skin diseases, laminitis, PPID, recurrent airway obstruction and back problems.

Supporters of the survey this year include the British Horse Society, Horse Trust, Redwings and the Pony Club, Zoetis and Dodson and Horrell. Details are on www.bluecross.org.uk/NEHS or e-mail NEHS@bluecross.org.uk to register.

Sports and thoughts on the racing line

DURING LAST YEAR’S OLYMPIC GAMES in Rio, technical officials were provided with televisions in our bedrooms on which we could watch any of the sports taking place.

The only drawback was that there was no commentary. It soon became clear what a minor problem this was, as even the rudimentary onscreen graphics (restricted to basic information about who was competing, their nationality and their score or time) allowed one to follow the action perfectly well.

This experience made me speculate about the value of sports commentary and just how necessary it is to our enjoyment of broadcast events. Of course, radio sport relies totally on commentary, but when we can see the action, commentators have a different role. They must be careful not to state the obvious, rather they should demonstrate the best and worst of racing telejournalism. On the one hand, John McCririck’s loud, pompous, ill-conceived self-aggrandisement and Derek Thompson’s oozing smarminess were virtually unwatchable. However, they were offset by Lord John Oaksey and Brough Scott, both of whom brought a first-hand experience of race riding as well as the high-class communication skills of the quality journalist (Oaksey wrote for many years for the Daily Telegraph, Sunday Telegraph and Horse andHound). Scott was the Sunday Times’ racing correspondent, as well as editorial director and writer for the Racing Post.

Both were top-quality broadcasters, although I felt that Scott would have been happier providing expert opinion rather than fronting the programme as he did. Later, former champion jockey John Francome contributed knowledgeably and more recently, Mick Fitzgerald has proven as good a presenter as he was a jockey. By the time Channel 4 stopped covering racing at the end of 2016, it had some impressive personnel in Nick Luck, Fitzgerald, Jim McGrath, Graham Cunningham and Gina Harding, as well as top-class race readers in Simon Holt and Richard Hoiles, so their loss of the franchise was disappointing.

So what of ITV’s new coverage? The credits don’t work, the new personnel whom they have introduced bring very little and one is left thinking that, with the exception of Fitzgerald and Hoiles, they brought all the wrong people from the old Channel 4 team.

Nevertheless, as a whole it still works. Ed Chamberlain is a fine front man, Fitzgerald goes from strength to strength and in reporting the betting, Mark Chapman, unlike McCririck, knows the difference between being a character and an oaf.

What has been particularly nice is the return of Brough Scott as an occasional pundit. Well into his seventies, his comments are still shrewd, incisive and thoughtful, a masterclass for the would-be telejournalist. So overall, last week’s coverage of the Cheltenham Festival did the great event justice, even if like the subjects of several of my bets, there is still room for improvement.
Building a culture of well-being…

What was the impetus behind creating the “Thriving in Practice” programme? It came directly from our member practices. XLVets is a collaborative group of 57 independent practices who work to support and help each other to grow. Some of the members asked us to help create a framework for ensuring good mental health and well-being through their businesses.

The RCVS BVA Mind Matters Initiative has helped to raise awareness of the need for practices to look at well-being – our members were quite shocked by the findings of the 2014 RCVS survey of the profession that showed that only 46% of vets would opt for a career as a vet again, given the choice.

That’s very sad and evidence for us that something proactive needed to be done. Being quite a large group, we felt that something needed to be done before they choose their career.

What is “Thriving in Practice” all about? It’s a mixture of support materials, information and workshops. The content was developed with a pilot group of practices to explore and hone what was needed. Member practices can then select what mix of resources works for them individually.

We’ve taken expert advice from the government’s Health and Safety Executive, organisations such as Vetlife, Mind and the New Economics Foundation, and from our own consultant, Anne-Marie Aylott from PurpleCat Coaching. There’s also an employee assistance programme for all individuals within participating practices.

The crowning glory of the programme is the ability to have a regular forum for participating practices to meet and discuss what’s worked for them. It’s been inspiring to hear what practices are doing, and they have been so open and generous with their ideas and encouragement of each other.

Every culture within a practice will be individual to that business, of course, but that’s not to say that there aren’t things that won’t work across the board. Many of the stresses and strains within practices are similar.

