THE RCVS has set up a working party to consider whether new legislation to regulate the profession may be appropriate.

The Legislation Working Party was set up on the recommendation of the College’s Brexit Taskforce, which considered that in light of the UK leaving the EU, and “many remaining deficiencies in the existing legislation”, now would be a good time to review the Veterinary Surgeons Act 1966 (the VSA). The working party, expected to have its first meeting this month, will be chaired by RCVS junior vice-president Professor Stephen May and includes BVA president Gudrun Ravetz, RCVS CEO Nick Stace, RCVS registrar Eleanor Ferguson, chair of VN Council Liz Cox, RCVS treasurer and junior vice-president-elect Amanda Boag, and RCVS Council members Kate Richards and Richard Davis (a lay member).

Its remit will be “to ensure that the College’s vision for the future of veterinary legislation is given proper consideration so that it can respond to future opportunities to support a new Act; to propose a list of principles on which new legislation should be based; and to make recommendations as to whether the new legislation should be a ‘Veterinary Services Act’ providing an umbrella for allied professionals and exploring compulsory practice inspection”.

Professor May said: “The UK leaving the EU will necessitate some changes to the Veterinary Surgeons Act as it currently exists, so this feels like an opportune moment to carry out a wholesale review of the legislative basis for regulation of the veterinary profession in the UK.

“Clearly, using 50-year-old legislation to support a new Act; and to make recommendations as to whether the new legislation should be a ‘Veterinary Services Act’ providing an umbrella for allied professionals and exploring compulsory practice inspection”.

For example, under the current Act veterinary nurses still lack statutory regulation and protection of title, there is no underpinning for our CPD requirements and specialist/advanced practitioner status and the College lacks the power of entry or similar power needed for compulsory practice inspection.

“We hope that, by giving the legislation a fresh look, we can consider how it could better cover the veterinary industry as a whole and not just the rather narrow definition given in the original Act.”

The working party is to meet at least four times and will report to the RCVS Council in due course.

In the UK, veterinary nurses and the practices they work in are encouraged to use the #whatVNsdo tag in their social media and to connect with the campaign’s Facebook page. Competitions will be run to find the Best Selfie and Best Display.

In addition, a range of exhibitors will be showcasing across two full days, including a dedicated nursing stream.

With over 35 CPD lectures being able to make use of legislative changes, for allied professionals and exploring compulsory practice inspection.

The working party is to meet at least four times and will report to the RCVS Council in due course.

Charter to make significant changes to the College – for example, in terms of our disciplinary and governance arrangements – the fact is that this somewhat antiquated legislation is the basis for all we do.

For example, under the current Act veterinary nurses still lack statutory regulation and protection of title, there is no underpinning for our CPD requirements and specialist/advanced practitioner status and the College lacks the power of entry or similar power needed for compulsory practice inspection.

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Looking for the next great step forward in pain management

A LONG-ACTING PAIN KILLER
that can be offered to pet owners to safely and effectively treat their animals at home would be the next great step forward in veterinary anaesthesia, BSAVA members heard at the congress last month.

Ian Self from the University of Nottingham told colleagues at the association’s conference in Birmingham on 7th April that better products for controlling chronic pain would tackle one of the major unmet needs in small animal veterinary practice.

Prof. Self, a European diplomate in veterinary anaesthesia and analgesia, gave a presentation on the history of his clinical specialism in one of a series of lectures marking the 60th anniversary of the BSAVA.

He pointed out that a look at developments in the discipline will demonstrate that “progress in science is neither linear nor inevitable” and the medical professions cannot always reflect back with pride on all the practices and attitudes adopted by previous generations of anaesthetists in human and veterinary medicine.

While it was known in ancient times that herbal-based drugs such as morphine, aspirin and cannabis are useful in controlling pain from disease, and both during and after surgery, there was a curious reluctance to use them in both people and animals.

Indeed, there was a widely-held belief before the first modern anaesthetics became available during the Victorian era that pain was a positive thing. It was beneficial in speeding up recovery and reducing the risk of further injury by restricting the patient’s ability to move around, he said.

Even after anaesthetics became routine in human surgery, leading veterinarians spoke about the need for drugs to control patients in order to facilitate their work, rather than concerns about the interests of the animal.

In case anyone believed that vets are now solely focused on patient welfare, Prof. Self noted comments published as recently as 2011 which argued that the main purpose of anaesthesia in farm animal patients was to eliminate the risk of injury to the surgeon.

However, there have been remarkable advances in anaesthesia and in controlling acute pain, starting around the time that the BSAVA was established. Halothane, the first modern inhaled anaesthetic, was introduced in 1956, allowing theatre staff to work without fear of the explosions that would sometimes occur when using ether.

There was a rapid succession of other new and increasingly safe anaesthetic agents in the years following, along with the development of reliable pre-medication agents, intravenous anaesthetics and both local and systemic analgesics, he said.

Looking forward, Prof. Self believed that some of the most important future developments will occur as a result of better delivery systems for existing products rather than innovations in the agents available.

There is also a need for better methods for assessing the efficacy of the treatments being given to veterinary patients.

“We need more developments of pain scores which have revolutionised what we do in our treatment of pain and in the welfare assessments used in animals,” he said. “Now we need more validated scales that can be used in assessing chronic pain – I run a lot of clinics for patients with chronic disease conditions and I have real problems in defining how well I am doing.”

There is also an urgent need for better methods to identify and assess pain in other species seen in veterinary practice – horses, ruminants and in exotic pets such as birds and reptiles, he said.

Veterinary anaesthesiologists should also be concentrating on developing methods to allow safer general anaesthesia. The mortality rate in canine procedures is very much lower than it was for earlier generations, he said. But the current death rate of around one in 800 cases is still much higher than in human anaesthesia, where there is a risk of fatal complications in around one in 100,000 to 200,000 cases.

Meanwhile, in horses the death rate can be as high as one case in 100.

“That is certainly something that we need to improve over the next 10 to 20 years,” he said.

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WHAT A STRANGE WORLD
WE LIVE IN. As children, we were all brought up to believe that honesty was an essential building block in formulating character and every one of us had it drilled into us that being honest, trustworthy and reliable were key attributes for growing up in the real world.

Who would choose to spend time with anyone dishonest, untrustworthy or unreliable? Yet, in the past few months, we’ve seen the phenomena of the Scottish referendum, Brexit and the US elections all conducted with vigour on a platform of misinformation and disinformation against a backdrop of fake news, concealed facts and outright denial of words spoken, even though many of them had been captured on film.

Not only have we seen it up-close and in all its dubious detail, but we’ve all, more or less cheerfully, gone along with it.

It seems that deniability is now not just acceptable but almost a requisite for future success on the public stage, but while that seems reprehensible to most of us, aren’t we all equally culpable in accepting this parlous state of affairs?

My question, and it applies just as much to me as it does to anyone else, is: “why aren’t we more sceptical?”

Even the act of thinking about this is frustrating; in the UK, we have a form of democracy which is held up as a model to those developing nations which aspire to such freedoms, but within the system are there too many limitations and obstacles for any of us to feel that we really have a voice?

It would be easy to construct a “poor me” version that laments the real lack of choice, the requirements of an electoral system designed 300 years ago for a very different nation, the incendiary nature of media coverage, the inability to verify claims and the toxic nature of much of the discussion, but whose fault is that really? Are we not able to voice our disapproval of an action, a system or an outcome?

Do we really have to tolerate a system of representation that falls short of ideal? The answer is clear and can be seen in the rise of populism around the world.

The fact that nations as diverse as Malaysia, Spain, Turkey, France, Scotland and the US all show rumbling dissent at the same time can perhaps be attributed to the power of the media and the instantaneous nature of digital news dissemination, but the fact remains that real people, all around the world, are showing dissent against “big” government and want to have a greater say in their own future.

If those who govern cannot fix the problems despite making outlandish claims that they can and will do just that, this simply panders to those who vote with their hearts rather than with their heads – as can be seen in the three political decisions instanced above. As this year unfolds, we can perhaps expect some of those decisions to unravel as reality begins to bite.

Of course, here in the UK – where we believe we were the cradle of modern democracy – we have immense freedoms, not the least being the freedom to think and say what we like and it’s not really so long ago that people were deported to the other side of the world for daring to do so. We should treasure these freedoms.

Protective cocoon
Treason and blasphemy used to be the two actions considered more reprehensible than murder, but basking in the protective cocoon of our collective civic liberty we’ve come to see even a fairly robust challenge to either of these as being some sort of human right. After all, if the media and politicians can get away with saying whatever they like, why shouldn’t we?

Almost 30 years ago Piers Morgan, while being interviewed on TV when he was editor of The Sun, explained that it was his job to sell newspapers and not to report the news. Maybe if the two coincided that would be a happy accident and, while I applauded his courage and honesty in that interview, I realised then that reporting the news is more of an art form than an accurate rendition of facts.

It would be easy to say that nothing has changed over the decades but in fact, a subtle and insidious change has taken place with the media interpreting the data before issuing their interpretation as fact.

Married to political expediency, the bias of informed interpretation leads to a significant difference between the reporting of a common incident by the BBC, CNN, Al Jazeera and Pravda to mention just a few. However, the one commonality is internet reporting which is available to everyone around the world, unless they are unfortunate enough to live in a state where internet access is controlled.

Edward Abbey wrote that “freedom begins between the ears”, but surely that must be predicated on having reliable sources of information on which to base any considered opinion which informs that freedom.

Within the veterinary profession, we have enormous freedoms allied to the shackles of professional responsibility. If a dog’s cruciate ligament is damaged, we cannot pretend that it is arbitrable just because that answer suits us better. Yet we have the enormous freedom of being able to recommend and steer the course of treatment that we prefer for this and myriad other conditions.

Our clients and their insurers, where that is applicable, operate on a level of trust that is simply no longer apparent in most other areas of life and this is a privilege that determines our collective responsibility. Yet just a glance at the veterinary press will tell us that there is trouble brewing in the relationship between first and second opinion practices and the insurers. Without doubt, there will be more of this in the months to come unless a confrontation can be headed off at the pass.

A vital component of pet ownership
Pet insurers’ penetration of the market over the last 30 years or so has not reached the dizzy heights some of us might have anticipated at a time when pet insurance was a “no-brainer” of an idea, but for those of us who have used and benefited from it, it’s a vital component in pet ownership and in the ability for a veterinary practice to be able to do what is needed for many animals in distress.

Before this problem enters the realms of politics and the politicians’ unique attitude to such issues, we need to take a measured look at the relationship between referrals and the insurer. If we do not, this issue will enter the realm of news coverage which would, I fear, cause irreparable damage to all concerned.

As Napoleon Bonaparte wrote, “Nothing is more difficult, and therefore more precious, than to be able to decide.”

Congratulations to last month’s Picapuzzle prize draw winner, randomly selected Marisa Mendonca of Dundee, for answering correctly: uterus unicorns
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WHAT I HAD INTENDED AS A SHORT COMMENT PIECE has created more feedback from vets in practice than any other.

It is now time to share a selection of the comments I’ve received. Due to space constraints I won’t recap the story so far, but if you haven’t read the March and April columns, fish a copy of the magazine out from the recycling or look it up online. I also asked SPVS, the RCVS and the BVA for comment.

The RCVS responded: I don’t think we would have any comment to give on this particular issue because whether or not a practice chooses to take part in a charity campaign is essentially a business issue and not a professional conduct issue – so don’t think it’s something we would consider lastingly partnerships with charities and animal welfare organisations that work for all involved.

In a world where there is no state-funded healthcare for pets, and veterinary practices need to be financially sustainable and well-resourced, the best partnerships between private veterinary practices and charities are two-way, helping to promote and sustain responsible animal ownership in the vet’s local community as well as offering reduced or free services to animals and their owners in need.

Comments from vets

The worst offenders are the Cats Protection. They very recently asked us to participate in a cat neutering voucher scheme where we would neuter female cats for £55! For approximately £45, once you deduct VAT, they wished me to hospitalise an animal, anaesthetise it, perform surgery, monitor it, provide analgesia, feed it, send it home with printed aftercare instructions and see it back for a follow-up check. It’s outrageous. We declined, immediately.

I wish veterinary surgeons around the UK would stand united and just say no to the charities’ demands. Either they can pay us properly to do the work or they can do it themselves!

More and more, the charities are taking work from private practices, either through free microchipping, discounted neutering, supplying their own medications or asking us to work for free. It is not a level playing field. We do not get the funding that they do.

I had a postman come from a vet employed by one of the charities. She asked to remain anonymous. I have worked for a large charity providing free veterinary care to the public on and off for almost eight years. I have helped many animals and clients in need, but in recent years I have noticed how unfair the gap is becoming between operators on the field, vets/nurses/auxiliaries/volunteers compared to the ones running the charities sitting happily in a luxury office with all the commodities, things not imaginable for a professional in private as well as in charity practices.

I have queried the [charity] once why... managers are paid high salaries when all the time... they are reporting low funds or low resources. As a result of my queries I have been suspended from work for two weeks and gifted with a disciplinary hearing. I have to consider this behaviour childish and personally made just to avoid facing criticism and questions.

I cannot agree with you more. I have had many a weird experience over the years, as have you, and I thought that your exercise was more than valid... The last encounter I had with CPL... was treating a kitten, who had to go across town for part two of his vaccine, and then across town to another surgery to be neutered, and all they [the client] wanted to do was avoid taxis and come to us. I quoted with CPL as I actively endorse early neutering, etc., who referred me to the local branch, who just kinda said that they used who they like, and I obviously did not fulfil their criteria.

Grrr. Thanks for bringing this up, but I am afraid that it will not make much difference, and as always, if it is down to us to see a Sunday night special, if we refuse we are the enemy, not them.

Great article. I totally agree. While I do not mind doing a small amount of work free of charge or at reduced cost, I do take issue with charities expecting us to do it, especially when they publicise it as promoting themselves: the Dogs Trust microchipping campaign was a prime example.

I berated the chap on the Dogs Trust stand at BSAVA Congress for their commission that they expect us to do in FOC yet did not acknowledge or thank participating vets on their promotional literature. We would have little or no customer loyalty from new clients coming for their free chip if we took part (which we didn’t), and us losing an income stream – whether we did the chipping or our clients went to a practice doing it FOC, we would not see any benefit from chipping.

As far as Cats Protection neutering, I drove past a neighbouring clinic last year. They had a massive banner across their surgery advertising cat castrates for £25 and cat spays for £35. What?!! Is this the message we want to send to the public that a cat spay is so easy and low cost, we can do it for £35 and make a profit on £29.16 ex VAT? I have no idea what they are paying vets and nurses at that practice, but it is at least 30 mins of vet nurse time by the time you’ve checked the cat, given the G/A, clipped, prepped, done the surgery, recovered it from G/A, seen it out, done post-op checks, never mind the time to clean the set, re-pack it, sterilise it, wash the towel or bed it has been on, etc.

Assuming we are paying £20/hr for a vet and £10 for a nurse, that’s £16.5 of time inc NIC, leaving £12 to cover drugs, post-op pain relief, Elizabethan collar, anaesthetic. Then running costs of the practice – rent, light, heat, computer system, phone, receptionist wages (most practices do not have a nurse answering the phone while they are doing an anaesthetic), etc. – mean the practice owner is taking a considerable loss on this, and the vet has to charge twice as much to the next patient (assuming it’s not a spay or castrate) to recoup the money.

I read several articles this morning: one in the same edition of VP from John Sheridan saying how many practices are making a loss – is it any wonder when vets are being bullied into charging ridiculously low fees for the charity work?

I loved your article in Veterinary Practice. Having just told the local RSPCA a we will not partake in their neutering campaign for exactly the reasons you cite, we wholeheartedly agree with your comments. I despair at the memorandum of understanding that the BVA agreed (I assume it was them) with Guide Dogs and the fact that every other assistance dog charity has jumped on the same bandwagon.

I found your March column mirrors my recent experience with an invite to tender for CPL work. I have always

Screaming for sweets in the supermarket – what vets think about charity work

The BVA said: Our own survey shows that the vast majority of veterinary surgeons in the UK – more than four in five – give their time at a reduced rate, while more than two in five work unpaid with animal charities and rehoming centres to treat thousands of abandoned, mistreated or injured animals each year. But this work must be sustainable for the vets involved and this requires forming lastingly partnerships with charities and animal welfare organisations that work for all involved.

GARETH CROSS concludes his series on the expectations of charities and finds a groundswell of opinion from vets who dislike or avoid the work entirely

VETERINARY PRACTICE

AS SEEN BY STEVE LONG

He’s threatening to microchip himself in protest against exploitation by the animal welfare charities...
assisted charities in the past as a way of training vets in surgery such as spays. This time I didn’t bother to reply! However, we’ve struggled to recruit vets in the last year and the vets I’ve taken on cost much more due to a national shortage. Going forward, I can only see vets’ salaries escalating which is desirable, but presents difficulties to general small animal practice with escalating overheads. I have had to increase fees significantly this year.

I simply cannot afford to pay vets and nurses a decent salary and do work which costs £/m money, when they need to be doing work where we charge reasonable fees. So your article resonates with this practice owner!

Some time ago I conducted similar research onto charity employees’ wages and almost spat my Run for Life gum all over my Ice Bucket Challenge. T-shirt in shock. All these heads of charities are simply raking it in. But as you say, the marketing teams are (shamelessly) taking salaries of £50k plus each and their job is to “recruit” people to raise money which effectively pays their wages.

Ultimately, charity is one of the biggest businesses and industries in the world yet seems to exist mostly to keep people in (charity) employment.

I am not actually sure they will “get it”; it may fly over their heads. We do not do any Dogs Trust (they are weird and freak me out a bit) or RSPCA work – they go to the cheapest locally but will not go to Vets Now and so have had us out for emergencies and wildlife. My attitude is and has always been if we are not considered worthy of your day work at normal rates then we are not doing your night work either.

The smaller charities have been coming for 27 years, since I started in [this town], I tell them that profit on turnover is 25%, then after the VAT is gone a discount of more than 10% means I am losing money. So take it or leave it.

There is a 12-vet PDSA hospital giving it away in [this city]. I am not prepared to compete with that, so I just aim the practice at a higher rung. Interestingly we have done cataracts, laminitocervices and TPLOs, etc., for their clients who have paid in cash for those services recently.

Thanks for the interesting article re charity subsiding; a few years ago at the BVVA Congress I chided the rep at the Day’s Trust about the products amount their dog neutering vouchers were worth... His reply was, “If vets are fool enough to do it for that, who are we to argue!”

Making sense

I am giving the penultimate word to SPVS, whose comment was the only one from an association that seemed to make some sort of sense of it all. Brian Faulkner, SPVS’s president, says: “SPVS entirely recognises the ‘do- we don’t we?’ dilemma practices are faced with when approached and requested for extra discount; not just from charities as per the thrust of this article, but also from the prospective client who requests up-front discount because they are ‘a breeder’ and have ‘lots of dogs’.

“The danger with dilemmas like this neutering campaign is that we feel ‘forced to comply’ due to a sense of ‘obligation’ that we should be seen, as vets, to be supporting an animal welfare initiative or that we feel ‘forced to comply’ as business owners in order to negate the immediate risk of losing – or not recruiting – clients.

“Viewing this ‘proposal to participate’ from a charity through a mindset of ‘immediacy and obligation’ is no different to giving into your child’s demands for sweets in a supermarket as a short-term solution to avoid their threats of ‘screaming if you don’t’.

