The British Veterinary Association has published a report setting out its key recommendations for the forthcoming Brexit negotiations, and states that vets are vital to achieving the UK Government’s post-Brexit vision for high animal welfare and food safety standards.

The Brexit and the veterinary profession report, which has been developed through consultation with BVA members, devolved branches, BVA specialist divisions and other key stakeholders, outlines “the essential role that the UK veterinary workforce plays in not only caring for animals, but in enabling trade, ensuring food hygiene and safety, and undertaking cutting-edge research”.

Non-British EU veterinary surgeons are critical to the UK veterinary workforce, the association says: around 50% of veterinary surgeons registering to practise in the UK each year come from overseas, with the vast majority of these coming from the rest of the EU. However, one-fifth of vets are already reporting that it has become harder to recruit since the EU referendum.

To secure “the best possible outcomes” for animal welfare, public health and the veterinary profession, the BVA’s report sets out 52 recommendations for the short, medium and long term, including calling on the next Government to guarantee working rights for non-British EU vets and veterinary nurses currently working and studying in the UK, and for British vets and VNs working in the EU, at the existing level and with no time limit, to ensure the need for veterinary services can be met.

It recommends maintaining and seeking opportunities to improve current animal welfare standards and prioritise them in all trade negotiations to ensure that a high standard of animal welfare and food hygiene is “a unique selling point” for the UK.

A commitment to maintaining a single standard for meat produced for both domestic and export markets based on current standards of food hygiene legislation and enforcement, including veterinary certification and controls, is also called for.

Other points of recommendation include the need to negotiate to establish formal links with the EU on disease surveillance, to ensure reciprocal data sharing with Europe is maintained; to guarantee the UK veterinary profession ongoing access to all existing veterinary medicines licensed through the EU regulatory systems; to develop a regulatory and legislative framework to ensure the UK continues to be a globally attractive place for research and development (R&D); and to establish a body to oversee and co-ordinate animal welfare policy across the four administrations of the UK and facilitate partnership working between industry and government to tackle endemic disease and animal health challenges.

The foundation
BVA president, Gudrun Ravetz, commented: “Vets provide the foundation for the UK’s work on animal health and welfare. Veterinary teams up and down the country support the UK’s 11 million pet-owning households; not a penny of the UK’s £13 billion agri-food industry could be realised without vets; and we are an integral part of the international scientific community, annually bringing in over £50 million for research and development projects.

“The veterinary profession is in a unique position from which to offer the next government evidence-based policy recommendations to ensure animal health and welfare, public health and other standards are at the very least maintained as we exit the EU.”

“We believe Brexit also presents us with opportunities: for example, to develop a strong, competitive food industry with full consumer confidence at home and abroad as well as to position the UK as a world leader in high animal welfare – and a strong veterinary workforce is vital in achieving this.”

In advance of this month’s General Election, the BVA has also produced a 20-point manifesto of key recommendations covering both Brexit and wider policy issues, which has been sent to the main political parties’ manifesto-writing teams and to the BVA’s Honorary Associates.

The report and manifesto are available at www.bava.co.uk/brexit.
CORTAVANCE™ - HAVE YOU HEARD?
POTENT TOPICAL STEROID SPRAY NOW IN 2 SIZES

- Versatile spray works rapidly in the epidermis with negligible systemic absorption.
- Potent, topical glucocorticoid that can treat up to a third of the dog's body daily.
- Easy owner administration with no known incompatibilities.
- Part of Virbac's comprehensive dermatology range – speak to your Virbac Territory Manager to find out more.

1 Cortavance SPC. Cortavance™ contains 0.584 mg/ml HCA or hydrocortisone aceponate. Legal category: UK POM-V, Ireland POM. Indications for use: for the symptomatic treatment of inflammatory and pruritic dermatoses in dogs. Advice should be sought from the Medicine Prescriber. Use medicines responsibly: www.noah.co.uk/responsible.

For further information please contact Virbac:
Virbac Ltd, Woolpit Business Park, Windmill Avenue, Woolpit, Bury St Edmunds, Suffolk IP30 9UP.
Tel: 01359 243243   Email: enquiries@virbac.co.uk   www.virbac.co.uk
**RUMA adopts list of ‘critically important’ antibiotics**

THE European Medicines Agency’s list of highest-priority “critically important antibiotics” (CIAs) – identified because of degree of risk to human health should antimicrobial resistance develop after use in animals – has been officially adopted by RUMA, the agricultural and food industry alliance which promotes responsible use of medicines in farm animals.

Slightly different lists of highest-priority CIAs are published by the World Health Organisation, the US Food and Drug Agency and the EMA; the decision for RUMA to adopt the EMA list was made after discussions with its members and with the Veterinary Medicines Directorate, which itself follows the EMAs recommendations.

This decision, RUMA says, means that under the One Health banner the UK farming industry should be aiming to reduce use of fluoroquinolones, 3rd and 4th generation cephalosporins, and colistin, and only be using these antibiotics where no other product will be effective for the condition being treated.

These antibiotic groups will also therefore be one of the key elements of focus for RUMA’s “Targets Task Force”, which is due to report goals for reducing antibiotic use in each livestock sector in October.

Sales of antibiotics on the EMAs highest-priority CIA list make up a small proportion of the 56mg/PCU total antibiotic use in livestock; UK veterinary sales data show the industry is already acting with reductions in sales of both fluoroquinolones and 3rd and 4th generation cephalosporins between 2014 and 2015.