How has the introduction of the programme gone? Very well. It’s now in its second year: we had pilots last year which consisted of workshops for the managers and leaders within the practices.

These were aimed at educating them about mental health and giving them some materials to start to raise awareness within their teams about mental health.

They’ve whole-heartedly embraced it. This year the leadership workshops will be accompanied by team workshops. Champions – usually a leader and a team member with an interest in wellness – are driving it together. Practices are implementing systems and processes that encourage wellness as well as encouraging and freeing team members to take responsibility for their own mental health and general well-being.

Can you give an example of one such system or process? The Employee Assistance Programme with Health Assured is one component of “Thriving in Practice” that member practices can adopt. All employees have access to a support line that they can approach for all manner of queries – advice on medical, finance, employment issues, debt, anything really that affects their health and well-being. There’s also a face-to-face counselling service they can access.

So, what are practices doing to promote well-being? The individual approaches that I’ve seen are quite inspiring. Some practices are holding weekly keep fit or Pilates classes. Some are holding group events for fundraising for local charities and we’ve seen all sorts from cake sales to one practice that has just held its own Strictly Come Dancing event!

We have another practice that is training together for a 10-mile Tough Mudder event. Others have taken a more cultural approach on openness through regular well-being meetings to talk about the stresses that the team has encountered that week and share strategies for coping.

Most of the practices have taken advantage of the materials we’ve provided which include a “Five Ways to Well-being” poster that gives ideas around the themes of “Give; Be Active; Connect; Take Notice; Keep Learning.” These have been put up throughout the practice buildings along with Vetlife stickers and leaflets. They centre on the flower logo from the New Economics Foundation.

Others have used the HSE mental health assessment tool to benchmark well-being and see what needs to be done before they choose their approach. Teams have examined existing working practices and identified changes to reduce pressure and stress.

Another practice has a “Take the Stairs” approach.

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LIBBY SHERIDAN talks to Jane Simpson, people development manager at XLVets, about its “Thriving in Practice” programme and explores what practices can do to help the well-being of their staff.

Jane Simpson.
THE MARCH 2017 BUDGET – Philip Hammond’s first – will probably be remembered for two main reasons: for being the last spring Budget, at least for the time being, and for the increase in national insurance for the self-employed which was dropped within a week.

However, while it was a quieter Budget than usual there is still plenty going on that small businesses need to be aware of.

Self-employment

It is clear that the government remains determined, in the long run at least, to narrow the differences between the tax treatment of income from employment and self-employment, and to reduce the tax incentives to incorporate.

Increases in National Insurance Contributions (NICs) for the self-employed may now be off the table for the rest of this Parliament, but the Chancellor’s announcement that the dividend allowance (the amount that can be taken in dividends tax-free from a company) will be cut from £5,000 (2,000 per annum, not just director-shareholders.)

More positively for the self-employed, the abolition of Class 2 NICs, a weekly flat rate payment (£2.85 in 2017-18) also paid by the self-employed, will go ahead in April 2018.

The bad news is that those with small profits (under £8,164 pa) may need to consider switching to paying voluntary Class 3 NICs (£14.25 pw) to maintain their full State Pension entitlement – checking the state pension forecast and taking financial advice is likely to be essential.

Additionally, the government has promised to “consider whether there is a case for greater parity in parental benefits between the employed and self-employed”.

Further moves in this area are expected to come in the autumn once Matthew Taylor, chief executive of the RSA, has completed his review for the government of the wider implications of different employment practices.

Business rates

The most eagerly awaited Budget announcement for anyone with high street premises will probably have been the final word (we assume) on the business rates revaluation, which took effect in April 2017, including a further £435 million of transitional relief (in addition to the £3.6 billion announced in November).

Small businesses losing Small Business Rate Relief will see increases in their annual bills limited to the greater of £600 or the alternative transitional relief cap for small businesses each year.

Local councils in England will get funding to support £300 million of discretionary relief, to allow them to provide support to individual hard cases in their areas.

The government has also vowed to revalue more frequently in future – at least every three years. Whether more regular revaluations will reduce the overall pain remains to be seen.

Tax administration

Under pressure from small businesses, tax advisers and Parliament’s own Treasury Committee, the Chancellor announced that unincorporated businesses and landlords trading below the VAT registration threshold (currently £85,000) can have another year – until April 2019 – before they have to maintain digital records and submit quarterly updates to HMRC.