“Ultimately a practice’s decision to form ‘an alliance’ with a charity by participating – or not – in a neutering campaign needs to be viewed as part of their long-term ‘strategic marketing’ plan, just as refusing to give your child sweets right now is to pursue better longer-term benefits for all concerned compared to the short-term returns of immediate gratification.

“It is crucial that British practices hold their heads up high and recognise that virtually all UK practices already discount neutering by 75% to support the very animal welfare objectives such campaigns are promoting. I.e. if a bitch spay was charged according to risk, time, professional qualifications and skill required, they would cost £800-1,000.

“Realising this helps put any sense of ‘guilt or shame’ at not being seen to be part of an animal welfare initiative into perspective. Most first opinion (small animal... which is what the article is referring to) practices already cross-subsidise welfare-oriented preventive healthcare services via their income from clinical (i.e. sick animal) work. This means that all veterinary practices need a long-term supply of sick animal patients to be sustainable. One (common) strategy to achieve this is to attract and recruit clients and patients using ‘loss-leader’ preventive healthcare, including neutering, as marketing ‘bait’. This loss-leader alliance may prove to be a very successful strategy if the practice’s long-term marketing strategy is to recruit high numbers of lower-yielding clients that this promotion usually attracts and supplies.

“Indeed, such requests for alliances may be seen as a heaven-sent opportunity and the practice may be very happy to further increase their discount on neuterings from 75% up to over 80%. Alternatively, if the practice wishes to avoid – yes, avoid! – the lower-yielding clients that this promotion usually attracts and supplies, because their strategy is to service fewer higher-yielding clients, they are probably better off politely declining the offer to participate... and yet feel psychologically comfortable that they already ‘do their bit’ for charity by virtue of the fact that they already ‘give’ 75% discount on neuterings.”

The last word, though, goes to a reader who sent this in: Dear Mr Criss, YOU LEGEND. Excellent series and eagerly awaiting part 3. [soc] MR/C/V/S

ANIMAL WELFARE AWARD WINNERS

THE Ceva Animal Welfare Awards 2017 were announced in a ceremony at the Burlington Hotel in Birmingham last month, following the most successful awards nominations process to date.

The Chris Laurence Vet of the Year Award went to Jenny Stavisky from the University of Nottingham. Jenny is a senior lecturer in shelter medicine and in addition to her teaching and research, she founded the charity Vets in the Community (ViC) in 2012 to provide free veterinary care to the pets of the homeless and vulnerably housed people in Nottingham.

The Welfare Nurse of the Year Award went to Samantha Shand from Quarrington Veterinary Surgery in Skæfeld. Every year, Samantha comes up with ideas to raise funds for charity. One of her most recent projects has been re-writing the lyrics of a popular song to highlight the importance of getting pets neutered.

Samantha also works as a volunteer fosterer and adviser for Cats Protection Skæfeld.

The Farm Animal Welfare Award went jointly to Katrine Bazeley and Graham Duncanson, both retired veterinary surgeons from Dorset and Norfolk respectively. Katrine has held a variety of roles in both veterinary practice and academia and continues to be involved in young stock research and maintains a clinical involvement with Synergy Farm Health. Graham worked at Westover Veterinary Centre in Norfolk for 40 years. He has just returned from a marathon 8,000km cycling challenge from Norfolk to Cape Town (see page 37).

The Volunteer of the Year Welfare Award went to Lesley Winton, founder of the Winton Foundation for the Welfare of Bears and Fostering Compassion. She runs both charities while also working as a driving instructor.

Charity Team of the Year went to the Dogstar Foundation which she founded in 2006. It is a registered non-profit organisation with staff and volunteers working from offices in China and other parts of the world. In the short time that ActAsia has been in existence, the small charity has introduced a variety of services recently.

“The International Cat Care Welfare Award went to Samantha Shand from Well Equine in Yorkshire.

The Volunteer of the Year Welfare Award won from Well Equine in Yorkshire.

Pei Su receiving her award from Claire Bessant (right), International Cat Care chief executive, and Mr Laurence.

“Caring for Life” programme which teaches children not just compassion for animals, but integrates the ethos into compassion and empathy for humans and the environment, making it more acceptable in schools and encouraging individuals in Asia to take action through compassionate lifestyle choices. The charity also has a “Cure with Care” programme which is raising standards in veterinary care in China.

This year also saw an additional award for GSPCA (Guernsey Society for the Prevention of Cruelty to Animals), in special recognition of the charity’s hard work in helping to raise animal welfare standards in Guernsey.

Samantha Shand receiving the Welfare Nurse of the Year Award from Mr Laurence.

Jenny Stavisky being presented with the Chris Laurence Vet of the Year Award by Chris Laurence himself.
Some of the reasons that spring to mind are: the poor economic state of much of agriculture that involves livestock (and in particular the dairy industry); the continuing long hours when most other people are working less; the relatively poor remuneration for those long hours; the greater expectations of all clients from livestock farmers to pet owners who do not want to accept someone simply “having a go” at something they’re maybe not 100% sure about; those cold, dark call-outs in winter when all one really wants to do is get a good night’s sleep; have I gone on long enough?

But yes, to repeat myself, there are still some heroic individuals who are continuing to battle away at it in their sixties (and sometimes beyond) and who seem to thrive on it.

When it comes to new graduates though, there are fewer out there who are prepared to make the kind of sacrifices that a commitment to general mixed practice requires. Not because they are afraid of hard work; those in small animal practice often work long hours and under intense pressure from increasingly demanding clients and peer scrutiny.

Having more control
But specialising in small animals – or especially (just as in the medical profession) in a particular discipline of small animal practice – gives more control over one’s working day/week and almost certainly a better sense of “being in control” in terms of the expert knowledge and skills possessed.

After all, in general mixed practice when one has to know a little about a lot, it is very easy for an intelligent client to quickly know more than us about a particular disease or condition through a careful search of the internet; something that is much more difficult for a client to pull off when confronted by an orthopaedic or ophthalmic expert, for example.

There has been talk for many years about whether genuine mixed practice has a future for some of the reasons outlined above and it is true to say that many “mixed” practices now have separate arms for large, small and equine clients with little if any cross-over of the vets who work in the different disciplines.

Still needed in some places
There are areas of the country where the mixed practitioner is still needed and where the clientele recognises and appreciates this. These are largely rural areas of course – sometimes isolated rural areas – but it also applies in less affluent areas where clients don’t necessarily have the income to purchase the most cutting-edge treatment for their animals and are happy with a more modestly priced and perhaps more “basic” service.

There has also been some postulation that one of the reasons for attracting fewer young graduates to mixed practice is the lack of potential partnership prospects with more practices “selling out” to the corporates rather than offering partnerships or succeions to the new generation following on behind.

There may be some truth in this, but one can hardly blame the owner of a practice for accepting an offer from the highest bidder in order to fund their retirement, and that highest bidder in my experience is invariably the corporate.

How they make the sums add up
I have no idea but I am a vet, not an accountant or economist, so I will leave that to the “bean counters”. Clearly they have been very successful, so there is no doubting their ability in this respect.

No real answer
What can be done to ensure that mixed practice can continue to thrive? It’s a familiar question with no real answer of any great meaning. There doesn’t appear to be any clear way forward and one suspects that more and more mixed practices will gradually become more specialised and either disappear or be assimilated into larger conglomerates that can somehow compete.

Those relatively few that remain pretty much as they are today will likely be in the more remote parts of the country – places where population density and distance are such that there is insufficient demand for more specialised services, on a day-to-day basis at least.

These practices will need to attract those graduates who, like the many graduates of the past, see being a generalist rather than a specialist as a rewarding and stimulating career path. I don’t think there will ever be a shortage of graduates willing to give it a try; the difficulty will be to persuade them to stick at it for the next 40 years.

Taking into account all the pros and cons of the genuine mixed practice, it is almost certain that there are easier ways to make a more profitable living than calving cows at four in the morning yet still needing to appear bright-eyed, bushy-tailed and knowledgeable at that first 9am consult about a sick dog.

There are some who can do it, enjoy it and thrive on it as a testament to their resourcefulness and commitment and something to be lauded indeed.
Great value CPD in May and June 2017 for Vets and Vet Nurses!

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 environment.
This course provides the underpinning knowledge to be able
to run emotional intelligence classes. Aimed at vets and vet nurses.

Francesco Cian, DVM, DipECVCP, FRCPath,
MRCVS, European Specialist in Veterinary Clinical Pathology.
Paola Monti DVM, DipACVP (Clinical Pathology), FRCPath,
MRCVS, RVCS 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 logic 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)
MANZCVS(SAM) DipECVIM-CA(Oncology),
MRCVS, RVCS 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
DipECZM (Small Mammals) MRCVS
In this course, common presentations seen in guinea pigs,
chinchillas, rats and hamsters will be discussed. Dental
disease in hysticomorphs and myomorphs, surgical approach
to mammary tumours in rats and medical treatment of
parasites are some of the topics covered. Small mammal
anaesthesia will also be reviewed. Clinical cases will be provided to help
participants understand the concepts presented. Aimed at vets and vet nurses.

8-28 May 2017: Anaesthetic Emergencies for Vet Nurses
Denise Prisk DipAVN (Surgical), VTS
(Anaesthesia & Analgesia), LTCL, LCBI, 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. Aimed at veterinary nurses.

5-25 June 2017: Veterinary Dentistry for Nurses
Rachel Perry BSc, BV&M&S, MANZCVS (Small
Animal Dentistry & Oral Surgery), Dip.EVDC,
MRCVS, European Diplomate in Veterinary Dentistry
Veterinary nurses can play a pivotal role in supporting
the oral and dental health of dogs and cats. By the end of this
course you will be able to: • Understand the normal dental
anatomy of the dog and cat and produce comprehensive
dental charts. • Understand periodontal disease and be able to make
evidence-based homecare recommendations. • Understand the principles
of intra-oral radiography. • Understand the specific anaesthetic and
analgesic considerations for dental patients. Aimed at veterinary nurses.

5-25 June 2017: Feline Medicine Update
Samantha Taylor BvetMed(Hons) CertSAM DipECVIM-CA
MRCVS European Veterinary Specialist in Internal Medicine
RCVS Recognised Specialist in Feline Medicine
Cats can be challenging to treat but fascinating and rewarding
too. This interesting and up to date course will cover key
areas of feline medicine including: infectious diseases,
respiratory medicine, urinary tract disease, gastroenterology
and oncology. Clinical cases will be presented throughout the course to
illustrate the topics and show how to apply the latest research to cases seen
in first opinion clinics. Aimed at vets.

5-25 June 2017: Diabetes in Cats and Dogs
Dr Kit Sturgess MA VetMB PhD CertVR DSAM CertVC
Advanced Practitioner in Veterinary Cardiology.
This course will cover pathophysiology and aetiology of
diabetes mellitus in cats and dogs, its diagnosis, management
and monitoring, and address the handling of diabetic
emergencies – ketoadosis, hypoglycaemia and hyperglycaemic
hyperosmolar syndrome. Case studies will be used throughout the modular
series along with a forum for discussion and final MCQ exam. Aimed at vets
and vet nurses.

5-25 June 2017: Companion Animal Behaviour
Clare Wilson MA VetMB CCAB MRCVS PGdipCABC
Clinicians can often feel out of their depth when clients
ask about behaviour problems or when they are faced with
an aggressive animal in practice This course will focus on
teaching delegates about behaviour that is primarily relevant
to the general practitioner and the veterinary nurse. It
will cover topics such as crucial preventative behavioural
advice for new puppies, kittens and rabbits, medical differentials for
behaviour problems, interpreting body language and improving welfare
during handling and hospitalisation. Aimed at vets and vet nurses.

5-25 June 2017: How to Handle End-of-Life Discussions
Caroline Hewson MVb PhD MRCVS
Euthanasia is the final common pathway of many diseases.
But what can you do when a client disputes the need for
euthanasia? And how can you more accurately judge when exactly
euthanasia is now in this animal’s best interests?
The course will give you an understanding of the different
responses to loss, and knowing how to manage the different
dependent client touchpoints during animals’ end-of-life with maximum peace of mind,
no matter the situation. Ideal for vets, vet nurses and reception staff.

5-25 June 2017: Management of Canine Atopic Dermatitis
Mark Craig BVSc CertSAD MRCVS
Canine atopic dermatitis (CAD) is one of the most common
conditions encountered by vets in small animal practice. In
this course, we will explore the pathogenesis of this complex,
challenging phenomenon, along with clinical signs, diagnosis,
and treatment. Reasons for the apparent increased incidence
of CAD, and the likelihood of developing safe, effective,
alternative therapeutic strategies in the future, will be discussed. A number
of case studies will be presented allowing delegates the opportunity to review
and test their knowledge and diagnostic skills. Aimed at vets.

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Is your glass half-full or half-empty?

Dr David Williams examines the concepts behind how we view the world around us and asks: are we discovering knowledge or constructing it ourselves?

Reference points, frame selection, and framing effects.

This tells me of an intriguing experiment where a group of students was shown a glass full of water and then asked to leave the room. The water was removed until the glass only contained half as much. The students re-entered the room and had to say if they thought the glass was half-empty or half-full. A different group was shown a glass one-quarter-full, which on their re-entry they found had been filled to the half-way mark. You can imagine the differences in what the students said. As McKenzie and Nelson note, the answer depends on the context in which the question is asked.

So then, what is reality? Does it exist out there separate and independent of us or is everything we think of as “the world out there” really just our construction of what we perceive it to be? Are you a naïve realist or more of a constructivist? Not someone keen on Meccano or Lego bricks, you understand, but rather someone who always looks at his or her surroundings with an eye to how that very looking changes things. How that very question we ask might change the answer we are given.

A positive light or negative shadow?

Does “How is little Timmy today?” frame the beginning of our consultation in a more positive light than “What is the problem with little Timmy today?”? Now there’s an interesting little study! Does posing our introductory question in the consultation as looking for a solution cast a negative shadow on our interaction with the owner? In 25-plus years of consulting, I don’t think I ever asked that question. How remiss of me!

Our students get introduced to communication skills at the very beginning of their course together with improving their animal handing expertise, but I’m not sure that question is posed – I must ask them next term.

Life today is very different from 30-odd years ago when the only animals we saw for the first two years were on their backs with their legs in the air ready to be dissected. And nobody thought to instruct us on how to talk to clients; you just picked it up while seeing practice and then taught yourself by trial and error.

Thinking about it, maybe that is the best way of getting to grips with talking to owners – one can be taught the Cambridge-Calgary model in the lecture theatre and try it out with actors in a consultation skills workshop, but it’s not until you are doing it every day that you construct your own way of interacting with people.

That is how we learnt to communicate with others in nursery and playgroup, isn’t it? That’s how we learn about the world around it – by constructing our understanding of our surroundings ourselves rather than being given that knowledge on a plate.

Indeed, radical constructivists like Ernst von Glasersfeld – whose book Radical Constructivism, A Way of Knowing and Learning I’m ploughing through at the moment (or does that very phrase show how I’m constructing my understanding of his work?) – would say that knowledge isn’t out there to be discovered; it’s in our heads being constructed as we think.

Truth be told (if there is truth to be told), my wife’s way of looking at things is very different from mine. Her construction of our family life varies widely from mine. Men are from Mars, Women are from Venus is celebrating its 25th anniversary this year I think, though my wife would probably tell you that I live in a completely different solar system, or even inhabit a parallel universe!

But my world and my world view must be very different too from that of my students and the clients who bring their animals to me. And I guess that trying to step into their shoes, as it were, might be a rather futile task – even a potentially dangerous one – if I think I can really understand their perspective fully. Maybe just realising that my world cannot be their world is better than trying to imagine myself into theirs with all the possible misunderstandings that might bring.

Six years of separation

I tell the students on their first day at St John’s that all that separates us is six years of exams and a bit of life experience – and that is what college will give them. A bit naïve you might think, as is my suggestion that their prime aim should be having a first-class life here rather than necessarily getting a first-class degree, though the two aren’t necessarily incompatible!

A big concern of mine is that students, and indeed some of my fellow staff members too, seem to have a much tougher time of it than I did at vet school. Money worries didn’t really exist with the full grant I got, given I came from a single-parent family. There seemed far less stress on working oneself into the ground to pass the hundreds of tests that seem to rear their ugly heads every few weeks now, rather than the end-of-year exams we had which could be forgotten about till a few weeks of cramming before them, or at least that’s how I remember those hallowed days now.

Or was it just that having a glass-half-full attitude even when there were problems seemed to make them much less of an issue? Indeed, life back then, and even now most of the time, I think seems neither half-full or half-empty but rather brimming over – I do hope the same is true for you!
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Something for everyone at small animal congress

LAST MONTH’S BSAVA CONGRESS, held in central Birmingham and celebrating its 60th anniversary, was a roaring success. The Baremcard Arena was transformed into a maze of lively exhibitor stands and a great array of stalls was on offer at the ICC over the course of the four days. From how to perform telephone triage to managing canine hyperalaeurnia and how to remove an anal gland, the programme offered something for everybody – veterinary surgeons, veterinary nurses, practice managers, and those interested in overarching topics such as welfare and technology. Telemedicine and new technologies were the focus of the Thursday morning press conference, which involved a hearty discussion about the development of technology use in the veterinary industry. The expert panel was chaired by Ross Allan, BSAVA public relations officer, and included David Catlow, a member of the RCVS Council, which is holding a public consultation for vets regarding technology developments. Response to the RCVS consultation will be analysed and the results used to inform recommendations towards the end of the year.

Discussion topics ranged from the usefulness of wearable technology (for animals, vets and pet owners alike) and how to best use the “big data” obtained from these, to the challenges surrounding remote consultations. It was largely agreed that the UK is “healthy scepticism” on the topic, approaching taking a cautious approach to integrating new technology and in doing so, falling behind the increasing use of telemedicine in other parts of the world.