While colistin sales were static between 2014 and 2015, this was at almost one-tenth of the EMAs recommended level of use. RUMA says it understands that voluntary restrictions brought in at the end of 2015 following the development of resistance to colistin internationally mean that 2016 sales data, to be published at the end of the year, should show reductions in colistin use.

**Lungworm reported on the rise in north and south**

IN a continuing effort to chart the spread of lungworm across the country, vets have reported more than 80 incidences to Bayer since February. At least six of these cases resulted in death, with fatal cases reported in Salisbury, Ipswich and Essex, including a 13-week-old puppy in the Crawley area.

The reports show that of the 84 incidences recorded, 43 practices reported that the case was not the first experienced. With no requirement for compulsory reporting, Bayer comments, it is estimated that many other cases are likely to have gone undocumented.

The reports submitted to the firm also revealed that though the majority of cases were found in the south of the UK, incidences were reported as far north as Paisley in Scotland.

This growing spread of reported cases adds to the increasing base of evidence that lungworm is endemic throughout much of the UK and continues to pose a significant threat to dogs, it says.

Recent research by Bayer confirms that over a third of vets (37%) thought cases of lungworm had increased in their area over the last five years. A study from the University of Bristol which examined the fox population also provides evidence to support the parasite’s spread across the UK.

The research suggests that the overall prevalence of *A. vasorum* in foxes is 18.3% in the UK, which is significantly higher than a previous study published in 2008, which reported a prevalence of 7.3%.

The south-east is reported to have the highest prevalence, with 50% of foxes now found to be infected with the parasite (more than double the previous figure). In the north of England and Scotland, 7.4% of foxes were now found to be infected despite none being found in this region in the earlier study.

Vets can report cases to their local

**TAKE A COMPLETE NUTRITIONAL APPROACH TO DERMATOSIS**

The ROYAL CANIN® Dermatology range offers the choice of hydrolysed and extensively-hydrolysed diets for cats and dogs, allowing you to choose the level of hypoallergenicity. From work up to long-term management, now there is a diet for every stage of your approach.

ROYAL CANIN® ANALLERGENIC is your first choice elimination diet for Nutrient Intolerance.

For more information, contact your ROYAL CANIN Veterinary Business Manager, or visit www.royalcanin.co.uk/skin

---

**We would like to fully understand what content those in the veterinary community enjoy reading and find most useful, and how they prefer to access that content. To have your say and be in with a chance of winning one of ten £50 vouchers redeemable against any Improve International CPD course, please complete our short survey at:**

www.veterinary-practice.com/survey17

---

**Follow vpeditor**

**Editorial and design:**

Managing Editor: Ellen Hardy

Editor: Jennifer Parker (jennifer.parker@5mpublishing.com)

**Design:** Cascade Design

**Printing:** Buxton Press

---

**Follow vpeditor**

**Advertisement enquiries:**

David Kimberley: 07867 357552 davidk@veterinary-practice.com

Nic Catterall: 07730 762136 nic.catterall@5mpublishing.com

---

**Subscriptions and head office:**

5M Publishing Ltd

Unit 10, Southill Business Park

Cornbury Park, Charlbury OX7 3EW
HABIT IS SUCH A DEBILITATING THING! It’s not necessarily a negative concept but, rather, it’s so limiting in our approach to the boundless choice around us.

Habitually, I’m an early riser and the dogs have got used to being out of the house by six o’clock, which, in itself, limits any rare opportunity for a lie-in.

This morning we found ourselves, as we so often do, wandering across the fields of the Batsford estate with Meon Hill and its distinctive flat top on one side and Broadway Tower cresting the top of Fish Hill on the other horizon.

The tower was the brainchild of Capability Brown and was built for the 6th Earl of Coventry in 1798, but is little more than a folly although it now houses exhibitions of local history on three of its floors. What many might not know is that, in an adjoining field, lies a nuclear bunker.

A relic from the Cold War, it was built as part of a wider network of similar structures across the country to enable the government of the day to study the effect of nuclear explosions and radioactive fallout.

On a bright, spring morning there seems such a disconnect between the benign beauty of central England and the harsh reality of what might have been had – in the words of the Tower’s guidebook – the Cold War turned hot, but as we are living in turbulent times, stark reality is never far from sight.

An early morning walk is a great time to hold a meaningful conversation with oneself and I was musing that this profession has been kind to me over the last 30 years, providing me with a living and a real focus for my everyday endeavours, something of a privilege in every respect.

Yet this same profession has seen dismay and distress on a scale greater than most, with well-being rather belatedly appearing as a focal point for wider discussion. Recent research has shown that well-being for veterinary staff still features far too low down the list of priorities for many practices.

Perhaps we should say “most” practices as in the survey of 194 veterinary professionals, two-thirds of respondents said their practice had no one appointed nor any programme in place to take responsibility for well-being.

The most cheering part of that survey’s report is that one-third of practices had made some provision for this and two-thirds of those who did not have it commented that they hoped to implement something in the future.

Clearly, awareness of the problem has grown and a wider application of attention to this problem has begun.

More than 98% of those respondents recognised that well-being contributed to business success and that rings an alarm bell in my addled consciousness. Some might say it doesn’t matter why or how the profession addresses its problems, but business success has to be properly resourced and, if making a difference is achievable, it would be immoral to see a lack of resources being held responsible for anxiety, depression and other mental health issues in just one, let alone any number of veterinary health professionals.

Have we fallen into the habit of seeing our management of practice as being a set piece that doesn’t need changing or are we just too fatigued by the never-ending tide of changes that consumers have required of us?