Businesses above that threshold will still have to apply the new rules from April next year.

The start dates are now as follows:

• April 2018 – businesses with profits chargeable to income tax (turnover in excess of the VAT threshold) excluding larger LLPs.
• April 2019 – businesses with profits chargeable to income tax (turnover below the VAT threshold).
• April 2019 – businesses reporting VAT.
• April 2020 – businesses chargeable to corporation tax and larger LLPs.

Don’t be lulled into a false sense of security by how far away these start dates are. This is a substantial change, especially for those businesses which currently maintain accounting records in hard copy, and even for those which use spreadsheets such as Excel.

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Notice” campaign going to encourage everyone to acknowledge the everyday nice things that are done or said to support each other. And another has implemented a de-cluttering policy to clear and refresh their workspaces – and their minds!

I think what’s instrumental to the success of each initiative is that it’s being adopted and proactively driven by the practice leaders, who recognise that they need to live and breathe it and drive it.

• Has there been anything that has worked particularly well for you?

I think that the collaboration and support between our practices has been outstanding. They’ll phone each other up and openly share ideas. We’ve got a lot of experience in this through our other programmes and we’ve been able to apply that to “Thriving in Practice”.

As I mentioned before, we have graduate development programmes for farm, equine and small animal vets, and there are cohorts of 10 recent grads from various practices that work through a two-year course together. There are clinical training modules, but also Survival Skills sessions that include training on communication skills, client relationship building and even driving skills sessions for our field vets!

The graduates tell us that the programmes have been very useful in helping to combat feelings of isolation when they’ve left the security blanket of college behind them and helped them with a forum to share those good and bad new grad experiences.

We also have trained mentors to give the graduates support, and this doesn’t just stop when the programme finishes – that access is there for our vets and team throughout their career journey. Many of those graduate programme members have been inspired to take part in the “Thriving in Practice” programme.

• Are there any tips that you can give our readers on starting a well-being programme within your own practice?

The crucial part is involving leaders and managers first. They need to create a practice culture where everyone knows well-being is important, so that teams know they can speak about wellness and mental health without judgement.

I would also say to explore what materials and support structures are out there – Vetlife has some really good stuff that practices can use – and start off simply signposting their team to where they can find them.

Having an open-door policy for people to come talk and being judged has worked very well in our membership practices. If that’s not already part of the culture and people are reluctant to do it, then I’d recommend the practice leaders just go out there and talk to people as they go about their day-to-day work.

I think leadership training is particularly important and worth investing in – some people will instinctively be great leaders, but I don’t know of anyone who hasn’t benefited in some way from further learning in this area. Finally, just incorporating the “Five Ways to Wellbeing” in the day-to-day practice life can make a huge difference.
Course on employing new graduates

SPVS will run a one-day course aimed at those seeking to employ new graduates as part of the 30th anniversary of its Lancaster Event for Final Year Students on Saturday 8th July 2017. The day, chaired by Robyn Hargreaves, will include an introduction to mentoring by Nick Steele from Zoetis, an outline of the RCVS graduate Professional Development Phase, and a session on how to recognise and protect against workplace stress. A panel of recent graduates will share their experiences and discuss whether “New Millennials” are really that different.

Delegates will be invited to join final-year students and other guests at a drinks reception and a 30th anniversary gala dinner that evening with the opportunity of meeting potential young employees. Tickets are very limited for this “in-demand” evening, SPVS says.

For more details and to register, visit www.spvs.org.uk/employing-new-grads-cpd.

All businesses will need to familiarise themselves with the requirements of Making Tax Digital, obtain appropriate software or use an agent regularly, and seek advice to ease the transition.

One other thing worth mentioning on the admin side – the government is going to extend the range of businesses that can opt to file accounts on the “cash basis” (rather than the accruals basis) to all self-employed businesses and trading partnerships with incomes below £150,000.

Once in, you’ll be able to stay in until your income goes above £300,000. Filing on the cash basis may be a bit simpler, but it has restrictions on the deductions you can claim.

You will probably want to get advice on whether it is the best option for your business before taking the plunge.