Awards

The BSAVA awards ceremony took place on Friday afternoon to recognise excellence in small animal veterinary practice. Notable awards included:

- The Frank Beattie Travel Scholarship of £2,000 – which allows a BSAVA member to undertake a trip abroad to study a particular aspect of veterinary practice – was awarded to Dr Elise Robertson, who operates a peripatetic feline medicine and endoscopy/endosurgery referral service (canine and feline) for over 80 practices in south-east England. She also offers a quarterly referral service from hospitals based in both Singapore and Kuala Lumpur.
- The Amoroso Award, presented for outstanding contributions to small animal studies by a non-clinical member of university staff, was awarded to Sarah Baillie, who has recently led a major curriculum review at Bristol Vet School. She has a diverse portfolio of educational research including assessment, peer-assisted learning, professionalism and business skills.
- The Melton Award, presented to veterinary surgeons in general practice for meritorious contributions to the profession, went to Ross Allan of the Pets’n’Vets family in Glasgow. He has been involved with many aspects of the BSAVA, first volunteering as part of a regional committee before taking on the role of chair of the International Affairs Committee and, latterly, public relations officer.
- The Simon Award – presented to a BSAVA member for outstanding contributions in the field of veterinary surgery – went to Eithne Comerford, professor of Small Animal Surgery (and head of Musculoskeletal Biology) at the University of Liverpool.
- The Woodrow Award – presented for outstanding contributions in the field of small animal veterinary medicine – went to Dr Penny Watson, a senior lecturer in Small Animal Medicine at the Queen’s Veterinary School Hospital, Cambridge.
- The J. A. Wight Memorial Award, presented annually by the Blue Cross animal welfare charity to recognise outstanding contributions to the well-being of companion animals, went to Paula Boyden, veterinary director of Dogs Trust and who also sits on the BVA’s Policy Committee and the BSAVA’s Scientific Committee.
- The Blaine Award – presented for outstanding contributions to the advancement of small animal veterinary medicine or surgery – was given to Noel Fitzpatrick, director and chief clinician at Fitzpatrick Referrals Orthopaedics and Neurosurgery, director of the Fitzpatrick Sports Medicine and Rehabilitation Centre, Fitzbionics, and Fitzpatrick Referrals Oncology and Soft Tissue Surgery. He has developed more than 30 new techniques and is the first professor of orthopaedics at the University of Surrey School of Veterinary Medicine. He has founded The Humanimal Trust, the ONE Live music festival and the VET Festival to help fund medical research that may symbiotically benefit animals and humans.
- The Bourgelat Award, presented for outstanding international contributions to the field of small animal practice, went to Dr Edward Feldman, emeritus professor of Small Animal Internal Medicine at the University of California, Davis. He has authored more than 160 peer-reviewed scientific publications, 110 scientific abstracts, and 75 book chapters and is co-editor with Dr Ettinger of the Textbook of Veterinary Internal Medicine and co-author of Canine and Feline Endocrinology.
- The PetSavers Award – presented to the author of the best clinical research paper published in the JSAP during the 12 months ending 30th September 2016, was given to Silvia Sabattini for her paper: “Differentiating feline inflammatory bowel disease from alimentary lymphoma in duodenal endoscopic biopsies”.
- The Dunkin Award, given to the author of the “most valuable article” published in the JSAP by a small animal practitioner during the same 12 months, was presented to Daniella McCready for her two-parter: “Systematic review of the prevalence, risk factors, diagnosis and management of meniscal injury in dogs”.
- Professor Mike Willard, professor of small animal clinical science and associate editor for the Journal of Veterinary Internal Medicine, took the JSAP Achievement Award.
- Dr Heike Dorn – sole vet for five Isles of Scilly – took the new Ray Butcher Award, which recognises an individual who has made a significant contribution to animal welfare in the community.
- The Bruce Vivash Jones Veterinary Nurse Award went to Hayley Walters, part of the anaesthesia team at the Royal (Dick) in Edinburgh and who also teaches animal welfare, nursing and clinical skills to veterinary students in developing countries (she is the first veterinary nurse to sit on the BSAVA’s International Affairs Committee).

Joy and benefits of companion animals

Keynote speaker Chris Packham was welcomed to the stage by BSAVA president, Professor Susan Dawson. The naturalist has a strong stage presence; having only just hopped off a plane from the other side of the world, he spent a good proportion of his time in the spotlight talking about the joy and benefits that companion animals bring to the world.

Chris didn’t spend much time talking about his work in the conservation field as may have been expected; instead he advised the vets in the room on how best to run their practices – advice extracted principally from personal experiences with his dog’s treatment at his local veterinary surgery.

On the Friday evening, 600 or so individuals sat down to a glamorous diamond-themed dinner, with musical entertainment coming courtesy of the “Chip Shop Boys”.

The BSAVA reports that nearly 7,000 delegates were welcomed to this year’s congress, accessing more than 450 lectures and practical sessions.

Next year’s congress will follow a slightly different format, with the exhibition running for three days (rather than the usual four) and the Sunday being entirely focused on CPD.

The dinner saw around 600 delegates suiting up; Chris Packham’s keynote speech filled the auditorium.
Neutering: mistaken belief ‘scarily high’

VETERINARY SURGEONS MUST WORK WITH THE ANIMAL WELFARE CHARITIES to dispel the myth that female cats “need” to have a litter of kittens before they are spayed, according to Maggie Roberts, director of veterinary services with Cats Protection.

In an update on feline neutering issues at the VetsSouth congress in Exeter on 8th February, Dr Roberts warned that there was still a “scarily high” proportion of pet owners clinging to this mistaken belief. In one survey by colleagues at the PDCA, 49% of those who hadn’t had their pets treated had cited this as their reason.

However, the vast majority of cat owners have got the message that spaying female cats is necessary. The population of owned male and female cats now unable to add to the numbers of unwanted kittens has risen from 89 to 93% over the past five years, she said.

Without those queens having that wholly unnecessary single litter, there would not be a surplus of kittens needing rehoming. Currently, around 150,000 unwanted cats enter registered shelters each year along with unknown numbers dealt with privately by individual cat lovers and veterinary practices. These efforts cost the charities alone £340 million a year and, regrettably, 13% of these cats cannot be rehomed and have to be euthanased, she said.

Dr Roberts urged colleagues to redouble their efforts to explain the benefits of neutering to those cat owners who are still unconvinced, perhaps because they actively want their pet to conceive, they are unaware of the age that kittens reach puberty, or they assume that cats from the same litter will not attempt to mate.

These beliefs are more commonly held by those in the lower socio-economic groups and rather surprisingly by younger people in the 16 to 34 age range. “Educating young people to understand the welfare costs of unwanted pets will be a really important factor in addressing this problem,” she said.

Another crucial step would be to encourage pet owners to have their pets neutered earlier, but “there is no scientific evidence for waiting until the kitten is six months old, as is the traditional practice in this country”. Research in the US and Australia, where neutering at four months old is more common, shows there is no evidence of any detrimental effects on the pet’s physical development and while spayed cats may be prone to putting on weight, that problem can be readily controlled. Indeed, there are significant benefits in neutering earlier, as the surgery is less traumatic and the kittens recover much more quickly than adults, she said.

After complaints from some pet owners that their own vets were reluctant to operate on smaller patients, the Cat Population Control Group (an alliance of welfare charities, academics and veterinary organisations) has established a list of procedures that will neuter kittens aged four months or younger. However, she insisted that when treating kittens below about 400g in bodyweight may be a little “fiddly”, surgery is technically feasible in those patients that are only a few days old.

Surgical neutering may eventually disappear from the workload of small animal practices in the UK, Dr Roberts suggested. The Michelson Foundation, a US-based charity, has sponsored a competition with a $25 million prize for the first person or group to develop a non-surgical option for neutering both male and female dogs and cats with a single treatment. The scheme is designed to help reduce the unknown numbers of feral and free-roaming animals across the globe, but the same technique is likely to replace surgery for owned pets.

There are a number of options being considered for use in field trials, some of which have already been tested as a way of controlling numbers in wildlife species. Perhaps the most promising is a vaccine which will provide a lifelong contraceptive option by creating antibodies to gonadotrophin-releasing hormone.

Another important area of current research was to develop a reliable method for distinguishing between intact and already neutered animals, as it can be difficult to locate the small scars produced by a capable surgeon. Much effort is focused on measurements of anti-Mullerian hormone – a substance produced in both the ovaries and the Sertoli cells in the testes of adult cats. This is already a promising test for reliably identifying intact animals, but it will need to become less costly if it is to enter routine use.

“This would save us from the embarrassing situation for a welfare charity in which we re-home a female cat which we are sure had been spayed but it then goes on to have a litter of kittens,” she said.

ENDODONTIC TREATMENT IS UNKNOWN TERRITORY for most veterinary practitioners, but it is an area they should be exploring if they hope to maintain good welfare, along with the function and physical appearance of their patients’ teeth, clinicians attending VetsSouth were told.

Matthew Oxford, of the New Forest Veterinary Dental Service in Dorset, estimated that about one in three adults in the UK is likely to have undergone root canal surgery, but the number of pet animals that have received similar treatment is a tiny fraction of that figure.

“A good reason for that would be that there are only about 10 practitioners in the country regularly carrying out this form of surgery in animal patients, but he argued that many more should be acquiring the skills and equipment necessary to offer the service.

“There should be no shortage of patients as roughly 25% of dogs and 10% of cats have at least one fractured tooth. Any damage that exposes the dental pulp will allow the infiltration of bacteria from the mouth and in time this will overwhelm the animal’s immune defences, destroying the pulp tissue and leading to painful tooth root abscesses, he said.

Dr Oxford believed there were various reasons why endodontic treatment might be preferable to the current standard treatment of tooth extraction. One was the high likelihood of complications due to the physical force needed to remove teeth – for example, there was a significant risk of jaw fractures associated with the removal of mandibular canines, he said.

“Keeping teeth in the pet’s mouth will not only maintain its cosmetic appearance but will also ensure that the animal is still able to process its food effectively and provide structural support for the surrounding tissues. Tooth fractures in dogs are likely to occur when chewing on hard objects such as stones. Clients may not appreciate the risks of encouraging such behaviour by throwing them for the dog to catch. Later, they may also be unaware of the existence of a fractured tooth or the fact that it is likely to be painful, as most dogs will continue to eat normally.

Dr Oxford believed that looking for fractures should be a key part of any routine health check in veterinary practice. He reckoned that about one in 10 UK small animal clinics now have access to the specialised dental x-ray apparatus necessary to confirm the diagnosis of a tooth fracture and to assess the extent of the resulting damage.

Such lesions could be easy for a busy practitioner to ignore, but they should always be treated as “the longer you leave them the more pathology will develop and the less likely you will be to salvage something”. Moreover, tooth fractures in a young animal should be regarded as an emergency.

Neither the clinician nor the client can disregard the presence of a major bacterial infection within the dog’s mouth. He pointed out that the smell of necrotic tooth pulp is “pretty horrific”, a characteristic odour not dissimilar to that of a poorly maintained toilet.

It may be unwise for the dentist to attempt to maintain the viability of a newly fractured tooth as the failure rate in procedures on a live tooth is fairly high at around 25%. But the prospects are much better if the nerve supply is destroyed, the pulp removed and the root canal filled with biologically inert material. He suggested that 95% of the root canal procedures he has carried out have been successful, partly a result of the much simpler anatomy of the root structures seen in pet animals compared with humans.

Dr Oxford detailed the equipment, materials and processes involved in carrying out a root canal procedure in companion animal species.

Returning to the earlier lavalorial theme, he pointed out that the removal of the live and/or necrotic pulp required a combination of brushwork and a liquid solvent of organic debris such as sodium hypochlorite (bleach).

Of course, the brush-like files used to remove the pulp are much smaller in diameter than equipment used in other situations and they have to be treated with care. During questions, he acknowledged that he has had a file break within the tooth canal of a patient on a couple of occasions.

“Once, the file was near the tooth surface and it was eventually removed after half-an-hour of sweating and swearing”.

On the other occasion, a small fragment had to be left inside the root, but that is perfectly acceptable if the area has been thoroughly irrigated to remove all the organic debris, he said.
Comedian to be keynote speaker at festival

UK comedian and television personality Russell Brand has been announced as the keynote speaker at VET Festival 2017, taking place in June in Surrey, and will join Professor Noel Fitzpatrick on stage for a discussion on “Wellness and what that means to us”.

The keynote will take the form of an informal discussion between Russell and Noel, followed by a question and answer session with delegates “to provide help and insight into coping with the challenges of working life in the veterinary industry and beyond”.

Blood pressure stars sought for new video

“ARE you the star of taking blood pressure readings in cats?” asks Ceva Animal Health. “Is your practice devoted to ensuring that no feline patient suffers due to hypertension?”

The firm, which manufactures Amodip, is searching for veterinary professionals to become stars of its new video demonstrating how to detect hypertension in feline patients. It is asking vets and VNs for their top tips for taking blood pressure in cats with the information potentially being featured in the film and shared with veterinary practices across the country. Each person starring in the video will receive “feline goodies” for the practice and £50 Love2Shop vouchers.

For further information, contact your local territory manager or e-mail cevak@ceva.com.

‘Outstanding’ veterinary award winners announced

THE winners of the 2017 Petplan Veterinary Awards were announced on 6th April in a ceremony at the Town Hall in Birmingham.

The awards, now in their 18th year, celebrate the nation’s “most outstanding” vets, vet nurses, practices, practice managers and support staff who had been nominated by their colleagues and clients for continually going “the extra mile, keeping pets healthy and giving owners peace of mind”.

Vet of the Year went to Johanna Headley of Sunninghill Veterinary Centre in Ascot. Judges mentioned her ability “to create a balance between leading a practice which maintains incredibly high clinical standards along with a welcoming, caring ethos with patients at the heart of everything they do”.

Veterinary Practice Manager of the Year went to Anne Corson of Pennard Vets in Tonbridge for the leading role she has taken as an advocate for the practice’s charity work, which has seen the practice staff organise a swimming relay for a cancer charity.

Vernac Veterinary Support Staff of the Year went to Joanne Civil of 387 Veterinary Centre in Great Wyrley. Joanne was highly commended by the panel of judges for the “boundless creativity” she brings to her role – not only was she awarded “Student of the Year” in her Level 3 NVQ in Customer Service qualification, she independently created a gratitude board where individual mentions and congratulatory messages to colleagues could be posted. Now used by every member of staff at the practice, the gratitude board was a key reason for the practice’s recent win of a SPVS award.

At the same practice, Nicky Smith was named Vet Nurse of the Year for her contribution to growing the practice from one consulting room on the side of the vet’s house to a standalone practice with three consulting rooms, dog and cat wards and dedicated preparation, theatre and imaging areas. As head nurse, Nicky has been instrumental in this growth over the past 10 years.

387 Veterinary Centre was also awarded Veterinary Practice of the Year for its focus on patient care “beyond the purely clinical”. The practice recently became only the second in the UK to gain Platinum status in bereavement and end-of-life training.

Helping all creatures great and small

NOVA Laboratories will be showcasing its “vast range of personalised pet medicine for all animals, from lizards to horses”, at VetsNorth in Manchester next month.

Company representatives will be on hand “to equip vets with the right tools to help them win the battle for compliance and improve outcomes for the animals in their care”.

NOVA says it offers up to 10,000 formulations and that its anti “one size fits all” approach offers flexibility to vets when treating animals which cannot take mainstream drugs. All medication is tailor-made at the firm’s MHRA-approved facility in Leicester for the exact size and weight requirements of the animal.

Group sales and marketing manager, Karen Cole, says: “Interest in personalised medicine from the veterinary sector has grown over the last year and we’re committed to helping veterinary staff give the best care they can to animals that need it.

“It can often be difficult to treat an animal with a course of tablets and that’s where our liquid formulations come in. They can be squirited directly into the inside of the animal’s mouth, thereby improving pet compliance – many of the vets we help have experienced the benefits of personalised pet medicine first-hand.”

NOVA also offers a 24-hour turnaround on tailor-made medicines (excluding capsules, which may take up to five days).

New Bluetooth microchip scanner

AVID has launched a new version of its AVID MiniTracker range of pet microchip scanners, which features Bluetooth connectivity – meaning the number can be sent directly to a device such as a PC, smartphone or tablet, helping to reduce errors when entering microchip numbers into a veterinary practice or rescue centre computer system and thus making the information more accurate, says the firm.

For example, it says, a rescue centre or veterinary practice which offers reduced cost microchipping may find that staff are entering one microchip number after another in quick succession and mistyping the digits they enter. AVID manages the 24-hour PETTrac Database service and through its online registration services it sees errors daily. The new scanner will allow the number “to be accurately entered and save time in the process”.

This will also assist in reunification of a found pet when used in combination with the firm’s free mobile app, allowing authorised users to search instantly without having to enter the number.

New diet for nutrient-intolerant adult cats

ROYAL Canin has launched the latest addition to its Dermatology range: the new Feline Anallergenic has been specially formulated to assist in the nutritional management of adult cats with nutrient intolerance.

Veterinary professionals, says the firm, can use Anallergenic as the elimination diet of choice during their work-up of dermatosis. Nutrient intolerance can be determined by feeding the extensively hydrolysed elimination diet for six to eight weeks followed by reintroduction of the pet’s original diet. For cases where a nutrient intolerance is proven, Hypoallergenic should be used for long-term nutritional management, although some refractory cases may need to remain on Anallergenic.

The formula includes feather protein hydrolysate, starch instead of whole cereals and a combination of ingredients that help to reduce water loss through the skin and strengthen the barrier effect of the skin.

In addition to the new diet, Royal Canin is offering a range of communication tools including a leaflet with top tips and a video about nutrient intolerances to raise awareness of the condition and the importance of owners seeking veterinary advice.

Telephone service for public on poisons

THE Veterinary Poisons Information Service (VPIS) has launched a 24-hour triage service for members of the public. Animal PoisonLine will complement its existing service for vets and will enable pet owners to telephone VPIS experts to check if their pet needs treatment if it has ingested or been exposed to a potential poison.

Nicola Robinson, VPIS head of service, comments: “We’ve always offered advice to vets and we felt that owners should also have access to our information. “If they are concerned that their pets have been exposed to something poisonous, they want advice, but the only option [they have had] is to go to the vet straight away or go to Google, which is often unreliable. This is a different service – it will be triage only; we won’t be offering treatment information.”

Nicola says she hopes the new phone line will soon become the first port of call for pet owners who are concerned their animal may have been exposed to a poison. The number is 01202 509000. Calls between 8am and 8pm, Monday to Friday, will cost £20. Calls outside those hours will cost £30.

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A division of Nova Bio Pharma Group
Peripheral neuropathy is one of the less common causes of fore limb lameness in horses. The condition may involve the nerve roots of the brachial plexus, the brachial plexus itself or the nerves arising from it. The authors describe the clinical features and outcomes of 27 cases. In 14 horses the predominant lesion affected the radial nerve, in 11 the suprascapular nerve and in two the axillary nerve. Treatment was primarily conservative and after an adequate period of rest, the patient in most cases returned to athletic soundness. Cases involving the radial nerve alone or in association with other nerves typically required longer recovery times than suprascapular nerve injuries.

Effect of intramuscular methadone on thermal and nociceptive thresholds in a cat

Louisa Slingsby and others, University of Bristol

Methadone is structurally related to other opium-derived analgesic agents and there is little published information on the pharmacokinetics of this drug in cats. The authors investigated its pharmacokinetics and analgesic effects when administered intramuscularly at a dose of 0.6mg/kg in cats. Thermal and mechanical threshold data and blood samples were collected up to 24 hours after administration. The results suggest that at the dose used, methadone would be expected to provide up to four hours of effective analgesia and that the target plasma concentration for the onset of analgesia lies between 40 and 124mg/ml.

Perioperative analgesic use by Canadian veterinarians

Jesse K. Hansen and others, University of Guelph, Ontario

Analgesic medication to alleviate post- surgical pain is considered crucial for the well-being and overall health of any veterinary patient. The authors investigated the use of perioperative analgesics in canine and feline patients in the Ontario area. Among the 239 veterinarians who responded, more than 60% administered analgesia pre-emptively to both species for all surgeries. The most commonly used agent was meloxicam. However, 9% of veterinarians did not use analgesia for dog ovariohysterectomy or castration procedures and 16 to 22% did not use analgesia for the same procedures in cats. They suggest that further education for veterinarians needs to focus on an understanding of the purpose of pre-emptive analgesia.