Dramatic changes

These last 30 years have seen such dramatic changes: in our approach to caring for different species, the rise of consumer power; the potentially toxic marriage of “price and convenience”; the need to be open all hours and to employ a set of skills and values that are not necessarily our own and may be far from those for which we were trained.

We seemingly accept a poor work-life balance, long working hours and a target-based working environment, but the old mantra that older vets may once have trotted out – “we had to do the same in our day” – is simply no longer true.

Our forebears within the profession may have lived above the shop and been on duty for more hours than the speaking clock, but the current climate of targets and financial pressures are an invention of the modern age.

As humans, we seem hard-wired to resist change and to attribute blame to those who drive that change, but in reality, corporate practice is usually financially secure with sufficient reserves to weather the storms of an economic rollercoaster and with a structure that fosters young graduates. Larger companies are often more regulated and, where shareholders are involved, the need to do things by the book is paramount. Who cares if employment conditions are formulaic if they offer protective structure to employees?

When corporate practice first arrived, a sizeable part of the profession looked askance at it, fearful that it would make irrevocable changes to a carefully crafted image of practice that reflected what some saw as having been a golden age.

In reality, corporate practice may yet turn out to have been the salvation of the profession. It provides an exit route for many in a climate where younger vets could not, or would not, sign up to a partnership, it provides structured terms and conditions for employment, for CPD, for career advancement inside and outside the clinical framework and, in many cases, has set out a modern vision for local practices that myriad clients like and support.

This must surely be the time for this profession to pull together, to speak with one voice, to stop worrying about the difference between independent and corporate practice and to agree a minimal standard of care and attention to the needs of our own. We have seen the introduction of invaluable – and hugely appreciated – organisations like Vetlife and Mind Matters, but we need to go further.

To quote the inspirational Gudrun Ravetz, BVA president, “It’s essential we all play our part in making veterinary workplaces supportive and nurturing places for colleagues, clients and patients.”

This profession can take pride in how well it continues to do that for clients and patients in an increasingly competitive and demanding marketplace, but isn’t it time we set out a minimal standard for meeting that same need for our colleagues too?

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

ACCORDING to the findings from a national survey into the vaccination habits of UK cat owners, conducted by Merial Animal Health, “an alarming number of UK cat owners don’t feel it is necessary to vaccinate their cat annually”.

In the survey of 2,000 UK cat owners, it was revealed that nearly half (48%) do not vaccinate their cats annually and 28% do not vaccinate at all, based on a belief that it isn’t necessary.

These latest findings, Merial says, highlight the nationwide lack of awareness among cat owners regarding the importance of lifelong vaccination in order to protect against some of the most common feline infectious diseases.

The survey findings also reveal that over 60% of cat owners know very little or nothing at all about the diseases their cats are at risk from. This lack of education was most prominent among female owners aged between 18 and 35, with 30% of female respondents reporting that they don’t believe vaccination to be necessary at all, compared to 25% of males. In addition, 50% of female cat owners stated that they would like more information specific to their cat and its lifestyle, compared to 30% of males.

Some noticeable regional variations in vaccination awareness were revealed, with one in five Londoners claiming to not vaccinate their cats at all; and there is a general shift towards sourcing cat health information online, with 53% reporting that they look for information online or via social media. However, veterinary professionals were still cited as the most valued source, with 75% stating that their vet is their first point of contact for information regarding their cat’s health.

‘Alarming’ cat vaccination figures in new survey

Congratulations to last month’s Pictopuzzle prize draw winner, randomly selected Suzanne Bagnelle of Frostenden, Suffolk, for answering: Chinese finger trap
Owners preference for 12 week flea and tick protection is proven.

We tested the experience of using Bravecto® 12 weeks protection against monthly products.

Owners told us: 96.5% were either very satisfied or satisfied with Bravecto®.

For those with experience of using monthly flea and tick products the main benefits over monthly treatments were:

- Convenience: 87% of pet owners found it more convenient to give a 12 week dose than monthly doses.
- 12 week dosing: 73.2% pet owners said they would be more likely to give the next 12 week dose on time than repeated monthly doses.

They also felt that using a product that lasts 12 weeks had advantages over monthly re-dosing products.

They were less likely to forget a dose, and pets were less likely to get fleas and ticks.

Available only through practice; keep your clients’ pets protected and owners satisfied by giving them a longer lasting choice; recommend Bravecto®.

Bravecto® contains fluralaner and is indicated for the treatment of flea and tick infestations in dogs. Provides 12 week immediate and persistent flea killing activity against *Ctenocephalides felis*. Provides 12 week immediate and persistent tick killing activity against *Ixodes ricinus*, *Dermacentor reticulatus* and *D. variabilis* and 8 week immediate and persistent killing activity against *Rhipicephalus sanguineus*.

Refer to the packaging or package leaflet for information about side effects, precautions, warnings and contraindications.

Further information is available from the SPC/ Datasheet or MSD Animal Health, Walton Manor, Walton, Milton Keynes, MK7 7AQ.

Use Medicines Responsibly. For more information please refer to the Responsible Use sections of the NOAH website.

1. MSD CORE Research Internal Study. Pet Owner Treatment Satisfaction and Medication Adherence to Bravecto® when prescribed to over 500 pet owners in the UK, Dec 2016.
Recording skills: examining the art form

“COMMUNICATION SKILLS” IS A PHRASE that is familiar to us all and something that we are scantily taught at undergraduate level and are left to develop, or allow to atrophy, as we progress through our careers. Along with communication could go “recording skills” as in writing clinical notes, referral letters in both directions, staff memos, etc.