VAT

There was little in the Budget on VAT: the registration threshold for 2017-18 will rise to £85,000 and the deregistration threshold to £63,000. However, many businesses will no doubt still be adapting to the revised Flat Rate Scheme (FRS), which came into effect in April.

The FRS is intended to provide a simplified accounting scheme for small businesses. Under the scheme, an appropriate flat-rate percentage is applied to the VAT-inclusive turnover and only this VAT needs to be accounted for to HMRC. However, entitlement to input VAT recovery is restricted under the scheme.

From 1st April 2017, a higher flat-rate percentage applies for “limited cost traders” at 16.5%. Whether this applies depends on the level of expenditure incurred on goods for the purpose of the business.

The changes are aimed at the service-only businesses which have been benefiting from an effective lower VAT liability. Any business which becomes subject to the higher percentage rate may need to review whether it is beneficial to remain in the scheme.

Pensions, savings and childcare

The annual allowance for tax-free pension contributions remains at £40,000 for most people in 2017-18 (though it tapers down to £10,000 if you have an income over £150,000).

The amount of tax-relieved pension contribution that can be made by someone who has already started drawing down from their pension fund (officially the “money purchase annual allowance”) was cut from £100,000 to £40,000 in April 2017 amid concern about people getting a second round of tax relief. Additionally, from April 2017, a new pensions advice allowance will allow individuals to take up to £500 tax-free from their pension scheme up to three times (although only once per tax year) to pay for retirement financial advice.

The limit for the 0% starting rate of income tax for savings will stay at its current level of £5,000 in 2017-18. The new Lifetime ISA came in in April 2017, with a generous government top-up of 25% of the money you put in.

It’s only available to the under-40s and there are tight rules on what it can be withdrawn for. For other adults – or anyone wanting to save more flexibly – the ISA limit rises to £20,000 in April.

And, after years in the planning, the government’s Tax-Free Childcare scheme is now finally being rolled out. Under the scheme, eligible families get 20% of annual childcare costs paid for by the government up to a total of £10,000 per child per year.

It replaces the existing Childcare Vouchers scheme, which was only open to employees and which will close to new entrants in April 2018.

Other tax changes

In the fuss about National Insurance, income tax has been almost forgotten. The Chancellor re-confirmed in the Budget that the personal allowance will rise to £11,500 for 2017-18 as a step towards an allowance of £12,500 by 2020.

The higher rate threshold (i.e. the point at which the rate goes up from 20% to 40%) will rise by £2,000 to £45,000 for 2017-18 as a step towards the manifesto commitment of £50,000 by 2020.

This latter figure does not apply in Scotland. For the first time since tax powers were devolved to the Scottish Parliament, there is now a difference between the income tax rates for those resident in Scotland and those resident in the rest of the UK. This follows the Scottish government’s decision to freeze the higher rate threshold at £43,000 for non-savings and non-dividend income.

HMRC also launched its new “check employment status for tax” online tool, which workers, employers or agencies can use to check whether the intermediaries’ legislation (commonly known as IR35) applies to a particular engagement in the private or public sector.

The service can be used for current or future engagements and is aimed at determining whether a worker should pay tax through PAYE. HMRC has stated that it will stand by the results given, unless the information provided wasn’t accurate or was contrived.

Also in the pipeline, but not coming into effect immediately, are:

- Charging tax and NIC on the basic pay element of payments in lieu of notice (from April 2018).
- Charging employer NICs on other termination payments (though the first £30,000 will continue to be exempt from tax and all NICs) – from April 2018.
- Changes to rules for allocating profits to partners within a partnership for tax purposes (timing to be confirmed).

Lastly, some good news – corporation tax fell to 19% in April 2017 and is scheduled to drop to 17% in 2020.

In conclusion

Despite the NIC aftermath, all in all it was a fairly quiet Budget, with fewer new proposals than any Budget or Autumn Statement since at least 2010. Most taxpayers and tax advisers will be heaving a sigh of relief at this. The Chartered Institute of Taxation urged the Chancellor to “do less and do it better” in a report back in January – http://tinyurl.com/betterbudgets.)

However, there is more than enough already in the pipeline to keep us all busy for some time.

And if this isn’t enough for you, don’t worry – there will be another Budget in the autumn as the government moves the year’s main “fiscal event” to the pre-Christmas period. A good time for give-aways? Time will tell.
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