Facial expression assessments in monitoring head-related pain in horses

Johannes van Loon and Machteld van Dierendonck, Utrecht University

The ability to reliably monitor post-operative pain underpins the development of improved analgesic regimens and consequently the welfare of veterinary patients. The EQCUS FAP system is a method for identifying pain in horses based on a visual assessment of facial expression. The technique has been validated in horses with acute pain due to colic and the authors studied its potential use in evaluating head pain due to dental disease, ocular abnormalities or skull trauma. Their findings suggest that the method had good inter-observer reliability, sensitivity, specificity and both positive and negative predictive value.

Clinical features of peripheral neuropathy in the forelimb of 27 horses

Anne-Laure Emond and others, National Veterinary School, Alfort, France

Maropitant and metoclopramide in preventing morphine-induced nausea in dogs

Augusto Lorenzetti and others, Cornell University, New York State Museum of Natural History

Maropitant is commonly used to prevent nausea and vomiting in dogs undergoing surgery. The authors evaluated its efficacy in reducing nausea and vomiting in dogs undergoing ovariohysterectomy or castration. They found that maropitant was effective in reducing nausea and vomiting in dogs undergoing ovariohysterectomy or castration.

Comparison of different analgesic combinations on experimentally induced pain

Ludovica Chiavacci and others, University of California, Davis

Post-operative pain has been linked to several complications and delays in returning to normal function. The authors assessed the comparative efficacy of three intravenous analgesic infusions in reducing the response of healthy dogs which had undergone a mild to moderately painful experimental procedure. Thoracic skin incisions were stimulated with von Frey filaments, after the dogs received an infusion of either morphine, morphine- lidocaine, or morphine-lidocaine-ketamine. The results indicate that the combination of three different analgesic agents was no more effective than morphine alone.

Palliative epineuritis surgery in a dog with a malignant peripheral nerve sheath tumour

Andrew David Gibson and others, Royal Veterinary College, Hertfordshire

Malignant peripheral nerve sheath tumours originate in the axons of peripheral nerves. Depending on the location of the lesion, they may produce clinical signs of progressive lameness, muscle atrophy, motor neuron and proprioceptive defects. The authors describe a case in a four-year-old neutered male Labrador in the deep branch of the radial nerve, distal to the elbow. The clinical signs of lameness showed considerable improvement for three months following a surgical biopsy. Repeat epineuritis resulted in further improvement for another month before the signs recurred and the affected limb had to be amputated.

Safety of epidural morphine with preservative in domestic goats

Maggie Lin and others, Texas A&M University, College Station

Opioid epidurals may be given to patients receiving abdominal or limb surgery to provide prolonged post-operative analgesia and to reduce the requirement for inhalant anaesthetics with negative cardiopulmonary effects. The authors examined the safety of a morphine solution with formaldehyde and phenol preservatives when used in goats. Treated goats were sacrificed up to four weeks later and the brain and spinal cord examined, showing no signs of the neurotoxicity sometimes associated with these preservatives in humans. Hence, morphine with preservative is acceptable as an epidural agent in goats.

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Chronic pain: changing the unhappy situation

Asking to pick the next clinical discipline to emerge as a distinct veterinary specialism, there is no doubt that the management of chronic pain would be a popular choice for many practitioners. All vets know how frequently animals will enter their consulting room with a musculoskeletal, oncological or neuropathic condition that is likely to cause constant discomfort. Historically, it has to be said that such patients have received a rather disappointing standard of care, but that is not through lack of compassion or interest – it is because practitioners simply haven’t had the tools necessary to identify and assess the effects of chronic pain, or even reliable means to alleviate it. However, this unhappy situation may be changing and part of the reason for that is Louise Clark and the team at Davies Veterinary Specialists. She was one of the first veterinary surgeons in the UK to complete the MSc in managing clinical pain in humans and animals run by the University of Edinburgh.

The skills and knowledge gained through that training are helping in further advancing both the science and clinical practice of dealing with such cases in her role as head of anaesthesia at the referral practice based in Higham Gobion, Bedfordshire.

The Edinburgh qualification is run as a distance learning course, but with many opportunities to work online or directly with the other students from a range of different medical backgrounds – doctors, dentists, palliative care nurses, physiotherapists, etc.

Louise benefitted from developing an appreciation of the importance of an interdisciplinary approach to managing patients with chronic pain and soon realised that veterinary staff are not alone in struggling to deal with them.

She points out that veterinary surgeons start their careers better prepared for dealing with such patients than their NHS colleagues. A study by the interdisciplinary British Pain Society showed that a typical veterinary curriculum provides almost double the amount of time that medical students are offered to train in understanding and treating chronic pain.

Acute pain is a different matter – “I think we are pretty well on top of that,” Louise says. Most practitioners will appreciate the importance of, say, post-operative analgesia to aid recovery and there can’t be many who still cling to the view that discomfort will keep surgical patients quiet and aid recovery by discouraging them from moving around.

Louise qualified from the Glasgow veterinary school in 1997 and attained the European diploma in veterinary anaesthesia and analgesia in 2003 after working in practice and in a residency at Edinburgh. She was an anaesthetist at the Animal Health Trust before joining the DVS referral practice in 2007.

“When I was doing the diploma, I felt that the emphasis was much more on anaesthetic aspects and not enough on the pain part. I was wanting to improve my understanding of pain rather than just analgesic pharmacology, which was how I found out about the MSc.”

One of three other veterinarians to complete the Masters’ programme at that time was Fergus Coutts, who runs pain management clinics from practices in Stirling and Aberdeen. He has also developed a module for training in the management of musculoskeletal pain in small animals which he is now teaching students on that course, as well as to candidates for the MVetSci Advanced Clinical Practice programme offered by Edinburgh.

He says that an awareness of the value of postgraduate training in aiding the management of chronic pain cases is growing, and similar options will eventually become available from other institutions. However, in the meantime, the only other course currently available is the Western Veterinary Acupuncture and Chronic Pain Management general practice certificate offered by Improve International.

Dr Coutts says the training he received on the Edinburgh programme has influenced his handling of cases in practice. “That is because it is a mechanism-based approach rather than ‘this is what you do for osteoarthritis or a bad back’. There is also an emphasis on how the pain affects behaviour.

what is called the biobehavioural model of pain management. It is not just whether the animal is lame, but how that lameness makes the animal feel and how having a sore joint will affect the animal’s life.”

In January, DVS opened a new facility, the Therapy and Fitness Centre, which applies the similar theories about the need for a multidisciplinary approach to patient care.

“If you have a dog with elbow osteoarthritis, it isn’t just a matter of joint replacement surgery or drugs; there are a lot of other options in between,” Louise says. “The right approach for that particular patient may involve input from veterinary colleagues in the orthopaedics team, the hydrotherapists, physiotherapists and techniques such as acupuncture.

It is very much an individual approach for that patient, particularly those like one that we are dealing with now, which don’t tolerate NSAIDS very well.”

She acknowledges that a first opinion practice is unlikely to have this broad range of staff with different skills immediately to hand. “But we wouldn’t expect them to. What we are doing is empowering the referring practice to deal with this type of case themselves. The referring vet is an essential part of the team because they are the ones who have built up the relationship with the client that is needed to take things forward.”

Asked if she has learned anything new in the short time that the service has been operating, Louise says yes. “It is how remarkably committed clients are to their pets. Obviously, as a referral practice we are slightly different, but I’m sure that clients of a typical first opinion practice will be just as concerned about improving their pets’ quality of life.”

Indeed, she says pet owners will often understand better than their vets that chronic pain isn’t simply a medical issue. “They know their dog and if it is no longer able to jump up on the sofa where it has always slept, then they know that is really frustrating for their pet.”

Dealing with patients in chronic pain will be a task for the whole first opinion practice team, she says. “The VN’s have a vital role to play in this. The first issue in osteoarthritic patients, for example, is weight control and that is a nurse responsibility. Encouraging the owner to sort out the pet’s diet will reduce the physical stress on the animal’s joints and reduce inflammation which is linked to the cytokines produced in adipose tissue.”

Although the prospects for a pet suffering chronic pain may be brighter than they were in the past, there are still some major gaps to be filled.

Louise points towards the treatment available for feline patients. “There are many reasons why cats are more challenging. They aren’t exercised in the same way as dogs, so it is more difficult to detect any changes. They are also more subtle in the way they express their response to pain and as far as treatment goes, we don’t have as many options for licensed drugs.”

Hence, Louise is helping gather data for the ongoing project at Glasgow veterinary school which aims to develop reliable methods for assessing chronic pain in companion animals. The Glasgow pain scale – CMPSF-SF – has become the accepted method for monitoring signs of acute pain in surgical cases. But through the Venntrecca HRQL project, the team led by Andrea Nolan and Jacky Reid is now working on validating the methods needed to identify and measure chronic pain in a practice setting.

Tackling these problems is a multinational, as well as a multidisciplinary task. Louise hopes to attend the first major international conference dedicated to this field, planned in November at the US National Institutes of Health in Bethesda. It aims to draw up a road map for future research, including the methods needed to identify and measure chronic pain in a practice setting.
LEAVE THE ORTHOPAEDICS TEXTBOOK on the shelf when planning surgery to repair a limb fracture, Stuart Carmichael told one of the clinical streams at VetsSouth 2017 at Exeter in February.

The professor of small animal surgery at the University of Surrey said that a common mistake made by inexperienced surgeons was to base their repair methods on the similarities between the fracture seen on the patient’s radiograph and that in a published case.

An x-ray will only give part of the information needed to determine how to proceed with the surgery. The simple technique proposed for stabilising a good clean fracture may prove much more challenging if the limb involved is attached, for example, to an obese and elderly St Bernard, he said.

The surgeon must take account of a wide range of different factors in planning the surgery, both mechanical (such as nature of the fracture and surrounding bone) and biological (e.g. the patient’s age, breed and overall status). But he or she must also take into account their own knowledge, experiences and access to all essential equipment and the characteristics of the owner (e.g. their financial resources and ability to provide appropriate post-operative care).

“One of my pet hates is when a first opinion practice sends me a case for further surgery and they say to me: ‘The owners didn’t listen to what we told them to do. I am sorry, but that should have been part of the initial assessment and it is your problem.’

He reminded his audience that the most expensive orthopaedists procedures are those carried out when trying to put right surgery that has already gone wrong. “The client will expect you to meet the costs and so it is vital that you get it right first time.”

**Systematic assessment approach**

Prof. Carmichael described a systematic approach to assessing a canine patient that should help guide decision-making. Known as FPAS (fracture patient’s assessment score), the method is one that many first opinion clinicians may have heard of, but few understand it well enough to apply in their own practice. FPAS is a valuable aid to managing such cases, irrespective of whether vets decide to carry out the surgery themselves or refer it on. The first opinion practitioner needs to be able to outline the treatment options if the owner takes on the major commitment of seeking a referral, he pointed out.

The system involves assigning a score of 1 to 10 for a number of different mechanical, biological and clinical factors. The first of these would determine how strong the repair method would need to be and the second would affect the duration that the fixation method would need to be in place.

The clinical factors (such as the likely levels of owner compliance or the consequences of the surgery failing to achieve its objectives) will modify the decisions proposed through the weighting of all the different mechanical and biological factors, he said.

The scores in each of the three categories should be combined to give an overall score, which would shape the type of fixation method used. A poor score of less than five out of 10 would indicate a need for more complex surgery in order to achieve a stable result, while a score of seven or higher would mean the surgeon could choose the simplest option and still expect a good outcome.

“The true art of successful fracture management is applying the simplest method that will give a high chance of a good outcome and avoiding over-complication,” he said.

In the post-operative period, the quality of bone healing should be assessed on x-ray using the four A: alignment, apposition, apparatus and activity. This will show whether the treatment is working effectively and whether further intervention is needed, for example to tighten a screw that could eventually work loose.

During questions, Prof. Carmichael said that while surgeons may worry about the likelihood of post-operative problems in patients belonging to the giant breeds, those from the toy breeds could be equally challenging.

“We often underestimate the complexity of surgery in these patients. They may be difficult because of the size and shape of the bones and the unwillingness of implants to stay in place. The technologies needed are more expensive and harder to use when constructed to fit smaller bones,” he said.

In future, however, such patients may receive better treatment as a result of the huge popularity of toy breed dogs in Japan. This has stimulated a lot of high-quality research in recent years into developing surgical technologies and procedures to improve the outcomes in orthopaedic surgery, he said.

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**One-day courses cover emerging areas in veterinary medicine**

**IMPROVE International** has extended its range of one-day courses in emerging areas of veterinary medicine. The courses are aimed at practitioners dealing with species other than companion animals. They include:

- **Emergency Care of Alpacas** (13th July, Sheffield). This course covers the management of dystocia and other problems in the peri-parturient female and neonate, resuscitation, common congenital problems, the failure of passive immune transfer and septicaemia. First aid for orthopaedic emergencies and wound care are covered as are working up the colic patient and the neurological patient.

- **Diseases of Game Birds** (20th June, Swindon; 5th September, Sheffield). Aimed at ensuring that the veterinary surgeon is able to deal with the demands of gamekeepers and game reaters, this course offers an overview of the industry and legislation, together with biosecurity and its application to wild birds. It includes a review of common disease processes and control of antibiotic usage with some applied alternatives to traditional methods.

- **First Aid for the Large Animal Vet** (5th July, Swindon; 2nd August, Sheffield). This course is aimed at assisting large animal vets who may find themselves required to offer first aid to a colleague who has sustained injuries during a farm visit. It provides advice on assessing emergency situations, recognising and treating fractures, carrying out artificial ventilations and chest compressions, controlling severe bleeding and dealing with burns and scalds.

- **The Approach to the Sick Hen** (18th July, Swindon; 13th September, Sheffield). Avian anatomy and the husbandry of the backyard flock are covered in this course, together with worming and vaccination advice, the approach to the sick hen and appropriate medication options.

- **Veterinary Care of Sheep** (11th July, Swindon; 6th July, Sheffield). Covering the basics of best practice and flock health planning, this course provides practical advice on maximising lamb numbers, sheep lameness, controlling internal and external parasites and flock vaccination programmes.

- **Veterinary Care of Goats** (10th July, Swindon). This course covers the behavioural, nutritional and environmental needs of goats across all sectors, including pet, meat, pedigree and commercial dairy goats. It also covers infectious diseases affecting goats in the UK, including diagnosis, treatment and control, in addition to disbudding, foot care and common surgical procedures.

David Babington, managing director of Improve, comments: “We introduced a number of one-day short courses in niche or emerging areas of veterinary medicine last year and have built on the range for 2017 to cover more species including chickens and goats. Most of the courses are offered in venues in both the north and south of the UK. We look forward to welcoming vets to these new courses this year.”

Further information is available at [http://www.improveinternational.com/uk/#top](http://www.improveinternational.com/uk/#top).
**VITILIGO**

**VITILIGO CAN BE DEFINED AS A RARE AUTOIMMUNE DISEASE** thought to selectively destroy epidermal melanocytes, leading to loss of pigment in the affected area (Paterson, 2008). Clinically this leads to patchy areas of depigmented skin (leukoderma) or hair (leukotrichia). The disease is uncommon in the dog and rare in the cat.

**Clinical features**
- There is no sex predilection.
- More commonly seen in young dogs.
- Lesions occur mainly on the nose (Figure 1), lips (Figure 2), buccal mucosa, facial skin and footpads.
- Any breed may be affected, but there are some predisposed breeds. These include the Belgian Tervuren, German shepherd, Collie, Rottweiler, Doberman pinscher and Giant Schnauzer (Hnilica and Patterson, 2017).
- Lesions in the cat are similar but rarer, with Siamese cats predisposed.

**Pathogenesis**
Antimelanocyte antibodies were demonstrated in 17 Belgian Tervuren dogs with Vitiligo and in none of 11 normal dogs of that breed. Similarly, three affected Siamese cats with Vitiligo had antimelanocyte antibodies while four normal Siamese cats did not (Naughton and others, 1986). There has been little information on the pathogenesis in companion animals since this article was published.

A case of generalised Vitiligo has been described in a dog with primary hypopigmentocorticism (Makera and others, 2015). The authors concluded that dogs with immune-mediated disease might develop other manifestations of this group of disorders including a combination of Addison’s disease/Vitiligo. There is also a recent case report of depigmentation associated with the administration of toceranib in a Bernese mountain dog (Cavalcanti and others, 2017).

**Diagnosis**
- History.
- Physical examination.
- Biopsy. On histopathological examination the skin appears normal with an absence of melanocytes.

**Differential diagnosis**
The main differentials include (from Paterson, 2008):
- Uveo-dermatologic syndrome.
- Discoid lupus erythematosus.
- Epidermotropic lymphoma.
- Drug eruption.
- Alopecia areata.

**Figure 1 and 2. Vitiligo affecting the lips of a young German shepherd dog: Vitiligo affecting the upper lips and chin of a dog. Leukotrichia is also present (courtesy May Müller).**

**Treatment**
- Vitiligo is a benign condition and therefore no treatment is suggested.
- Immune suppressive treatment is mentioned in some texts, but one authority (Halliwell, 2016) has cautioned that immunosuppression for immune-mediated diseases in general is not justified if the side-effects of the treatment are potentially worse than the disease itself.
- It has been suggested (Hnilica and Patterson, 2017) that L-phenylalanine may be effective and there is a reference to its use in humans (Felsten and others, 2011).

**Prognosis**
- Vitiligo is a cosmetic problem that has a very good prognosis.
- There is some anecdotal evidence of re-pigmentation occurring, but this is generally not the case.

**References**

**More evidence that physical conformation affects cat health**

**Problems with long-term health and well-being of cats with exaggerated features or extreme conformations have been highlighted in research conducted by Dr Brenda Bonnett, in association with Agria Pet Insurance.**

Dr Bonnett’s study into breed-specific problems, using claims data from Agria, highlights breed differences showing, for example, the substantially higher risk (five times) of eye problems in the Munchkin and Scottish Fold. Likewise, conventional anatomies (such as the “designer” cats (or cats with non-conventional anatomies)) such as the Munchkin and Scottish Fold. Likewise, even an established breed like the Manx must be re-assessed in terms of the look which brings with it health problems.

The Munchkin is a cat breed for its short legs, the Scottish Fold for its folded down ears and the Manx for its lack of a tail. All of these breeds arose from a mutation which was then developed into a breed, despite the mutation actually causing welfare problems for the cat, Agria says.

The Munchkin has shortened limbs, which can lead to abnormal curvature of the spine; the Scottish Fold’s turned-down ears also cause cartilage problems in the limbs, leading to painful arthritis; and the Manx’s lack of a tail is a form of spina bifida affecting the nerves, spine and spinal cord, often resulting in difficulties with urination and defecation.

Furthermore, for some of these breeds, if two cats with the deformity (“desired look”) are bred together, a proportion of the kittens will get a double dose of the gene which can be lethal, resulting in death before they are born. The kittens which do survive and have the deformity are likely to suffer long-term as a result.

Further findings from Dr Bonnett’s work, into breed-specific problems, in collaboration with Agria are due to be presented this September at the ISFM pre-WSAVA Feline symposium in Copenhagen.

More information about Agria’s work to produce breed-specific statistics (for dogs) can be found on DogWellNet.com (https://dogwellnet.com/breeds/additional-breed-resources/breeds-with-swedish-insurance-data-r111/).

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

As we learned in Last Month’s Article, a logical, problem-based, step-by-step process is our best bet when it comes to dermatology.