We’ve had a few cases recently at work that have made me ruminate on this topic and look for some novel solutions.

Clinical note-writing is a bit of an art form which can take many guises. Here’s a light-hearted look at a few I have encountered in what is coming up to 20 years in practice.

**Someone who appears to have been taught to do it properly**

We have one of these in our practice now and it is always a pleasure to read the clear notes, not too brief and not too long, broken into sections. These are H for History, something beginning with A which I have never worked out but I am guessing is Assessment, and P for Plan.

This approach helps make the important differentiation between what the owner tells you, H (“he’s lame on the right leg”), to what is actually evident on clinical exam (“7/10 lame L fore”).

In most practices where vet continuity is not 100%, it is crucial to record what has been advised to the owner so the next vet can follow the same approach. This avoids confusion and having to appear to disagree with a colleague or even, depending on your age and memory, arguing with yourself about what you said last week. It is also vital for any style of note-taker to record advice given by the vet (or receptionist on the phone) and not taken or refused by the client.

**The Haiku Master**

This is a common style in older vets who have seen and done it so many times before, they just jot a few choice words down but know exactly what they mean, and importantly so does the next person reading the notes as long as you have all worked together for a while and know roughly how they work.

An example of the style I might use could be something like “D+2d GPE NAD adv usual”. This, along with a record of treatment dispensed, I could legitimately upscale into a 500-word essay. Anything outside of the parameters of “GPE NAD” would be separately recorded and by its absence in the notes it can be assumed was not present in-vivo. The vet I succeeded at my current practice employed this style almost exclusively, but we always knew what he meant.

**The Expert**

This often applies to a GP vet who has a favourite subject or certificate. It will usually lead to a departure from their usual style and generate a paragraph or two which is completely unintelligible to anyone else in the practice.

**No notes at all**

Often a style employed by practice owners. Just as their fingers hit the keyboard a line of people appears at the consult room door with questions about subjects ranging from life-threatening emergencies to the pension scheme. The train of thought is lost and the notes are forgotten.

My personal favourite was when trying to type (it was actually an insurance claim) I was interrupted numerous times and finally someone just plonked a cardboard box with an injured bird in it on the keyboard and walked off.

Colleagues of the “No notes at all” vet need to develop a certain set of skills to be able to do re-examinations. I find nice open questions are good for discovering what may have been said and done last time, like: “How’s it going?” or “Just recap in your own words the timing of it all.” These are also useful in dealing with cases sent to you for a second opinion when you have yet to receive the notes about the first opinion.

The advantages of having no notes are few, but the main one is stopping insurance companies going on a fishing trip for exclusions in annual policies. Some insurers are getting very sharp at picking up on any casual remark in historic notes and slapping a lifetime exclusion on it.

**The Essayist**

The opposite of the above, and sometimes almost as difficult to follow on from. So many whys, wherefores and what-ifs have been debated that it is hard to know what actually was decided. However, this style of writing will record everything that was done, suggested and not done, etc.

Elements of the “Doing it properly” style and “The Expert” are evident in these notes. If ever notes are needed in a medico-legal setting then this will cover everything and probably even convey something of the atmosphere and how everyone felt during the consultation.

**The Randomiser**

I think this is sometimes what I end up producing. As the client leaves the room, I start typing in a stream of thought that has no real timeline or structure. It’s usually all in there, but not very logical. Frequently scattered with typographical errors as the fingers cant keep up with the brain.

Pondering such things led me to wonder if there was a “black box recorder” we could install in the consult rooms to record what was really said. Clients often forget what was said by the time they reach reception and despite me telling them it is “one tablet twice a day with food, start tomorrow morning” and printing it on the label, the receptionist will still often have to confirm it again as the client is “a bit confused”.

How much critical information will have been lost by the time they get home? How much confusion will have crept in about what to look for if things are deteriorating? About when to come back?

We have all had complaints and often the client’s version of what was said and advised is at variance with what was actually said. If we are lucky there are good clinical notes to record the gist of a conversation, but not always as we have discussed.

I questioned some friends: a GP, community psychiatrist nurse, psychologist and a software designer. Firstly it would appear that no such system is in common use. The GP commented that they now do a lot of their consultations over the phone and these are indeed recorded and kept for three years.

Also from some quick research it appears to be becoming more common for GP patients to record actual (i.e. non-phone) consultations on their phones. The VDS commented to me that they have also come across this with vets.

The psychologist and nurse felt that as you would have to inform the client the conversation was being recorded, this would immediately change the nature of the relationship and erode trust – essential in their line of work.

I think that recording in consults would be a good idea. It would close the gap between our verbal communication skills and our record-keeping.

Based on personal experience and observations, the quality of note-taking bears no relation to the quality (or sometimes even the contents) of a consultation.

Nearly all consults end with the clients satisfied, happy and with a clear plan in place. When the overdue bill lands on the doormat 30 days later, suddenly that can change.

It is then hard to get to the truth if a complaint or law suit comes in and you are defending against a client with very strongly held memories (which may be true, false or confused) and all you have are some clinical haikus, missing notes and random jottings of an overworked mind to refer back to.
The Ultimate Microchip Solution

Reliable: Swiss-engineered, guaranteed for life
Compliant: meets UK legislation and ISO standards
Durable: over 20 years industry experience
Stable: bio-compatible glass, anti-migratory coating
Traceable: robust backtrack from manufacture to registration

8mm mini and 12mm standard formats available with Owner Information Packs!

Pet-ID Microchips Ltd
www.pet-idmicrochips.com  tel +44 (0)1273 837676
Communicating with clients: should we make more of an effort?

Mr Packham’s autism (he has been diagnosed with Asperger’s Syndrome) is well known, and anyone who has experience of autism will know that “sugar-coating the pill” is not something that comes easily to people on “the spectrum”.

This was brought home to me many years ago in the communal changing room at the local swimming pool when my oldest son (also on the spectrum and then eight years old) pointed at a fellow bather and said in a loud voice, “He’s a fat man!”

Let’s then make allowances for Mr Packham’s delivery, swallow our indignation, and think rationally about what he was saying.

Urging us not to treat clients like idiots is clearly a good place to start. Sure, there are plenty of idiots out there, but there are also plenty of people who aren’t. And in truth there’s no need to treat anyone like an idiot; tailoring what we say to a person can be gauged from their reaction to what we’ve already said and by the questions they ask us — providing of course we give them the opportunity to ask questions and actively encourage them to do so.

It is only by asking questions that most people can build up a sense of understanding in their own minds of what is going on. Realistically though, how often do we genuinely ask clients, “Do you have any questions?”? I suspect for many (most) of us, not very often.

I also think Mr Packham is completely right when he suggests that we should talk through x-rays and the results of blood tests with pet owners rather than simply saying they are “negative”. Negative for what? It doesn’t make any sense.

Surely if an owner has paid for an x-ray, we owe it to them to show them the picture and point out that there is no visible evidence of a fracture or a foreign body or whatever, or hand them a print-out of the blood results and explain that all the parameters tested are in the normal range which helps to rule out $x$, $y$ or $z$.

That shouldn’t take a lot of time and if we then ask the client if they have any questions or if there’s anything they don’t understand, we can get a realistic idea of whether they have a good grasp or not on what is, or isn’t, wrong with their pet.

Uncommunicative profession

This issue of communication has been brought home to me in the starkest of ways by my experiences of the medical profession over the last few months. My aforementioned autistic son, now grown up, has developed a serious bowel problem that is probably going to require some major surgery.

We have seen five consultant colorectal surgeons over this time frame and all, without exception, have been appalling communicators.

From being evasive in terms of avoiding speaking to me, to lacking any sort of empathy for my son or the rest of the family, they have ticked all the wrong boxes in spades.

None of them has offered to show me any of the radiographs and talk me through what they show. None of them has offered to show me blood test results or even explain why they are taking them and what they are looking for. None of them has sat down in a quiet room and talked through with me what the possible aetiologies of the problem might be, the possible solutions and the possible outcomes. And they’ve certainly never asked if I have any questions and take on a look of painful resignation when I start to ask them.

Indeed, one surgeon — who had seen my son for all of five minutes and had never spoken to me about the history — managed to spare the time during the ward round to say, “It’s just a case of chopping out the sigmoid flexure — it’s a useless piece of anatomy anyway, blah blah blah.” No explanation of why, complications, alternatives, anything.

Even as a vet I felt completely side-lined; how is anybody with no basic understanding of medical matters supposed to navigate their way through that?

Following on from this experience I have told numerous friends that if I ran a vet practice like this I would be out of business within a week because clients would simply go down the road to the next practice where the vet would make time to speak to them. And surely this is all Chris Packham was saying, albeit in his rather blunt style.

We have a duty and indeed a moral responsibility to communicate well with our clients and to make sure that we are involving them in the decisions relating to the treatment of their pets as far as is possible.

Yes, some people are more capable than others of understanding what is going on and some are more willing than others to be actively involved in the decision-making process. But it is up to us to find out through careful explanation, careful listening, and by offering the client the opportunity to ask questions of us and then to answer those questions as honestly and accurately as possible.

This is the gist of what Mr Packham was saying and surely most of us would agree that we should all be trying to do that to the best of our ability. We should probably all take the time to genuinely reflect on whether we always come across to our clients like that or merely think that we do.

I WASN’T AT BSAVA CONGRESS TO HEAR Chris Packham’s keynote speech to delegates, but I did read a report on it in one of the veterinary magazines. There was nothing remarkable or sensational in the report, rather it came across that Mr Packham had expressed some views on how vets could improve their communication with clients and by so doing, improve client satisfaction along the way. What’s not to like about some feedback that might help to keep clients happier?

Imagine then my surprise when a couple of weeks later I read some of the reaction to this speech. There were few positive voices to be heard. Clearly he had irked a large proportion of those present, many of whom appeared to feel offended by some views on how vets could improve their communication with clients and how often do we genuinely ask clients, “Do you have any questions?”? I suspect for many (most) of us, not very often.

I also think Mr Packham is completely right when he suggests that we should talk through x-rays and the results of blood tests with pet owners rather than simply saying they are “negative”. Negative for what? It doesn’t make any sense.

Surely if an owner has paid for an x-ray, we owe it to them to show them the picture and point out that there is no visible evidence of a fracture or a foreign body or whatever, or hand them a print-out of the blood results and explain that all the parameters tested are in the normal range which helps to rule out $x$, $y$ or $z$.

That shouldn’t take a lot of time and if we then ask the client if they have any questions or if there’s anything they don’t understand, we can get a realistic idea of whether they have a good grasp or not on what is, or isn’t, wrong with their pet.