This requires patience, method and time; much more so than a pattern recognition approach which relies more on the practitioner’s experience. You may need to juggle your owner’s expectations, which will be more focused on immediate symptomatic and reactive modes of management.

Consider the following scenario: a pruritic dog enters your veterinary practice… just the same as they did six months ago. Tracking back, you see that this patient visited in 2010, twice in 2012 and again in 2015.

With three vets telling slightly different versions of the same story, you can see that little progress beyond empirical therapy and a couple of skin scrapes has occurred. The words “eczema, bacteria”, “allergy”, “sensitivity”, “seasonality” and “secondary infection” litter the dog’s clinical notes – and your mind. Simultaneously, bottles of antibiotics and steroids stare back at you from the pharmacy.

With the best of intent you know you can (medically) press the reset button, similar to what was done previously. This pleases the owner, but confusing the diagnosis of course. It sets a repeating pattern of dependence that many chronic skin cases get caught in, and risks corticosteroid-related side-effects, concurrent (often yeast) infections or bacterial resistance.

Beyond this comes the realisation that repeat flares are bound to become more frequent. Not great for keeping your client on-side.

This is why a problem-based approach is essential. First-sight diagnoses are quite dangerous in dermatology for a number of reasons, not least because we’re dealing with the body’s largest organ – comprising 12% of the body weight of the adult dog and therefore the consequences of ill health are great.

Let’s appreciate that among the thousands of diagnoses and origins of skin disease, this organ can only react in a relatively limited number of ways. Technically, a significant differential diagnosis list should accompany every problem recognised in our case, from which our systematic work-up can be drawn.

One differential is cutaneous adverse food reaction (cAFR), often used interchangeably with the terms dietary allergy or food hypersensitivity. Most commonly, dogs present with signs indistinguishable from canine atopic dermatitis. As is the trend in humans, it is suspected that there is a higher prevalence in younger animals, with puppies more often diagnosed than adult dogs.

Simply put, diagnosing cAFR requires identifying the offending dietary allergen (or allergens), removing it, and then putting it back in the bowl. Taking the patient’s complete dietary history and ensuring no previously fed ingredients are in the test diet is one approach to finding the “right” elimination diet.

The second approach involves providing the patient with a diet which is as “unrecognisable” to the immune system as possible, and therefore unlikely to trigger a hypersensitivity reaction. This of course is the intention of hydrolysed diets.

It’s worth reminding clients that elimination diet trials are indeed a diagnostic test. Just the same as a blood test depends on the use of the correct anticoagulant or the diagnostic value of an x-ray depends on patient positioning, this trial needs to be carried out in a very precise manner to result in a worthwhile judgement.

Sufficient time should be set aside to prepare for a trial and communicate guidelines thoroughly, checking all caregivers’ understanding and signposting your expectations of the process.

Most cAFR dogs respond at least partially within eight weeks, but some require longer.

Dermatology is a very logical discipline. With a sensitive and systematic approach, a good dose of patience and clear communication, a definitive diagnosis and the appropriate treatment plan can be established in the majority of cases.

Some may argue that a similar armoury of therapies will be used in a pattern-recognition approach, but with problem-based logic on our side, we (and pet owners) will feel much more in control of those pruritic flares.

Where food is involved or is a complicating factor, finding the right diet for each sensitive individual will help bring them below the “pruritic threshold”. With monitoring revisits and a proactive and measured response from both the owner and veterinary team, the frustrations which come with dermatology cases can slowly evolve to an appreciation of the skin as a sometimes sensitive, sometimes obstinate organ.

Let’s appreciate that chronic skin conditions are rarely cured, but effective, safe, affordable and convenient life-long management can often be made a reality.

References and further reading


Clear rules (and reasons) should be understood before undertaking an elimination diet trial [courtesy of Royal Canin].

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

What do you find most interesting about this increasingly important area of patient and client wellness?

The most important aspect for veterinarians and their staff to realise is that the primary interest of the owners of the pets who consult them is not the level of scientific knowledge accumulated in the heads of the staff of the clinic and the level of technology to support it.

Owners are motivated by emotional reasons and are looking for veterinary teams that can provide services that connect and respond to these emotional needs. Pets are part of the family and their well-being is of high importance to their human fellow family members. The science is secondary to the emotions.

What do you see as the greatest challenges that face every practice, including employees and their patients and families?

To make the switch from being primarily scientific and technically-oriented to being emotionally-oriented when it comes to owners and their pets. A now old but very true statement goes, “Owners don’t care how much you know, until they know how much you care.”

The highly successful “Fear Free” approach that was launched in the USA by Dr Marty Becker (of which I am an advisory group member) proves the importance and even economic or business relevance of this approach for veterinary clinics in the future.

Dr Becker preaches to “first talk to the heart before talking to the head”.

Richard Nap, DVM, PhD, DipECVS, DipECVCN, qualified in Utrecht in 1979 and is based in Buenos Aires and Punta del Este. He has worked in private practice, at the university (Utrecht) as well as in industry (Associate Director at Iams Pet Food, Procter & Gamble). His private non-profit VetCoach project shares professional career learnings with graduating vet students and young vets. Dr Nap has published many articles in international peer-reviewed journals in the areas of orthopaedics, companion animal nutrition and practice management. He will be speaking at VET Festival 2017 on Saturday 10th June in the Wellness & Team Building stream at Loseley Park in Surrey.


With thanks to Lauren Perry, RVN, for assistance in proof reading this article.

Richard Nap

Do you have any evidence to demonstrate that an optimal healthcare experience does enhance business results?

An OHCE results in happy clients. Happy clients come back. Over a five-year period the clinics practising Fear Free protocols in the USA have grown 20% while the overall market was flat.

Owners love it and it makes perfect scientific and business sense and it fits well with what I have come to understand myself during my career and from the career learning input by hundreds of colleagues in my VetCoach project.

What are you hoping delegates will take away from your lectures?

I hope the delegates understand that their veterinary degree offers them a starting capacity. Their success in practice as well as their continued joy working in the profession is determined by their capacity to connect emotionally with owners and their pets.

Unfortunately, many young colleagues become disappointed and stressed, resulting in them leaving our wonderful profession or worse, without ever having practised in an environment where the OHCE is put first and pets and their owners are happy to come back. The veterinary team has to work hard on making the owners feel good when they leave the clinic.

Richmond

New ‘mental health for managers’ courses

THE RCVS Mind Matters Initiative (MMI) and the VPMA have launched a series of courses designed to help those in management roles in a veterinary practice or other veterinary workplace support colleagues with mental health issues.

These day-long courses, each running from 9.30 to 5pm, will cover: basic mental health awareness; HR employment regulations and the legal position; the role of the line manager in supporting someone with poor mental health; making reasonable adjustments; planning “return to work”; and designing and putting in place well-being action plans.

The courses will be run by Connecting with People, a social enterprise that develops and delivers training to employees with healthcare or safeguarding responsibilities.

Helen Sanderson, former VPMA president and representative on the MMI Taskforce, comments: “If you do one thing this year for your team, I strongly recommend it be attending one of these courses.”

Each course costs £80 for VPMA members and £120 for non-members. To book a place, visit the Mind Matters Eventbrite page: www.rcvsmindmatters.eventbrite.com.
Heart disease in cats: case studies (part 1): The dyspnoeic cat

The aim of these case studies is to present and discuss the most common clinical presentations of feline heart disease and give a more detailed insight into the management of these patients.

A nine-year-old male, neutered DSH cat was presented to the cardiology service at Southern Counties Veterinary Specialists for the investigation of acute respiratory distress.

The owners reported that the cat had been “off colour” for a few days; lethargic, inappetent, subsequently developing breathing difficulties. He was fully vaccinated and wormed, and had never travelled abroad.

Physical examination
On presentation, the patient was quiet, alert and responsive. Respiratory rate was 80 breaths/minute with severe respiratory effort. Prolonged expiratory phase and orthopnoea were noted. Mucous membranes were pink and capillary refill time was two seconds.

Lung auscultation revealed increased respiratory sounds throughout the entire lung field. Cardiac auscultation revealed marked gallop sounds, a regular rhythm. A heart murmur was present in this case.

Causes of these dyspnoeic patients include diseases affecting the thoracic trachea and bronchial tree, pulmonary parenchyma and pleural space; the most common of which include congestive heart failure (CHF) and secondary lung oedema and/or pleural effusion, feline asthma and bronchopneumonia (i.e. bacterial, viral, parasitic or fungal). Less common causes include diffuse parenchymal neoplastic disease (e.g. lymphoma), airway foreign body, trauma (causing pneumothorax, haemothorax or diaphragmatic hernia) and mediastinal mass.

Cardiac gallop sounds:
Dyspnoea and tachypnoea: a practical approach to forming a differential diagnosis list for the dyspnoeic cat is to consider the anatomic area associated with the breathing difficulty. Dyspnoea secondary to upper airway disease will typically present with increased upper respiratory sounds, stridor, marked inspiratory component. In this case, no signs of upper respiratory tract disease were noted.

The presence of gallop sounds and acute dyspnoea in an older male cat raised the suspicion of heart disease and congestive failure. The diagnostic plan was therefore aimed at getting the most valuable information needed, as quickly as possible, in order to differentiate cardiogenic and non-cardiogenic causes to the presentation.

The patient had presented in a fragile state and thus a “hands-off” approach was adopted in order to minimise stress. Initial stabilisation was achieved by administering “flow by” oxygen supplementation in a calm, quiet environment with subdued lighting.

Once the patient had relaxed, a rapid point-of-care thoracic ultrasound examination was performed with the patient in sternal position and minimally restrained. An assessment was made of left atrial size and also for presence/absence of pleural fluid. This revealed an enlarged left atrium (LA) with no pleural fluids (Figure 1). An enlarged LA was consistent with heart disease and therefore dyspnoea in this case was suspected secondary to pulmonary oedema and congestive heart failure.

Thoracic radiographs were indicated to document the presence of pulmonary oedema; however, it was believed that the patient would benefit from further stabilisation prior to performing additional stressful investigation. An intramuscular injection of furosemide 2mg/kg was given and the patient was placed in an oxygen-enriched chamber for one hour. Respiratory rate decreased to 52 breaths/minute and the patient appeared more comfortable.

Thoracic radiography was subsequently obtained (DV view only in minimal restraint). It showed diffuse alveolar pattern and pulmonary venous congestion, consistent with lung oedema secondary heart failure (Figure 2).

Systemic blood pressure was 95mmHg systolic (obtained with Park’s Doppler ultrasound).

The patient was hospitalised and an intravenous cannula was placed. Baseline biochemistry was performed to evaluate renal function and electrolyte status prior to starting an aggressive diuretic treatment.

Furosemide 1mg/kg intravenous injection was repeated one hour after the initial injection. Additional doses were given according to the response to treatment, evaluated by the respiratory rate and effort (total dose 4mg/kg over the course of four hours). Once a satisfactory improvement was achieved, diuretic treatment was continued with furosemide 2mg/kg IV injections every eight hours.

Further investigations
A comprehensive echocardiographic examination was performed later that day after assuring the patient was stable enough to tolerate such a procedure. This showed marked concentric left ventricular hypertrophy (Figure 3), marked left atrial (LA) enlargement with poor LA function and spontaneous echo contrast (“smoke”).

Diastolic dysfunction was noted with pseudo-normal pattern on spectral Doppler interrogation of mitral inflow (Figure 4). Systolic dysfunction was noted. There was no evidence of left or right dynamic outflow tract obstruction. Pimobendan was started at 0.25mg/kg orally every 12 hours.

Diagnosis
Hypertrophic cardiomyopathy (HCM) and left side congestive heart failure (CHF).

continued on page 26
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Discharge and chronic treatment plan

Overnight respiratory rate stabilised at 25 breaths/minute and respiratory effort normalised. Blood pressure had increased to 110mmHg. Repeated radiographs showed significant improvement of pulmonary oedema (Figure 5). Urea, creatinine and electrolytes were repeated to assess influence of diuresis.

The patient remained in hospital for a further 48 hours and was switched to oral diuretic treatment (furosemide 2mg/kg orally every eight hours). Clopidogrel was started at 18.75mg total once daily.

The patient was discharged once respiratory rate and effort were completely normal on oral medication and there was no evidence of pulmonary oedema on repeated thoracic radiographs.

Discussion

Diagnosis:

Dyspnoeic cats often present in a fragile condition and often unable to tolerate additional stress caused by diagnostic procedures. Ill-timed diagnostic procedures, for example physical or chemical restraint for thoracic radiographs, may prove detrimental or even fatal for the patient. That said, determining the underlying cause for the dyspnoea is important to determine optimal treatment options (e.g. anti-inflamatory treatment for an asthmatic cat versus diuretics for a cat in CHF).

This is a challenging situation for the practitioner who has to decide which test will provide the most information without causing additional stress for a fragile patient. Physical examination can provide clues for the underlying problem. Low rectal temperature, tachycardia and elevated respiratory rate can increase the index of suspicion for cardiomyopathy; however, more studies are needed in this area to generate specific and sensitive cut-off values. It should also be noted that it is not uncommon for cats in CHF to have lower heart rates (Smith, 2012).

The clinician should also beware of over-interpreting the presence or absence of a heart murmur as those are not only commonly found in healthy cats (Wagner, 2010; Payne, 2015), they are also absent in a significant number of cats with cardiomyopathy (Payne, 2015; Smith, 2012). Left atrial enlargement (LAE) is a good predictor for presence of congestive heart failure in cats (Rush, 2002; Schober, 2006; Smith, 2012) as it correlates with the severity and chronicity of left ventricular (LV) dysfunction and filling pressures (Schober, 2007). Therefore, CHF should be assumed in a dyspnoeic cat with LAE until proven otherwise.

Significant left atrial enlargement is fairly easily identified with basic echocardiographic examination; however, it is sometimes difficult to appreciate (Schober, 2014). Thoracic radiography can be specific but not sensitive for the presence of LAE (Schober, 2007; Schober, 2014) and often requires substantial physical or chemical restraint.

In contrast, a point-of-care thoracic ultrasound examination is minimally stressful for most cats and thus was the test of choice in this case. In general practice, left atrial diameter >16.5mm when measured from the right parasternal long axis view is 87% sensitive and specific for a diagnosis of heart failure (Smith, 2012).

An additional benefit of a rapid echocardiographic examination is the ability to screen for the presence of pleural effusion. Thoracocentesis is indicated when significant volumes of pleural fluid are present and usually results in a rapid improvement in respiratory effort and the patient’s comfort. Quantitative NT-proBNP assays are a useful tool in discriminating between cats with cardiac and non-cardiac causes of dyspnoea (Connolly, 2009; Fox, 2009; Singletary, 2012).

A shortcoming of these tests is the long period of time to get results, making them unsuitable for the acute setting where decisions must be made rapidly. Recently, a point-of-care NT-proBNP assay has been shown to reliably differentiate cardiac and non-cardiac causes of pleural effusion (Hezrell, 2016), but results cannot be extrapolated for every dyspnoeic cat and more studies are needed.

Treatment:

Diuretics. The loop diuretic furosemide is the corner stone of CHF treatment regardless of the underlying cause. Depending on severity, the initial bolus dose ranges from 1 to 4mg/kg (Ferasin, 2015); however, the author rarely uses a dose higher than 2mg/kg for the acutely decompensated feline patient (Fuentes, 2007).

The peak effect of furosemide, when given subcutaneously (SC) or intravenously (IV), should be expected after about one hour (Harada, 2015). Furosemide injections of 1-2mg/kg can therefore be repeated hourly until clinical response is achieved. This is assessed by monitoring respiratory rates.

It is important to note that furosemide must be given judiciously to minimise adverse effects such as hypotension, reduced renal perfusion and electrolyte depletion (Felker, 2009) and a maximal cumulative dose of over 12mg/kg/day should be avoided (Ferasin, 2015).

Pimobendan. Pimobendan has been shown to improve survival time in pre-clinical and clinical heart disease in dogs (Boswood, 2016; Hägström, 2008; Summerfield, 2012). Unfortunately, studies are limited in cats and pimobendan is not licensed for their use. However, several retrospective studies have shown pimobendan can be safely used in cats (MacGregor, 2011; Gordon, 2012) and suggest significant clinical benefits (Reina-Doreste, 2014). As pimobendan is an inodilator (possessing both inotropic and vasodilatory effects) it is often used by cardiologists in cats with systolic dysfunction and low systemic blood pressure that show no echocardiographic evidence of obstructive disease (Ferasin, 2015).

Anti-thrombotic medication. Feline arterial thromboembolism (FATE) is a catastrophic complication of feline cardiomyopathy with only 12% of cats presented to general practices surviving longer than seven days (Borgeat, 2014). Risk factors thought to be associated with FATE are LAE and poor left atrial function (Smith, 2003; Schober, 2006). There is little evidence for the use of anti-thrombotic drugs for the prevention of FATE; however, the FATECAT study demonstrated the superiority of clopidogrel in delaying recurrence when compared with aspirin (Hogan, 2015). For this reason the author uses clopidogrel in most cats with cardiomyopathy and LAE. The major limitation of clopidogrel is its bitter taste. Cats that will not tolerate clopidogrel should be given aspirin as an alternative.

Summary

Diagnosing and managing the acute heart failure cat is challenging and requires the delicate handling of an often vulnerable patient, the expertise to make the correct diagnosis, and careful attention to tailoring optimal treatment to the individual patient.

The aim of this case report was to provide the reader with an insight into the reasoning behind the decision-making. Further reading is recommended and readers are referred to the comprehensive review article “Management of acute heart failure in cats” published in the Journal of Veterinary Cardiology (Ferasin, 2015).

References


Referral hospital awarded ‘gold standard’ for cat care

LUMBRY Park Veterinary Specialists, a small animal referral hospital in Alton, Hampshire, has been awarded a Gold Standard for the way it cares for its feline patients from the International Society of Feline Medicine (ISFM), the veterinary division of feline charity International Cat Care.

ISFM runs an international programme – Cat Friendly Clinic – which rates practices and veterinary hospitals as Bronze, Silver or Gold in terms of the “cat-friendliness” of the environment they offer.