Uncommunicative profession

This issue of communication has been brought home to me in the starkest of ways by my experiences of the medical profession over the last few months. My aforementioned autistic son, now grown up, has developed a serious bowel problem that is probably going to require some major surgery.

We have seen five consultant colorectal surgeons over this time frame and all, without exception, have been appalling communicators.

From being evasive in terms of avoiding speaking to me, to lacking any sort of empathy for my son or the rest of the family, they have ticked all the wrong boxes in spades.

None of them has offered to show me any of the radiographs and talk me through what they show. None of them has offered to show me blood test results or even explain why they are taking them and what they are looking for. None of them has sat down in a quiet room and talked through with me what the possible aetiologies of the problem might be, the possible solutions and the possible outcomes. And they’ve certainly never asked if I have any questions and take on a look of painful resignation when I start to ask them.

Indeed, one surgeon — who had seen my son for all of five minutes and had never spoken to me about the history — managed to spare the time during the ward round to say, “It’s just a case of chopping out the sigmoid flexure — it’s a useless piece of anatomy anyway, blah blah blah.” No explanation of why, complications, alternatives, anything.

Even as a vet I felt completely side-lined; how is anybody with no basic understanding of medical matters supposed to navigate their way through that?

Following on from this experience I have told numerous friends that if I ran a vet practice like this I would be out of business within a week because clients would simply go down the road to the next practice where the vet would make time to speak to them. And surely this is all Chris Packham was saying, albeit in his rather blunt style.

We have a duty and indeed a moral responsibility to communicate well with our clients and to make sure that we are involving them in the decisions relating to the treatment of their pets as far as is possible.

Yes, some people are more capable than others of understanding what is going on and some are more willing than others to be actively involved in the decision-making process. But it is up to us to find out through careful explanation, careful listening, and by offering the client the opportunity to ask questions of us and then to answer those questions as honestly and accurately as possible.

This is the gist of what Mr Packham was saying and surely most of us would agree that we should all be trying to do that to the best of our ability. We should probably all take the time to genuinely reflect on whether we always come across to our clients like that or merely think that we do.

First award ceremony for PgC and Diploma holders

SEVENTEEN new Postgraduate Certificate (PgC) holders and the first recipient of a new Postgraduate Diploma (PgD) were presented with their awards at a ceremony at Harper Adams University on Tuesday 25th April.

The ceremony was organised by the university in association with Improve International and the European School of Veterinary Postgraduate Studies (ESVPS). Harper Adams provides the higher education body quality assurance for Improve’s postgraduate clinical modular training programmes across a range of species and disciplines; ESVPS is its assessment partner.

The ceremony, the first of its kind, was led by Mrs Emily Chapman-Waterhouse, Link tutor at Harper Adams and featured John Blackwell, former BVA president, as guest speaker. Certificate-holders, primarily those who had achieved the Postgraduate Certificate in Small Animal Medicine or Small Animal Surgery, travelled from across the UK – and in one case from Athens – to receive their award.

Dr Graeme McKeown (pictured), the first veterinary surgeon in the UK to be awarded a Postgraduate Diploma in Advanced Veterinary Practice Sciences (PgD AVPS), also attended the ceremony.
5-25 June 2017: Veterinary Dentistry for Nurses
Rachel Perry BSc, BVMS&S, MAVCPVS (Small Animal Dentistry & Oral Surgery), Dip.EVD, 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 dental radiography. • Understand the specific anaesthetic and analgesic considerations for dental patients. Aimed at veterinary nurses.

5-25 June: Feline Medicine Update
Samantha Taylor BVetMed(Hons) CertSAM DipECVIM-CA MRCVS European Veterinary Specialist in Internal 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
This course will cover pathophysiology and aetiology of diabetes mellitus in cats and dogs, its diagnosis, management and monitoring, and address the handling of diabetic emergencies – ketoacidosis, 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 PG Dip CPABC
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 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.

3-23 July 2017: Anaesthetic Monitoring for Veterinary Nurses
Denise Prisk DipAVN (Surgical), VTS (Anesthesia & Analgesia), LTCL, LGCI, RVN
Monitoring anaesthetised patients is one of the most crucial aspects of a veterinary nurse’s role. This course will be suitable for nurses who wish to update or refresh their knowledge. Both basic and more advanced methods of monitoring anaesthetised small animal patients will be covered. The periods of induction, intubation and recovery will also be discussed. Common abnormalities will be covered, e.g. cardiac arrhythmias, hyper and hypocapnia, together with the action that should be taken to address them. Aimed at vet nurses.

3-23 July 2017: Cytology of the Lymphoid System
Francesco Cian, DVM, DipECVP, FRCPath, MRCVS, European Specialist in Veterinary Clinical Pathology.
This comprehensive course will give you the basics you need for interpretation of the most common conditions affecting the lymphoid organs (mostly lymph nodes), with a special attention to the diagnostic approach to lymphoma in both dogs and cats. Participants will develop a logic approach to interpretation of cytological samples from lymphoid organs through a case-based approach. Clinical case challenges and diagnostic algorithms will also be provided to help you understanding the concepts presented and consolidating your knowledge. Aimed at vets.

3-23 July 2017: Nursing the Cancer Patient
Dr Shasta Lynch BVSc(hons) MANZCVS(SAM) DipECVIM-CA(Oncology), MRCVS RCVS and European Veterinary Specialist in Oncology
In this course we’ll cover what cancer is and how it’s diagnosed. We’ll discuss clinical staging and treatment options for the cancer patient and important points for nurses when it comes to supporting patients and pet owners. We’ll review of common cancers in dogs and cats including lymphoma and mast cell tumours. With a better understanding of cancer in dogs and cats we aim to make treating cancer a positive experience for the patient, the pet owner and their treatment team. Aimed at vet nurses.

3-23 July 2017: Antibiotic Resistance and its implications in Veterinary Dermatology
Dr Anita Patel BVM DVD MRCVS RCVS
Recognised Specialist in Veterinary Dermatology
The course will follow this structure: Module 1: Introductory webinar and basics about antibiotic resistance – Anyone who uses antibiotics must know • Module 2: Current status of antibacterial resistance in Veterinary dermatology • Module 3: Webinar – clarifying above points • Module 4: Pyoderma: When and which antibiotic to use • Module 5: Webinar – Importance of making an accurate diagnosis of pyoderma • Module 6: Case studies • Module 7: Review and summary of facts regarding antibacterial resistance • Module 8: Summary. Key learning outcomes and tests. Aimed at vets and vet nurses.

Summer multi-buy savings!* Plan your CPD for the whole practice!
Purchase 3-5 courses - 5% saving
Purchase 6-8 courses - 7.5% saving
Purchase 9+ courses - 10% saving
*Must be booked in one order to achieve discount.
Stress, intoxification and monkey business

Dr DAVID WILLIAMS investigates the apparent increase in stress that veterinary students – and in some cases their patients – have to deal with these days

IT MIGHT, I GUESS, BE THAT I’M LOOKING BACK with rose-tinted spectacles, but it seems to me that we were far less stressed by exams 30 years ago when I was in the clinical years of vet school.

I particularly remember writing an essay on the fascinating topic of comparing the forelimbs of the bird and horse. The equine omothoracic junction allowed a maximal stride length and the avian wing had a similarly extended reach.

What an interesting if somewhat unusual comparison to make. But with five minutes to go before the end of the exam I realised it was the hind limb we had been asked to write about! I had a few moments to scribble down the similarities and differences of the stay apparatus and the digital tendon-locating mechanism that allows birds to perch.

The fact I had misread the question took me down to scraping a Bishop Desmond (a 2:2) rather than getting the first I was surely heading for (well, truth be told I never got better than a reasonable 2:1!), but it wasn’t the end of the world.

A fair number of the students I teach these days get themselves in a real state over exams and I do feel it’s much more of an issue than for us when we were at college.

But it’s a much wider problem. When I ask Dr Google, “Do more people feel stressed these days?” I get a plethora of reports that confirm my suspicion. A “Prospective Population Survey” in 1969 apparently suggested that 36% of women were stressed while the figure, Google tells me, is 75% today, although it wouldn’t give me anything more than that headline.

Maybe PubMed would give results with a rather stronger foundation. Indeed, in March this year Garett and colleagues published “A longitudinal analysis of stress among incoming college freshmen” in the Journal of American College Health which showed – not surprisingly – that stress was elevated during examination periods.

Women reported a greater stress level than men and increased stress level was significantly associated with lower sleep quality and greater negative emotions such as fear and anger.

They showed that exercise was an effective stress coping strategy, but interestingly other coping methods such as internet usage, meditation and self-isolation were associated with higher stress.

Well, a lot of that is pretty much common sense, isn’t it? Apart from the meditation bit, which I can’t quite see as being associated with higher stress. We certainly seem to see more stressed dogs today as well, I think, although I can’t find any facile evidence for this – more papers on the subject for sure, but that might just be an increased awareness of the problem.

And awareness of ways of reducing it too – particularly dietary manipulation with simple molecules like tryptophan. That amino acid is key in the production of serotonin and that neurotransmitter has substantial influences on our mood.

Surfing and drowning

I thought I’d just refresh my memory on the area with a quick internet search. There is just so much research out there on serotonin in species as diverse as Caenorhabditis worms (the molecule is a key player in male mating behaviour) to elephants (central here in aggressive behaviour) that I was soon drowning in information.

Just typing “anxious rats” into PubMed gave more than 30,000 papers written on studies using those rodents as models of anxiety. Interestingly, that sort of information overload seems a key feature in anxiety in many of our students – where at GCSE and A level they could know all the facts they needed to for their exams, at university one soon realises there is much more to be learned than one can possibly take in.

And one of the problems is that the lecturers who end up doing the teaching are ones who – as students and now as lecturers – are quite at home in such a brain-stimulating environment. They don’t necessarily see that their students find negotiating such an “infoxication” (yes, apparently there is such a word!) anything like as easy as they did when they were students.

But wait a moment – it does seem a big leap to go from talking about changes in specific molecules in the brain to discussing complex feelings like information overload.

There is something in me that can cope with linking anxiety in dogs to an abnormal mix of neurotransmitters in the brain, but can we really say the same for people? Surely my complex thought processes can’t be put down to a few chemicals they can, and modelled by worms or rats?

On the other hand, anti-depressants such as serotonin re-uptake inhibitors like Prozac show that just increasing the concentration of serotonin in synapses can have significant effects on mood.

I’ve just today been to a memorial service for Professor Robert Hinde, one of the fathers of animal behaviour who was a fellow at St John’s and died at the age of 93 just before Christmas.

Robert linked an understanding of animal behaviour from great tits to gorillas to studies of human behaviour with the revelation that we need to re-orientate our concepts of mother-child interactions, to give but one example.

In the 1950s, work on monkeys in the States had shown features of mother-infant interactions in some controversial experiments investigating what happened when you separated mothers from their young in those primate groups. How could you ethically duplicate such work in humans?