Dr Andy Sparkes, veterinary director at ISFM, comments: “It is a major achievement and International Cat Care is delighted when a large referral clinic such as Lumbry Park makes such efforts to create a cat-friendly environment for its patients.”
Clinical Stream 1
9.00-9.50am
Pain Management: Jo Murrell
Top tips for assessment of acute pain in cats and dogs
10.05-10.55am
Pain Management: Gwen Covey-Crump
Chronic pain in cats and dogs – the big welfare issue of our time
11.20-12.10pm
Exotics: Molly Varga
Infectious diseases of rabbits and rodents
1.20-2.10pm
Ophthalmology: David Williams
The eye and infectious diseases
2.25-3.15pm
Imaging: Chris Warren-Smith
Which modality do I choose for imaging the abdomen?
3.35-4.25pm
Exotics: Molly Varga
A review of respiratory and cardio-respiratory diseases affecting rabbits and small mammals
4.35-5.30pm
Imaging: Chris Warren-Smith
The unique challenges of imaging the head

Clinical Stream 2
9.00-9.50am
Soft tissue surgery: Prue Neath
The rise of the Frenchie: tips and advice on airway and GI disease
10.05-10.55am
Neurology: Pip Boydell
A philosophical approach to seizures
11.20-12.10pm
Feline: Maggie Roberts
Update on neutering, including non-surgical options
12.25-1.15pm
Cardiology: Chris Linney
Cats are not small dogs! Management of feline heart disease
2.25-3.15pm
End-of-life care: Libby Sheridan
The role of veterinary nurses in the end-of-life care of pets
3.35-4.25pm
Exotics: Craig Tessyman
The challenges of dealing with exotic species in practice
4.40-5.30pm
Ophthalmology: David Williams
Protecting the eyes of your patients

Nurse Stream
9.00-9.50am
Feline: Maggie Roberts
What you should know about neutering cats
10.05-10.55am
Exotics: Molly Varga
Nursing clinics for rabbits and other small mammals
11.20-12.10pm
Imaging: Chris Warren-Smith
Pitfalls in radiography: getting the most from your images
12.25-1.15pm
Pain management: Gwen Covey-Crump
RVNs – pain management ambassadors
2.25-3.15pm
Orthopaedics: Stuart Carmichael
Making the best of a clean break: decision-making in fracture management
3.35-4.25pm
Wound management: Georgie Hollis
Honey and wounds: where are we now?
4.40-5.30pm
Exotics: Molly Varga
Advanced imaging: advantages and limitations

Practice Management
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DENTAL X-RAYS IN THE REAL WORLD

I HAVE WORKED IN THE HUMAN AND VETERINARY DENTAL INDUSTRY for over 25 years and while I can say a lot has changed, there have also been aspects of the industry that are very much the same today as when I first started.

To help explain dental x-ray and why things are presently done the way they are, we need to look back to when I started in the dental imaging business.

Different from full body x-ray systems, the first digital systems used in human dentistry were DR imaging (direct radiography) based systems. In the early 1980s the market leader in x-ray imaging, Trophy Radiology, based in France, invented the first intra-oral imaging sensor for human use.

By the late 1990s it was nearly as good as dental film, which required manual developing. In 2003, CR (computed radiography) was then brought onto the market with the same quality as DR but with greater flexibility. Even since then, within human dentistry, CR has been leading the imaging market over DR.

Veterinary-specific dental imaging evolved from the USA and the first few pioneers were human dentists prior to moving into the vet world. They introduced the idea of DR being the best imaging method, which is why DR is still favoured in the veterinary industry in the USA.

Although CR is becoming increasingly recognised as the optimum imaging method, DR remains the favoured method with some veterinary professionals. As I previously mentioned, I worked in human dentistry and trained dentists on how to correctly position DR sensors; this was always hard as humans did not accept the hard sensor easily and with a child’s small mouth it was near impossible. But there were no choices in the beginning.

When I moved to working on dental imaging in the veterinary sector, I could not believe that size 2 sensors were being used in dogs and even cats.

I had problems getting the sensors in human mouths as they were designed for bitewings (Figure 1), meaning positioning or even placing the sensor for full mouth radiographs in cats and dogs was going to be very difficult.

I thought there must be a better, easier way, so I launched the CR7 Vet, with specially designed software for vets and special plates for rabbits.

This was good in the beginning as it had a full range of film sizes: 0, 1, 2, 3 and even up to size 4 (5.7x7.5cm). But as I visited clients, again I found issues; due to how hard the plates were to position in cats’ and dogs’ mouths, vets were only taking x-rays of teeth they saw issues with. This frustrated me as they were missing up to 40% of what they could not see, below the gumline.

In my opinion this meant the animal was potentially walking out of the vet practice still in pain and still with problems.

I asked why they were not doing full-mouth imaging on every animal that came into the practice; the answer was simple: in the real world they don’t have time to take 22 radiographs using a size 2 DR sensor or 16 radiographs using a size 4C image plate. They know from their radiography training that they should take full-mouths, but in the real world, vets clinics don’t have the time.

Not thorough enough

This was concerning, as the animals weren’t getting thorough dental examinations and it was like letting a dog walk out of the practice with a potentially broken leg. I could arrange all the training courses possible to show them how to do it, but if the vets didn’t have the time then it was not going to happen.

So as a company, iM3 embarked on a quest to change the way x-rays were done. We had to make it easier; we had to design it so any vet or nurse could take full-mouth images of every animal. I asked vets what was the number of x-rays they were willing to take – they said six.

First we brought out the size 5 plate; as you can see in Figure 2, the plate is much bigger (5.7x9.4cm) than any other plate currently on the market.

This was a start – the bigger the film, the fewer x-rays they had to take. But we still had problems with teaching vets and nurses positioning. In humans it is easy as there are readily available positioner guides and most radiographs are parallel; in veterinary practice there was nothing like that and the bisecting angle technique was needed for most teeth, which often confused vets and nurses.

We set about designing a system to make taking dental radiographs easy and the solution solved the problems. Firstly it protected the plate, secondly it showed the centre of the plate, thirdly it showed the correct angle and lastly the correct distance from the x-ray tube. This meant that anyone, even without training, could take intra-oral x-rays of dogs and cats.

A full-mouth image is now possible with only six x-rays. The next step was to produce guides to show how to do this. We tried to make it as easy as possible so anyone (not a dental specialist) could take full-mouth x-rays.

We are now suggesting to all of our users to take full-mouth radiographs on every animal that comes into the practice. Users commonly charge up to £25 for the six x-rays. This means that if an operator charged only £25 for the full-mouth x-ray, this would still equate to an estimated extra income of £6,500 for the practice per year.

It means that as a result the vet can now see up to 40% more during the imaging procedure, so there is potentially up to 40% more chance of identifying an ailment. No more dogs walking out with a broken leg.

The process that has led us to our present offering began when we started thinking what actually works in the real world, rather than just on paper or in a wet lab session.

We hope that with the ability for vets and nurses to take x-rays more simply, animals will now get the treatment they need, pathology identified, and no longer potentially walk out of the practice in pain.

We have carried out a number of studies that prove this simplified method works to increase the amount of dentistry performed within the practice. In conjunction with the CR7’s ease of use and complete range of image plates, veterinary practices can grow dentistry within the clinic and know they are offering animals the very best care.

We have recently brought out a new 30-degree x-ray positioner and extended the length of the 45/55-degree positioners to make the process even easier.

New veterinary trolley on show at VetsNorth

GRATNELLs will be exhibiting its latest veterinary products at VetsNorth in Manchester next month. The company, which has produced a comprehensive range of mobile and static solutions for over 40 years, will be showcasing its newest Antimicrobial Veterinary Trolley.

Specially designed for veterinary practices requiring a hygienic storage trolley which can double up as an examination table for smaller and medium-sized animals, the new trolley allows vets to have all their examination and diagnostic equipment to hand. 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. Trays and baskets can easily be moved between trolleys and frames.

The trolley frame, shelves, trays and lids are all protected by the Gratnells Antimicrobial System. These elements are coated with BioCote, an antimicrobial additive which creates a surface where microbes cannot survive. The Gratnells Veterinary range also includes oxygen cylinder holders, linen or plastic trolley covers and sharps box containers.
The 2017 Practice Design Awards

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.
The need to talk about nitrogen

FURTHER EVIDENCE THAT THE ECOSYSTEMS OF THE WORLD ARE ALL LINKED is provided in a recent report published in the journal *Nature Ecology and Evolution*. Samples taken in the Pacific Ocean from the deep sea Mariana and Kermadec trenches have demonstrated the presence of chemicals banned in the 1970s, in the fatty tissue of amphipod crustaceans. It is evidence that the deepest waters in the oceans are ultimately connected to what is happening at the surface and on the land.

The two pollutants highlighted were polychlorinated biphenyls (PCBs) and polybrominated diphenyl ethers (PBDEs). These were widely used as electrical insulators and fire retardants before being banned due to worries of them accumulating in the environment. Disturbingly, the levels of pollution were found to be on a par with samples taken from Suruga Bay in Japan, one of the most heavily polluted zones in all of the North-West Pacific.

The accumulation and concentration of pollutants such as these is not dissimilar to the way DDT was concentrated in the tissues of apex predators, particularly birds of prey, during the fifties and sixties. Many of you will be familiar with the huge decline in the UK of raptors like peregrine falcons and sparrowhawks during that period, largely due to poor breeding success as a result of thin-shelled eggs due to DDT poisoning.

All these issues demonstrate the ongoing and cumulative effect of pollution and the longer-term effects it can have even after the pollutants have been withdrawn.

Coral bleaching

Continuing on the theme of pollution, the effects of global warming are unfortunately rearing their ugly head again on the Great Barrier Reef with severe coral bleaching being reported for an unprecedented second year in succession.

The coral has had no time to recover from the serious bleaching event of 2016 and scientists are genuinely worried about the medium-term survival of large sections of the reef. Sea temperatures have been at a higher than normal level throughout the last year including during the winter, and much of the newly bleached coral may die over the next six to 12 months.

Closer to home, the charity Plantlife is drawing attention to what it considers to be a greater immediate threat than global warming, that being the increase of reactive nitrogen in the environment.

The main sources of this are the emission of nitrous oxides from the burning of fossil fuels in power stations and through vehicle emissions, and ammonia from agriculture.

Indeed, in 2014 it is estimated that 83% of all ammonia emissions were from agriculture, with the greatest contributor being animal manures, particularly from cattle. These pollutant gases undergo various chemical changes in the atmosphere and are ultimately deposited on the land as “dry” deposits or through precipitation.

The significance of this? Much of the diverse plant life that exists has evolved to thrive in conditions of low to medium fertility when it can compete effectively with more robust, fertility-loving plants. Increase the availability of nitrogen and species such as nettles, hemlock and cleavers thrive, whereas more sensitive species such as harebells, orchids and many lichens decline as they are unable to compete.

Plantlife says that reactive nitrogen is a much more immediate threat to UK habitats than global warming and that greater efforts need to be made to curtail atmospheric pollution with the offending gases.

For those of you who would like to find out more, go to www.plantlife.org.uk and download the report: We need to talk about Nitrogen.

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Our conservation correspondent examines the threats to natural habitats in the UK and beyond from pollution

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**DINNER WITH CLIENTS...**

TOM SHOULD HAVE PREDICTED that the Fortesques would spend the entire evening regaling him with stories about their menagerie.

The entée saw Flossie the Beagle’s whelping replayed in gory detail, right down to the runty still-born whelping replaid as a scratching post, a gesture that Mr Fortesque relishes as, “Pure adulation, Thomas! One should consider oneself officially honoured!”

Just then the distant sound of smashing china propels Mrs Fortesque to the kitchens — Mildred the Manx is having a spat with Harold the House Rabbit.

Mrs F. returns in time to shoo Jasper the Jack Russell out of the triple-baked cheesecake on the hostess trolley: “Off, Jasper! Off! You’ll burn your little pawsy-wawsies!”

Exuding garlic breath, Mrs F. leans into Tom and expounds, “Those heated trolleys are downright dangerous to puppy paws. I shall write a stiff e-mail to Harvey Nichols!”

By the time they’ve withdrawn for coffee (Tom had half-hoped for cigars: he’s never tried one, but thought now might be a good time to start) Tom is clock-watching and surreptitiously picking feline fluff out of his woefully inappropriate woolen sleeve and hoping that the wet patch up his trouser leg isn’t what he thinks it is.

But Mr and Mrs Fortesque are, if nothing else, relentless in their hospitality.

“Stay the night!” Mrs F. urges, as, at eleven forty-five, Tom makes a dash for the door.

“The spare room’s quite delightful if a little draughty. If it’s too chilly one can always put an extra dog on the bed!”

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

IN THE AUTUMN OF 2016, CONCERNS WERE BEING EXPRESSED whether the programme to test and control bovine TB could be sustained. The veterinary surgeons required – to act as official veterinary surgeons for cattle testing – had been working within the Grandfather’s Rights schedule and if they didn’t engage with the online revalidation requirements, there would be much gnashing of teeth in official places.

As of today, some 1,500 “Grandfathers” have completed their revalidation. The scheme was extended by one month to enable all registrants to complete the process, but the upshot is that there are some 2,100 OVs trained and ready with a further group on stream.

The exact numbers change almost daily as vets put in the time and effort to manage and complete the scheme requirements. Some of the early new vets who enrolled have also completed their two-year re-validation. The bovine TB testing programme for 2017/18 appears to be in good health.

Guide to the future

The achievements in 2016 are a guide to future requirements, with 7.6 million cattle tested in England, two million in Wales and 0.25 million in Scotland. The total animals slaughtered were: England 29,227, Wales 9,975 and Scotland 187 with the number of herds not TB-free during the year as: England 6,818, Wales 1,324 and Scotland 61. The scale of work for testing alone remains considerable, but for vets in practice, the workload will be considerably greater as the national programme targets disease reduction.

The question now is: are practices ready to advise farmers effectively on how to reduce and prevent incidences of bovine TB?

To prepare veterinary surgeons, DEFRA funded a series of five workshops to consider on-farm practical ways of assisting clients. These workshops were oversubscribed with a waiting list. So 150 vets have had the opportunity to consider the worth of doing something extra about BTB. It is all about assessing risk-taking behaviour and identifying little wins for the farmer by keeping disease risks to a minimum. A biosecurity assessment tool was made available for the vet to apply on a client’s farm to indicate strengths and weaknesses. Feedback from participants indicated that this application was particularly valued and so an online package is in preparation and will be available “shortly”.

There have been parallel workshops for farmers and agricultural students with use of the BTB HUB encouraged as linked support. Further workshops are being considered for later this year. The previous format included considering issues in discussion, followed by a session outside to look at badger signs, buildings, gates, etc. The feedback indicated that the time spent learning about badger behaviour was of particular relevance.

A further development, introduced a few months ago, was to base veterinary activity on new herd incidents. The idea is that herds which were previously Officially TB Free but either had cattle that reacted to a tuberculin test or had a tuberculous animal disclosed by routine meat inspection at slaughter were identified; the herd history to be provided to the farmer and for the farmer to involve his vet in assessing actions to be taken; a sketch in time approach so that subsequent tests yielded fewer reactors and the herd returned to OTF status as quickly as possible.

It would be of great interest to know whether vets have been contacted by their farmer clients. It is too early to record disease reduction benefits.

The scale of the workload, based on new incidents in 2016, would be: England 3,745, Wales 710 and Scotland 37 herds. It could be argued that the effectiveness of the eradication programme may be judged on the impact on new incidents as these are likely to fall ahead of the herds that have repeated failures.

The number of new incidents recorded each month is available for each county within the TB statistics section of the DEFRA website. There is a variation from month to month and from year to year, but as a guide for practices the number of new incidents recorded for the higher incidence counties in 2016 are: Devon 189 (46-86/month), Cornwall 452 (23-47/month), Somerset 283 (16-30/month), Wiltshire 195 (7-25/month), Gloucester 175 (7-23/month), Dorset 153 (6-20/month) and Cheshire 148 (6-19/month).

Within the two highest counties – Devon and Cornwall – over two million cattle tests were carried out by 170 OVs from 34 practices. But for many practices it may not be the testing vet who would interact with the client over a new incident.

It does appear that awareness of a new incident would be a good starting point to apply the risk assessment tools and awareness of TB incidents with neighbouring herds, by utilising the TB HUB.

The idea of discussing disease cases of neighbours has traditionally been a difficult area for practices and individual vets, but now that the TB status is available to anyone – via the HUB – there could be a beneficial change in local awareness.

Disease confidentiality with TB is no longer an issue. The CHeCS (Cattle Heath Certification Standards) bTB Herd Accreditation was launched last November with the option for farmers to have their herd classified according to disease risk from 10 (minimum risk 10 years of clear tests) to 0 (breakdown within the past year). The promo is: reduce risk and improve rewards and speak to your vet today. Vets are encouraged to raise with clients the benefits of adopting the CHeCS programme.

Further expectations for herd health plans

There is a further expectation that TB prevention and reduction will form part of future herd health plans. Emphasis is anticipated for TB-free herds to review biosecurity and maintain freedom and for blighted herds in high-risk areas to respond effectively to their specific situation.

There is no one-size-fits-all package for control and whether practices will seek to integrate TB within overall herd health is a significant consideration.

It is well recognised that a new incidence of TB and ongoing test failures directly influence the farmer’s attitude to overall disease control conditions. Part of the new approach is to look at attitudinal factors and how to communicate effectively, particularly at times of disease-induced stress for the client.

Individuals have raised a few points which may be considered. The revalidation programme will be repeated every two years and the content will be continuously updated to include awareness of the effectiveness of new developments.

This is seen as “a good thing”. However, as the records of the tests carried out are held on SAM, the requirement to collate these logs from three farms and evidence of detecting 10 reactors is an additional task that could be automatically assessed.

One of the whispers in the countryside is that six-monthly testing could be introduced to replace annual testing. Logistically this would require an increase in OVs. Another option is to work with the new incident herds so the two 60-day clear tests, plus a six-monthly test, are followed by a second six-monthly test rather than every 12 months.

It would be important to recognise that some farmers, after a clear six-monthly test, relax their management over the following year, whereas that period is arguably very important for disease control. A second clear six-monthly test would build confidence and reinforce good practice. Current belief seems to be that the involvement of European vets in government work would continue after Brexit.

The next Official Veterinary Surgeons Conference is planned for 21st and 22nd September, where ongoing developments with the bTB programme will be discussed and individuals will have an opportunity to share their experiences. My thanks to Sue Hay (Improve International), James Russell (Derbyshire) and Phil Leighton (Devon) for their observations and guidance.
RIDING ON THE RED TRACTOR

RED TRACTOR IS A 21st CENTURY DEVELOPMENT that is a major influence for farmers and veterinary surgeons. Its primary achievement is raising the profile of British farm produce for quality and animal welfare. There are other detailed outcomes and these are being interrogated and highlighted to deliver a programme of continuous improvement. An intensive consultation has been taking place and the responses are being considered by the Technical Advisory Committees. There are nearly 70 individuals making up the five committees of Beef & Lamb, Dairy, Pigs, Poultry and Fresh produce, with another group concerned with Crops & Sugar Beet.

Veterinary surgeons are represented within the animal sectors. Additionally, there are a further 70 (or thereabouts) people who make up the sector boards with chairing management and staff. All the major players associated with food production from plough to plate are linked to Red Tractor.

Red Tractor Assurance is a not-for-profit organisation. Each producer pays to belong to its production sector – produce buyers are increasingly insisting on membership. Every 18 months, a farm is visited by an independent assessor who compares the farm performance with the standard that is laid down in considerable detail. Within the dairy sector it is noted that 95% of milk producers are Red Tractor Assured. Membership by pork producers is even higher and vets have to be registered with the scheme. From 1st October 2017, not only will vets be registered but they have to be members of the Pig Veterinary Society. There has been a difference between vets involved with the scheme and vets carrying out welfare assessments, but no more. There are detailed checks throughout assurance including an online Pig Veterinary Society membership checker with the vet membership number recorded on the assessment forms.

The Red Tractor Assurance Scheme is therefore part of Assured Food Standards and there are promotions and logos highlighting various aspects of the programme.

Open Farm Sunday is due to take place on 11th June and farmers are encouraged to “show what farming is about so that consumers value and support the work you do”. There is a Red Tractor Marketing Toolkit and an addition for this year is a “giant trailer sticker”.

The farmer is also encouraged to hire a Massey Ferguson tractor for the day with suitable livery to promote events. The themes are “Trust The Tractor” and “Great Food, Great Farming”. It is considered that the Red Tractor logo is recognised by consumers and farmers are being asked to acknowledge that Red Tractor is a brand “the world can believe in”. In the past, there has been considerable emphasis on comparisons with other European country standards and this will continue, but the current export speak is looking further afield. Much is made of the respect given to UK produce by Asia, due to the recognition and confidence that Red Tractor offers to buyers.

Confidence in the farm systems and production details that lead to the food produced is very much related to veterinary involvement. A recent report states that the “regular interface between veterinarian and client is the most important relationship to encourage positive health and welfare improvements”.

Science-based evidence

The Report-2017.pdf). The BCVA has sent members a preview of the dairy changes, which includes adding a documented colostrom policy, restricting Quaternary Ammonium Compounds and highlighting the need for clean water.

Antibiotics standards tightening

Throughout the livestock industry, standards are tightening on the use and selection of antibiotics. Training of farm staff by veterinary surgeons is going to increase and records of products and treatments interrogated. For pig farmers there will be a six-week period after the end of each quarter by which they are expected to upload their antibiotic usage. Work is ongoing to develop some means of recording digitally and accurately the antibiotic details for other production sectors.

The basis for assessment on many farms is the health plan and the details have gradually been increased over the years. Each veterinary annual assessment is expected to compare actual performance with the plan and to include involvement with national disease control programmes. However, there seem to be many improvements to be tackled in most sectors and veterinary surgeons will continue to act in the best interests of their clients. It seems certain that there will be an increasing involvement with veterinary surgeons and Red Tractor Assurance.

The levels fell each year with 75% of herds having no pigs requiring action. It is noted that as well as preventing further production losses and improving recovery rates with early attention, there is a marked improvement in staff morale.

The Chief Veterinary Officer has reviewed the report and concluded that the way forward is to increase the provision of suitable environmental enrichment to reduce the amount of tail docking and to prevent tail biting.

As the assessments progressed, the number of pens with undocked tails increased, with 75% of farms recording no severe tail damage and over 50% no visible mild tail damage.

The emphasis is in allowing pigs to show natural behaviour, which includes sustained exploration of the pen. Focuses include straw, alternatives to pen fittings to be chewed, avoiding pigs slipping and treading on one another and barging into gates, with attention to surfaces and other design and management aspects. All farmers appear to be gaining information from the best assessed herds.

Within the dairy sector it is noted that 95% of milk producers are Red Tractor Assured. Membership by pork producers is even higher.

The veterinary assessments were analysed and collated by Newcastle University and published in Animal (Cambridge University Press). AHDB Pork has produced a publication for general readership (pork.ahdb.org.uk/media/273110/real-welfare-report-2017.pdf). An analysis of the data from dairy herds is currently being prepared by Dr Siobhan Mullan at the University of Bristol. A publication is due and the findings will be of great interest to all involved throughout the industry.

The annual veterinary visit forms part of the herd health and performance review and the aim is to improve identified issues.
PAIN MANAGEMENT IN THE HORSE

DR Sue Dyson, head of Clinical Orthopaedics at the Animal Health Trust, reports that her team has developed an ethogram to help identify signs of pain from a horse’s facial expressions when being ridden.

Stage 1 of the development involved testing an ethogram to describe facial expressions in ridden horses and to determine whether individuals could interpret and correctly apply the ethogram with consistency among assessors. An ethogram was developed by reference to previous publications and photographs of 150 lame and non-lame ridden horses, and a training manual was created. The ethogram consisted of a catalogue of facial expressions including the ears, eyes, nose, muzzle, mouth and head position.

Thirteen assessors underwent a training session and, with reference to the training manual, evaluated still lateral photographs of 27 training heads. Features were graded as “Yes”, “No” or “Cannot see” (when it was not possible to determine the presence or absence of a feature). The ethogram was adapted and, after further training, the assessors blindly evaluated 30 test heads from non-lame and lame horses. Intra-class correlation (ICC) and free-margin Kappa tests were used to assess consensus among assessors.

The ethogram was applied blindly to a trained analyst to photographs (519) of the head and neck of lame (76) and non-lame (25) horses acquired during ridden schooling-type work at both trot and canter. These included 30 images of seven lame horses acquired before and 22 images after diagnostic analgesia had abolished lameness. A pain score was applied to each feature in the ethogram, based on published descriptions of pain in horses. A total of 27,407 facial markers were recorded, with those giving the greatest significant difference between lame and sound horses including ears back, eyes partially or fully closed, an open mouth with exposed teeth and being severely above the bit. Pain scores were higher for lame horses than non-lame horses (p<0.001).

Stage 2 of the development involved testing the ethogram in a practical setting to maximise the potential to improve recognition of pain-related gait abnormalities in ridden horses, Dr Dyson reports. She adds that the importance of facial expression for pain recognition in horses, and its potential use across the industry, has been highlighted by this study; the next stage of the project is already under way with the development of a whole horse ethogram and its application to non-lame and lame horses, to help to differentiate between manifestations of conflict behaviour, in response to the demands of the rider, and pain.

Dr Dyson believes recognition of changes in facial expression could potentially save horses from needless suffering and chronic injuries, by enabling those working with horses to recognise pain sooner, and to get these horses the veterinary care that they need. Development of a practical tool for recognising facial expressions, similar to that of a body condition score chart, could dramatically improve the health and welfare of all horses.
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Building a state-of-the-art hospital in Sussex

JOHN PERIAM visits a new equine hospital which is aiming to be on a par with the best in the world

DRIVING INTO THE NEW ARUNDEL EQUINE HOSPITAL’S 32-acre site just north of Ashington in West Sussex, it is clear a lot of planning has gone into its design and build. It has been a dream of Rob van Pelt, one of the directors, to make the move from the current site just south of Arundel, which was long overdue.

How did it all start? “It was about seven years ago when we felt that the Arundel practice buildings could not expand any further and we actively started to look for a new property,” Rob says. “It was not easy to find — it had to meet a number of criteria. Location was most important, but also easy access from all directions. We purchased a small farm with a number of old buildings from a client of the practice who wanted to downsize. It took us about four more years before we could actually commence building.”

Rob had designed and built his own house, so the five fellow co-directors agreed it would be best for him to run the project. His practice workload was duly reduced and the current vets (18 in all) gave him full support while still allowing Rob to call on his key racing stable clients.

Whenever Rob visited another hospital, he would note down anything he liked. This would be filed away, so when it came to design he had a head start. He is also extremely grateful to many colleagues who gave him tips. “Generally people would say ‘don’t do this’ as they didn’t want me to make the same mistakes!”

Once the initial draft was drawn up, the plans were put up on the wall at the practice for all to comment on. Some really productive comments were made. “It is interesting how everyone looks at things from a different perspective,” says Rob.

The next stage was to get planning permission. To satisfy the planners, he needed to do road surveys, lighting designs, landscape designs, agree materials, etc., and once all the questions were answered, planning was relatively straightforward.

“You then must design the internal layout to the nth degree. Where you want drains, taps, light switches, sockets, data points, whether you want walls painted or plastered, etc. This is a problem area as you can’t go to a general mechanical and electrical engineer as they know nothing about horses. They would naturally put something which is becoming more common.

If the weather is bad or if the light fades in the winter, there is a long trot corridor inside the building. Off this there are rooms for MRI, CT, bone scanning and x-ray. There is also the new laboratory which Rob says is about five times the size of the current one. We are HBLB-approved and several of the local practices have asked if we could process their samples. Unfortunately we have never had the space, but now we do,” he says.

Outside there are seven bone scan stablestables separate from the main stable block. Then there are 20 stables with wash-down areas and two stables that can accommodate a sick foal and a mare. There is a large nurse’s work room beside the stables. Two dedicated critical care stables are off to one side with facilities for barrier nursing.

Upstairs in the main building there are intern flats and studios for students or nurses who may need to stay over to monitor a relevant case. These all looked very comfortable, with stunning views of the South Downs National Park.

“The premises are built on Sussex clay and this doesn’t drain very well, so we needed a builder who was capable of doing the groundwork, then build a steel framed building, with offices and accommodation,” he says. “I didn’t want lots of subcontractors. Bell and Sons ticked all the boxes. I then looked at their previous builds and asked owners if they were happy. Don’t be shy; you are going to spend a lot of money — do your homework.”

The planned build was scheduled to take 72 weeks and on my visit, we had reached week 50. All looked as though it was going to plan. Rob’s tour highlighted the many equine aspects he had taken into consideration.

EQUINE-SPECIFIC AREAS

There are many equine-specific areas in this new build, such as the surgery complex. This is divided into four separate areas. Firstly, the horses walk into a room where their hooves are picked out and their mouths washed. Then it is into the knock-down boxes. After they are anaesthetised, they are winched onto the operating table where they are prepped for surgery.

It is only when they are all clean and ready to go that the whole table is wheeled into theatre. This makes sure that outside contamination is kept to a minimum. “There will be dedicated teams of people — on the outside of the knock-down they are considered non-sterile, whereas on the surgery side they are considered sterile, so they must be wearing scrubs. Thus there are changing rooms just off ‘the scrub area,’” Rob adds.

There are three examination rooms, two including stocks. One room is set up for standing surgery, something which is becoming more common.
The trip of a lifetime in vet practice

I HAD BEEN A PRACTISING VET FOR 50 YEARS when I decided I needed to do something to celebrate and also to make me understand that there was something else in my life other than veterinary science.

I am a trustee of the BVA charity, the Animal Welfare Forum (AWF), so I decided to bicycle from my home in Norfolk via the BVA HQ in London to Cape Town and collect money for AWF. My plan involved some complicated logistics as I decided I would enjoy company on the way.

I tried out a tandem on a trip to Western Australia with an old friend of mine, Catherine, who used to do equine dentistry with me all over the world. However, although we got on well with the tandem – it was marvellous for talking – I was totally hopeless on my own and managed to run into the side of a parked twin-cab!

Setting off
My trip started with a farewell party, given by my old practice of Westover Veterinary Centre at my house five miles north of Norwich. The weather on Sunday 30th May was not brilliant, but we had two small gazebo tents, one from the practice and a second from the Shanklin family which kept off the worst of the rain. The hog roast was excellent and the alcohol kept us warm.

We had a small lunch time party with Alan and Angela Stephenson, who I have known all my 40-plus years in Norfolk, on the Monday, before Bridget Parry-James, who was in my year at Bristol, and I set off to bicycle to London.

On the way we stayed with Ian and Judy Kennedy near Stowmarket. Ian is a vet of my vintage. He and Judy are very old pals from my time in Kenya in the Sixties. For our next night we stayed at a B&B on the way to stay with Freda and Dave Kent at Saffron Walden. They are the parents of Ann Kent, who has worked with me at Westover for over 20 years. The next leg took us to Brookman’s Park, the home of Joe Brownlie, who was also in my year at Bristol.

Both Joe and Bridget had commitments so I had to do the final journey into central London twice, a good training exercise, to get the bikes to BVA HQ.

The following day was the AWF welfare forum, followed by a cocktail party at the Houses of Parliament. The next day it was time to start my journey again with Emma Mhene. We were given a big send-off from the BVA HQ after an AWF trustees meeting. Emma and I got to Stansted. She had to fly to her family in the south of France.

Two hours later Jenny Saxton – a brand new vet who flew down from Edinburgh after we met at the AWF forum – arrived. We journeyed together from Stansted to Harwich where on 11th June we took the ferry to the Hook of Holland with the two bicycles.

We journeyed on our bikes through pouring rain to Amsterdam. On the way we stopped at Utrecht to have a look around their marvellous veterinary school. After Jenny flew back to Edinburgh, Emma Williams flew in from Norfolk. She is an ex-veterinary nurse and now a paramedic, always useful if you are 72 and doing strenuous exercise! Emma flew home from Cologne and I was joined by Katie and Peter Dawson. Peter’s father was my guide and mentor in the North Walsham practice, when I first arrived back from Africa over 40 years ago.

We were short of a bike, so Katie hired one. The next leg of the journey up the Rhine was plagued with heavy rain and severe flooding of the Rhine path, which meant many detours up to higher ground. We thought there might be less flooding on the Eastern bank, but it was worse so we had to ferry back to the Western bank again. As Katie had to return the hired bike, they left me after five days and returned to Cologne by train.

My daughter Amelia, a veterinary practitioner working at Uplands Way in Diss, arrived on a cheap flight to see her. The rain, although less, continued – as well as the flooding. We continued overleaf
Small animal practice – the first specialists

IN THE LATE 1700S, TWO MEN of widely different origins were born, but they were destined to meet with a common interest: small animal practice.

Delabere Pritchett Blaine (1770-1845) and William Youatt (1776-1847) were a unique pairing. They were a formidable combination who for four years in London conducted one of the largest veterinary practices in the country.

Blaine started his professional life in medicine, worked at the then new Camden Town College for a while, had a somewhat changeable life for several years, but did produce some veterinary books before moving back to London to establish a veterinary practice, finally moving to 8 Wells Street, Oxford Street. His most important books were Outlines of the Veterinary Art (1801) and Canine Pathology (1827).

Youatt was the son of a non-conformist minister and initially educated to enter the Ministry. His early life is something of a mystery, but in 1812, aged about 36 years he met Blaine and joined his London practice as a pupil.

This was late in life to start a new career, but he had obvious talent. He also studied under Edward Coleman at the London Veterinary College, but had to leave before he qualified because of the bad relationship between Blaine and Coleman.

The highly successful Blaine/Youatt partnership only lasted between 1813 and 1817. The two men had separate premises, Blaine at Wells Street and Youatt quite close at 3 Nassau Street, by Middlesex Hospital. Seeing some 2,000 to 3,000 dogs a year, it is no exaggeration to state that this was the beginning of small animal practice in Britain.

Blaine retired in 1817 and commended his partner to his clients, saying the pupil had outstripped the master. The practice was based in horses and dogs, but it was in the latter species where Youatt’s real interest lay. While a late entrant to veterinary medicine, he developed an interest in the scientific study of diseases of all animals. Later he was to become a major veterinary authority.

Youatt’s dominant interest arising from his practice work was canine rabies; he had probably studied more cases than anybody else, kept practice records, read widely and conducted an immense correspondence.

In 1830 he entered into an agreement with the Society for the Diffusion of Useful Knowledge and from 1831 published through them a series of volumes on the history, breeds and diseases of animals. That on the dog first appeared in 1845, was re-issued over 25 times and is still available today.

Leading authority

Becoming the leading authority on canine rabies in the early 1800s, Youatt published a pamphlet – On Canine Madness – in 1830 (a reprint of papers he had published in The Veterinarian). He followed the work of Blaine and tried to counter popular and professional errors. He stated “rabies is produced by inoculation alone” and that “the virus is confined to the saliva”. In spite of this some “authorities” up to the 1880s were still writing of spontaneous generation.

As a recognised authority, Youatt in giving evidence to a Parliamentary Committee in March 1838 said: “In my opinion rabies is produced by the saliva of a rabid dog, usually introduced into the system by means of a bite” – a statement as accurate today as it was then.

In this early to mid-1800s period, the importance of veterinary pet practice became recognised as the frequent outbreaks of rabies demanded effective means of control, in particular a serious rabies epizootic in 1885-6.

In 1885, under the Metropolitan Police Act 1867, the first of the Muzzling Orders were issued which required all dogs on public streets to be either muzzled or on a lead. If not they were to be taken to a dogs’ home and then euthanased if not collected. This started to gain control over the disease and in 1902 rabies was declared to be eradicated in Britain, although a few cases did occur after this date.

Of Youatt’s practice work it is his interest in rabies which dominates, but he also left possibly the first attempts to classify and enumerate canine disease incidence. He published a summary in 1835.

Skin diseases were a major part of the clinical cases; he noted the incidence increased with the temperature rise, being most serious in August. Mange in various forms was diagnosed, but usually the topical medications available were unsuccessful.

Distemper was noted as a disease with the greatest prevalence in spring and autumn. Rabies cases appeared to be unrelated to weather or season.

Of other diseases, goitre is mentioned (he was the first to use iodine in the treatment of affected dogs) and also “worms”. “Rheumatism” was a frequent diagnosis with many cases resulting in partial paralysis of the hind limbs. “Asthma” was diagnosed, usually in the late spring and treated by emetics.

The Youatt practice at Nassau Street had standard fees: for consultation the range was 3s.6d. (18p) to 5s. (25p) per dog including medicines, but after the first consultation only medicines were charged. Home visits were charged at 5s. if within two miles of Nassau Street with 3s.6d. per visit for follow-ups.

Consultation by letter was 7s. and 5s. for succeeding letters. The hospital charges varied from 5s. to 10s.6d per day depending on size, condition or according “to the trouble which it gives”!

Youatt even opened his own school at Nassau Street and was allowed to deliver lectures at the new London University in Gower Street. These classes prospered but then, aged 55 his health broke down; by 1834 the school was disbanded. In 1834 he took on a partner, J. A. Ainsley, and retired from the practice in 1838. From that date he spent his time writing books and papers.

Blaine and Youatt were the dominating presence in early small animal practice, not only because of their demonstrable competence, but because they both recorded their studies in books and clinical papers. As a result of their efforts a recognised small animal practice structure developed, initially associated with equine practice in the major conurbations.

Bruce Vivash Jones, BVetSts, MRCVS, graduated from the RVC in 1951. After a time in practice he joined the pathology department at the RVC and later went into industry and marketing. In 1967 he formed an animal health-related consultancy business, retiring in 2003, after which he began serious study and writing on the history of the profession and veterinary medicine. He is vice-president of the Veterinary History Society.

Continued from page 37
Employment law – what you need to know

OVER THE PAST FEW MONTHS, several important decisions have been made in the Employment Tribunal and courts that affect employers. The government has now implemented further notable changes.

**Holiday pay**
In numerous cases, attempts have been made to clarify what should be included in holiday pay calculations since the European Court ruled in a British case that calculations should reflect “normal pay”.

As a result, individual results-based commission and overtime which employees are obligated to perform must now be included in the calculation of pay for the first four weeks of holiday each year under the Working Time Regulations.

The position regarding voluntary overtime (i.e. overtime that workers are not obligated to accept when offered) has now implemented further notable changes.

**Religious clothing and symbols**
Employees’ rights to wear religious clothes and display religious symbols in the workplace have also appeared in numerous cases over the past few years. In March, the European Court of Justice (ECJ) considered whether it would be discriminatory for an employer to ban employees from wearing headscarves at work.

In this case, the ECJ was told the company (based in Belgium) had an unwritten rule that banned all religious clothes and symbols being worn to work, which it subsequently formalised in a written policy.

The claimant was dismissed after she started to wear a headscarf three years into her employment in breach of the company’s policy. The ECJ held that it was not less favourable treatment of the employee in question for the employer to have an internal policy that all employees should “dress neutrally” – essentially banning religious dress because the policy was applied equally to all religious dress and symbols.

This is the ECJ’s first ruling regarding headscarves at work and comes soon after several European countries banned wearing full-face veils in public places.

Employers considering implementing similar policies should seek advice before doing so. It is important to be aware that decisions on cases of this nature are made on an individual basis and the outcome is unlikely to provide employers with approval to put blanket bans on all cases of religious clothing and symbols in the workplace thereafter.

**Employment status**
Numerous other cases have considered employment status – namely whether an individual is truly self-employed, or whether they are a worker or employee.

Status determines what rights an individual has; self-employed individuals have the least rights and employed people the most. Workers sit in the middle as they are not entitled to claim unfair dismissal, but do have protection from discrimination and rights to the National Minimum Wage and paid holiday.

One of the most recent cases to reach the media involved Pimlico Plumbers. While this case did not change the law, it provided useful guidance for employers and acted as a warning that the title an individual is given will not be definitive of their status – the facts and circumstances will be.

In this case, the Court of Appeal has upheld the Employment Tribunal’s decision that the plumber involved was entitled to holiday pay and protection from discrimination, irrespective of the fact he appeared self-employed for tax purposes.

The claimant, Gary Smith, had carried out plumbing work for Pimlico Plumbers for nearly six years. After his dismissal, Smith brought a tribunal claim for unfair dismissal, but could claim holiday pay and discrimination because they found him to be a worker and not self-employed. The Employment Appeal Tribunal upheld those decisions two years ago on appeal and in February this year, the Court of Appeal rejected a further appeal against the decision.

It is a common misconception that workers treated as self-employed persons for tax purposes have no employment rights, such as paid holiday and the right to be paid the National Minimum Wage. This is not the case and can be a costly mistake for employers to rectify both in litigation fees and damages.

Given the number of Employment Tribunal claims in this area and the associated costs and negative publicity, employers should review the employment status of their workers with the guidance of good advice, to ensure the right protections are in place and so that they know the correct legal status of their workforce.

**Gender pay reporting**
The gender pay gap and the new reporting requirements have attracted a lot of media coverage. The Equality Act was devised on the principle that men and women should receive equal pay for equal work. The gender pay gap shows the difference in the average pay between all men and women in a workforce.

Regulations have been implemented to make larger employers (employing 250 people or more) report on their gender pay gap. The Regulations will require employers to publish the difference between the median and mean average hourly rate of pay given.

Are you considering selling your practice to a corporate?

Make sure you get the full Value

By obtaining the best Price

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www.thevba.com
mal@thevba.com
Tel:07939216174

Chloe Themistocleous is an associate in the employment department of Eversheds Sutherland.
ALL ABOUT INCOME DRAWDOWN

INCOME DRAWDOWN IS ONE OF THE MOST FLEXIBLE retirement options available, but it is also more complex and higher risk than an annuity. It is effectively a way of providing your retirement income without sacrificing control over your investments.

Your retirement fund will continue to be invested and any retirement income you decide to take will come directly from your fund, and there is no need to draw any income – making it an attractive option for people who need to access their tax-free cash to meet a capital expense, but do not require the taxable income which would be provided by an annuity.

Income drawdown also provides flexibility about how and when you receive retirement income. You can use your fund to purchase an annuity at a later date when this is more appropriate for you. The death benefits available through an income drawdown pension are more flexible than through an annuity. This flexibility comes at the expense of ongoing charges and continued investment risk.

An income drawdown plan does not normally provide a guaranteed income for life; by remaining invested your money will continue to grow, and you can inherit the remaining fund as a tax-free lump sum.

Dylan Jenkins explains the pros and cons of income drawdown and what this could mean for your retirement planning under the new pension freedom rules

In order to calculate the income tax due, the withdrawal is added to your annual income which can mean you pay tax at the 40% (or even 45%) rate, even if you are usually a basic rate taxpayer.

If you are considering drawing money from your pension, it’s really important to seek advice to ensure you do not face an unexpected tax bill and you have enough money to live on throughout your retirement. Many people underestimate their life expectancy, which means they risk running out of money in old age.

Death benefits
If you die with funds left in your income drawdown plan, the death benefits available to your loved ones will depend on whether you were 75 or over. Before 75

Any beneficiary can inherit some or all of the fund as a lump sum. The inherited fund will be added to their own income and taxed at the appropriate rate.

A dependant or beneficiary can continue to draw down income or purchase an annuity and pay tax at the rate applicable to them.

Pros

- Timing – you can choose when to purchase an annuity and may be able to benefit from improved rates.

- Flexibility – you can vary the amount of income you take and potentially control your income tax liability.

Cons

- Investment control – you can continue to make investment decisions with regard to your attitude to risk and investment needs.

- Death benefits – you can leave your fund to nominated beneficiaries

- Timing – annuity rates may worsen rather than improve, or may not improve sufficiently to make up for years in which you have not received this income.

- Mortality drag – annuity rates take into account the fact that some people will die earlier than statistically expected (this is called mortality cross subsidy). If you use income drawdown to delay purchasing an annuity, the effect of mortality cross subsidy will be reduced and you would need to achieve a higher return while in income drawdown to counteract this (this is known as mortality drag).

- Investment risk – the value of your fund is not guaranteed and may go down as well as up. The value may not grow sufficiently to provide an income that matches that which you would have secured by purchasing an annuity.

- Income – high income withdrawals are likely to be unsustainable and this may reduce the financial security of you and your dependents in the long term.

- Review – your fund and investment selections will need to be monitored and reviewed periodically to ensure investment performance remains on track.

- Charges – your fund will be subject to charges to cover administration and fund management. These are likely to be higher than a standard personal pension as the policy must be reviewed regularly and income payments administered.

Please note that this article is not personal advice. Drawdown is considered a higher risk option than an annuity; if you are at all uncertain about its suitability for your circumstances, seek advice.

Continued from page 39

average bonus paid to male and female employees; the proportions of male and female employees who receive bonuses; and the relative proportions of male and female employees in each quartile pay band of the workforce.

In the private sector, the employer’s first gender pay reports must be published by 4th April 2018, based on hourly pay rates on 5th April 2017 and bonuses paid between 6th April 2016 and 5th April 2017.

The public sector regulations require the first pay reports to be published by 30th March 2018, based on hourly pay rates on 51st March 2017 and bonuses paid between 1st April 2016 and 31st March 2017.

The reporting should put pressure on organisations to consider taking action to reduce or eliminate gender pay gaps. While this is of direct interest to larger firms, it is expected that its effect will trickle down through the markets.

Apprenticeship levy

With Brexit looming, the government is keen to offer new ways for businesses to train UK talent, rather than seeking skilled workers from beyond British borders.

A desire to give young people an alternative to increasingly expensive university education can also be noted. To achieve this, the government has introduced an apprenticeship levy of 0.5% of the pay bill of larger employers (those with a pay bill in excess of £3,000,000) that will be collected through PAYE alongside income tax and National Insurance.

The pay bill of firms affected will be calculated with reference to total employee earnings (not additional payments such as benefits in kind) and will be payable by the employer monthly. This money can then be used to pay for the training of apprentices. It cannot be used to pay for any associated costs of having an apprentice such as recruitment or salary.

If the money paid into the levy is not used by the employers within 12 months, it will no longer be available to them and other businesses can apply to use the funds, irrespective of whether they must pay the levy themselves.

The levy is payable whether or not employers engage apprentices, and is estimated to apply to approximately 2% of UK employers. Employers will need to declare any levy liability to HMRC by April 2017 and to adjust their PAYE systems appropriately in readiness.

Irrespective of whether the levy affects your business, it is worth considering where apprentices can fit into your organisation. If you do not currently have any apprentices and do not have to pay the levy, you could benefit from the unused funds from other firms.

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Selling a practice: negotiating the deal

SELLING YOUR PRACTICE WILL PROBABLY BE THE LARGEST financial transaction that you will ever undertake and the purpose of this short article is to inform you how to maximise the price you will receive on completion.

I have acted for practices that have sold for more than double the initial offer; similarly, I have heard of practices failing to achieve the right price because of poor presentation or poor negotiation.

The jungle drums may tell you that a neighbour got £1 million for his practice, but that doesn’t mean you will get the same. Every deal is different and needs to be handled on an individual basis. To get the best price you will need to have:

1. a profitable practice, as the price will relate to true profitability;
2. a practice that has a particular or special attraction for a purchaser;
3. a realistic expectation of price;
4. a comprehensive and informative sales memorandum;
5. negotiations handled by an experienced person and in a professional manner.

Understanding the corporates

“Corporate” veterinary businesses are either funded by:

- public and private investors – raising money on the Stock Exchange when
  public and private investors – raising money on the Stock Exchange when
- equity groups such as Summit Partners, August Equity and EQT Partners – these equity groups invest funds into corporate ventures such as IVC and Vetpartners and hold the vast majority of the shares in the veterinary corporate business, and they will get their return either by selling on the business to another equity group or by flotation on the stock market.

Smaller corporates are usually funded by private fund, bank or equity funding or a mixture of these.

Outside the corporates there are the independent private practices: whether these are incorporated or not, they are usually owned by veterinary surgeons and their purpose is to produce profits to allow a lifestyle, both vocational and private.

Corporates’ buying rationale

When they undertake an offer, it will be based upon the true profit of a practice and will use EBITDA (Earnings Before Interest, Tax, Depreciation, Amortisation) as the basis of calculating the value of your practice – where earnings are equivalent to profit after the normal practice running costs have been deducted.

The major corporates want the means to increase the true profit that is produced over a two-year period by:

- improved purchasing power for supplies and services;
- increased fees;
- additional marketing;
- additional referrals income to their own clinics.

This improved profitability will increase the value of the corporate either:

1. on the stock market by improving the share price; or

continued overleaf

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

BUYING A VETERINARY PRACTICE IS A BIG DECISION, probably one of the most important you will make, so it’s important you get the right advice at the very start of your journey towards practice ownership.

- A is for... ALWAYS work with an independent business adviser with access to all the banks. The lenders all have different lending criteria, and will rarely offer you the best terms at the outset; it’s amazing what a bit of competition can do to ensure you secure competitive lending terms.

- B is for... BUSINESS PLAN. This is essential to demonstrate experience, competence and affordability.

- C is for... CASHFLOW. As the saying goes, “Turnover is vanity, profit is sanity but cash is reality.” It is vital you prepare a cashflow forecast to ensure suitable provision can be made.

- D is for... DELEGATE. Do not try to do it all yourself. You are the best when it comes to all things “clinical”, but you are not expected to be the best in all other aspects of practice purchase, so surround yourself with experts who have been there before and can guide you accordingly.

- E is for... EQUIPMENT. Be it existing equipment at the practice you are acquiring or new equipment you are seeking to purchase post-purchase, securing flexible, competitive and tax-efficient funding terms is essential.

- F is for... FINANCE. An essential requirement for most practice purchases. Thankfully the veterinary profession is viewed as very much a green light sector, but bear in mind that the banks are all very different in their lending stance and criteria so it is vital to engage an independent expert to work with you on your purchase who offers a whole-of-market opinion.

- G is for... GOODWILL. In most cases, this is the largest component of any veterinary practice purchase and is effectively the sum paid to acquire the business over and above any property and equipment element. Most high street banks and smaller lenders understand and “should” lend against goodwill – subject to their own individual lending criteria. They are all different though, so do work with an independent adviser for a whole-of-market overview.

- H is for... HELP. Do not be afraid to ask for help. You are not expected to know everything. Engage with the experts in the field who will almost certainly have come across the same issue previously and can guide you in the right direction.

- I is for... INDEPENDENT. Many first-time buyers make the mistake of only approaching their current bank and not seeking other opinions. By engaging an independent business adviser, you will have the comfort of knowing that all the main banks have been considered and a degree of competition will ensure both flexible and competitive terms.

- J is for... JUSTIFY THE PURCHASE. Not all practices are worth the asking price and you need to work out if you will be financially better off post-purchase. The preparation of a profit/loss forecast based on you as the owner is a good starting point to answer the “is it worth it?” question.

- K is for... KNOWLEDGE. Practice purchase is a minefield and could be costly if you get it wrong. Ensure you work with specialist lawyers, accountants and business advisers who will keep you on the straight and narrow and should save you money in the long run.

- L is for... LAWYERS. Always work with a solicitor who has prior experience in the veterinary market – it is a false economy to use a small local firm with no such experience. You might also want to consider asking for a fixed fee or if they will consider a zero-abort fee so if the purchase does not complete, they will not charge you.

- M is for... MANPOWER. Most new practice owners find that staff are their biggest headache post-purchase. New contracts will almost certainly be needed for any self-employed staff and if any changes are proposed to salaried staff, ensure you engage with an employment law specialist – especially one who has experience in the veterinary area. It is also worth having a reliable veterinary specialist recruitment agency on speed-dial for those Monday mornings when a member of your team has called in sick and you have a full book to deliver!

- To be continued...

2. to another equity group which may wish to buy out the present investing group.

Selling
The major corporate groups have probably undertaken a thousand or more acquisitions between them so they all have the experience and knowledge to know what a practice is worth to them and how to approach a purchase.

What you need to do as a seller
1. Get the base price right – know what is achievable from experience of previous sales.
2. Prepare for the sale – ensure that you present everything that a potential buyer will require.
3. Find the right potential buyers, usually not the first one who has approached you and made an offer.
4. Ensure dealing with the potential buyer is professionally done – there are plenty of practices willing to sell, so the corporate groups will want the best practices at the best price.

I know of owners who have turned down a good offer because they were convinced they would get more, only for the corporate not to bother coming back.

Preparing for the sale
In practice, you should have a professional sales memorandum that covers the information that every buyer will want to know: this is something that comes with the experience of dealing with corporate buyers.

Negotiating the deal
Have you played poker with a professional? And won?
A potential buyer may guess, or assume, but should never know, who else is interested in purchasing the practice. If you have more than one potential buyer, an experienced negotiator will know how to manage the situation to obtain the best price.

Potential bidders should never know what another bidder is offering; it will not necessarily lead to your obtaining the best price. Corporate businesses prefer to have a structured approach to buying, rather than an auction.

Play poker
1. Once they have decided they want your practice, they will know how much they are prepared to pay.
2. They will not know what price you will accept.
3. They will assume other parties are interested – let them assume.
4. They will not know what any other parties have offered – let them guestimate.
5. It is a question of getting their maximum to your acceptable level.

It can sound easy when you start talking in telephone numbers, but think rationally: when you are offered £1,500,000 and another offers £1,555,000, you can do a lot with £55,000 taxed at only 10% – so think! You will need an experienced lawyer to give you legal protection and an accountant to ensure you only pay the tax you need pay. Many deals structure the price on the future earnings of the practice, which you should not accept as the practice will no longer be under your control.

All final negotiations when dealing with the preferred bidder should take place before any offer is accepted. Remember, know what is achievable and what is acceptable to you by making sure you take the right advice at the outset.
Is it time to try something new?

IF YOU ARE A PRACTICE OWNER OR MANAGER, the chances are that recruitment is your biggest headache. Vacancies that stay unfilled for months put strain on the remaining team members and potentially create new issues related to staff retention.

Perhaps your response has been to create new print ads that are bigger, flashier and more expensive than ever before, but the right fish still aren’t biting. Could it be time to look for a new spot along the river or look for more enticing bait?

Not just what you say, but where you say it...

At one time, the only way to find a job was to look in the local newspaper or drive around the desired area looking for “for sale” boards. Nowadays, who has the time for that when you can look online?

Getting yourself noticed online can be tricky, but there are solutions. The first is to post your job vacancy on veterinary sites that already attract your target audience of vets and RVNs – in other words, fish in the best-stocked ponds.

Some of the busiest sites charge a fee for this while others remain free: look around and choose wisely. We recommend posting on more than one.

As a rule of thumb, context (where you post) is becoming as important as what you post online. When looking at how people are searching online for veterinary vacancies in the UK, the actual search volume for individual words (such as “veterinary job”) is relatively low as it only applies to a relatively small sub-section of the population.

However, all the terms relating to these kinds of searches also face high competition due to ad spend. As a result, you are unlikely to rank for organic search terms like “veterinary vacancies in the UK, the veterinary population.

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Thinking about your search from the point of view of the applicant is also very useful. Some professionals want to change their job but not their location and may only be looking at practices within a specific area.

Posting your job on your own website and letting them know they can apply in confidence is one way to hook those fish who need to stay in the area due to their partner’s job or who have children at local schools.

Think about testimonials from existing team members too – everyone loves the reassurance offered by a positive review.

Why not use your practice social media too? While you are unlikely to have a ready-made audience of veterinary professionals, you can buy access at a low price. If you use Facebook, then for a few pounds you can post your vacancy on your page (including contact details) and then boost the post.

Select vets or vet nurses as the special interest group and select the geographical area you want to attract applicants from – that could be just the UK or extended into Europe. You will be able to see how many people your post is reaching, so allocating a small test spend can be a good starting point: you could even test different wording on several posts as a way to find out what attracts most interest.

Include a photo of the practice or team, but be careful about adding too much text as this can result in your “ad” being rejected. Think about the timing too. Veterinary audiences are often online slightly later in the evening than most general consumer audiences. Popular slots when people are travelling to work or lunchtimes also face a lot of competition and 3pm is often suggested as a time on Facebook when it’s easiest to get noticed: experiment to see what works best.

On Twitter, hashtags such as #job, #jobs and #hiring are more popular than #career, #Vacancy or #Recruitment. That doesn’t mean that’s the most relevant term for our profession, so again be prepared to test. Follow relevant professionals to increase the possibility of retweets (also ask for retweets!) and post more than one tweet at different times of the day and different days of the week; you might find Sunday evening when that “back to work” feeling kicks in is especially useful.

Finally, is there a relevant conference coming up? Piggy-back on the conference hashtag and offer an informal coffee and chat (or a free lunch if you are feeling flush) to vets looking for a new position.

Alternatively, you could overhaul them and pay more for the traffic, but for one job vacancy this is probably going to be cost-ineffective.

Recruit in social spaces

People tend to have accounts on multiple platforms and specialist audiences can be difficult to acquire so increasingly in the future we will all rely on others to share our news and stories rather than attempting to be all things to all people, everywhere, all of the time.

Rather than buying traffic, special interest sites attract people by creating useful content so you can be sure that the professionals visiting the site are keeping up to date on current issues. Vetpol, for example, has a presence on all the relevant social media platforms including Facebook, Twitter and LinkedIn, hosts a popular blog and is consistently rated as one of the top veterinary influencers – so in terms of context has a lot to offer your recruitment campaign.

You might consider LinkedIn to be primarily a business platform with a reputation for being a good recruitment tool – for many people their first step when looking for a new job is to update their LinkedIn profile. Luckily, it has also attracted many vets and vet nurses both from industry and general practice.

A recent search pulls up 630,000 individuals with “veterinary” as part of their profile. Looking for a specific skill set? “Veterinary orthopaedics” brings up another list of over 1,500 potential candidates.

There are a number of dedicated veterinary groups on the site that attract veterinary professionals to LinkedIn though some (not all) exclude recruitment from their news streams. Look around and join the most relevant groups that offer open access to members for recruitment purposes.

Of course, as well as being a place to seek out vets and vet nurses, LinkedIn is a source of information for potential recruits, so make sure that the practice partners have a profile and that it reflects the practice values and ethos.

Connect with a few likely candidates or gatekeepers and if you see someone you think would be ideal, why not message them and let them know about your vacancy?

If you overtly signpost candidates to the LinkedIn profiles of partners in your job ads, don’t forget to check out the “who looked at your profile” section and follow up with a friendly message.

You and me, not them and us

Thinking about your search from the point of view of the applicant is also very useful. Some professionals want to change their job but not their location and may only be looking at practices within a specific area.

Posting your job on your own website and letting them know they can apply in confidence is one way to hook those fish who need to stay in the area due to their partner’s job or who have children at local schools.

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