Robert realised that this was exactly what happened at the beginning of the nursery school term, so in the class where my children had their first educational experiences here in Histon, Robert sat in a corner and watched in those tense moments when the child was first left by its mother.

He noted that just the same behavioural changes happened in the offspring – and their parents – as happened when you forced a separation between monkey mothers and their offspring. We really aren’t that different after all.

So Robert would probably agree that studies of anxious rats can be extrapolated to give some understanding of human mental health. Quite what that has to say about how I can help my veterinary students is not clear to me.

Maybe I should be feeding them up with halibut, spinach, calf’s liver and avocado, all apparently rich in tryptophan, before their exams. But perhaps a stomach upset would just compound their revision worries!
Itchy Dog?

YuMEGA Itchy Dog works in three ways:

- Calms sensitive skin
- Reduces itching and scratching
- Supports skin health

Recommend the UK’s No.1 Veterinary EFA Skin Supplement* to your clients.

For more information, call 01462 790886 or email vet@lintbells.com

*GfK Vet Trak Sales Data, MAT Values (March 2017)
Targeting bacterial disease in chickens

DECHRA Veterinary Products has introduced Phenocillin for the treatment and metaphylaxis of the most common outbreak of disease among broiler chickens. An 800mg/μ powder for use in drinking water, it has been devised for the treatment of necrotic enteritis caused by *Clostridium perfringens*. Its active ingredient is phenoxymethylpenicillin. It is lactose-free, Dechra says, with high solubility – making it ideal for concentrated stock solutions and convenient for modern poultry farming. There is a zero withdrawal time, so egg production is unaffected.

Dechra brand manager, Emma Jennings, comments: “Necrotic enteritis is the most common bacterial disease in modern broiler flocks that can be financially devastating for farmers. The high concentration means easy dosage and handling with less waste and the lactose-free formula reduces the risk of biofilm development.”

“Phenocillin is a highly-effective treatment and we anticipate it will become the preferred solution for veterinary professionals and end users to treat this disease that can very suddenly devastate broiler flocks.”

New product offers ‘effective coccidiosis control’

KRKA has introduced Tolracol for use in the control of coccidiosis in sheep, cattle and pigs. The company says it offers effective, economic control in a single dose.

Tolracol is a 50mg/ml suspension of toltrazuril which can be used in all three target species, to prevent coccidiosis infections in youngstock on farms with a history of the disease.

Krka’s head of sales and marketing, Killian Gaffney, says: “Importantly, this is a tri-licence, single-dose product which requires vet prescription. The involvement of the vet in prescribing coccidiostats is important as their use should be part of a whole management approach to prevention.”

Tolracol should be used ahead of the peak infection period on farms with a pre-existing coccidiosis problem, with it recommended for use in neonatal pigs at three to five days old and as soon as required in calves and lambs. Piglets and lambs require a dose of 0.4ml/kg bodyweight; calves require 3ml/kg bodyweight. A pump system makes for easy, accurate dosing.

Krka is launching a marketing campaign to support vets selling Tolracol and will launch a farmer education campaign shortly.

Treatment for respiratory conditions in pigs and broilers

DECHRA Veterinary Products has launched Metaxol for the mass treatment of respiratory disease in pigs and chickens.

The product, which is part of the firm’s SoluStab range, is replacing Methoxaxol and, says the firm, “is likely to be welcomed by farmers wanting to target entire flocks thanks to its shorter withdrawal time for broilers”.

It contains 20mg trimethoprim and 100mg sulfamethoxazole per ml and can be added directly to drinking water or used in a concentrated stock.

Dechra’s Emma Jennings says: “Sulfamethoxazole is a potent sulfonamide and, when combined with trimethoprim, it has a synergistic and bactericidal effect. Both active ingredients are rapidly absorbed and distributed widely in tissues making it a highly effective treatment. The shorter withdrawal time for broilers will make it an attractive treatment for farmers wanting to target entire flocks.”

In fattening pigs, it is suitable for the treatment and metaphylaxis of post-weaning diarrhoea caused by beta-haemolytic K88-positive, K99-positive or 987P *Escherichia coli* strains susceptible to trimethoprim-sulfamethoxazole.

It can also be used for secondary bacterial infections caused by *Pasturella multocyti*, *Actinobacillus phagocytophila*, *Streptococcus suis* and *Haemophilus parasuis* susceptible to trimethoprim-sulfamethoxazole.

In broilers, it can be used for treatment and metaphylaxis of *Colibacillosis* caused by *Escherichia coli* susceptible to trimethoprim-sulfamethoxazole or *Coryza* caused by *Arhribacterium paragae*.

The recommended dosage is 0.25ml of product per kg body weight per day for four to seven days for pigs and 0.38ml of product per kg body weight per day for three days for chickens.

The importance of insurance in prioritising dental care

AGRI has pledged its support to the British Veterinary Dental Association (BVDA), in light of figures which show the majority of animals over three years old have gum disease that requires treatment. With clear links between poor oral health and disease affecting major organs, the message is clear, Agria says: reducing dental and oral disease in pets needs far greater priority.

“Good oral health and the prevention of gum disease should be as natural a part of responsible pet ownership as other preventive measures, such as flea control and vaccinations,” says the firm. “So why is it that dental care is usually omitted from puppy and kitten health checks and puppy parties, and rarely mentioned at vaccinations? Why are issues with oral health left until they have more advanced disease not only affecting the mouth but potentially also affecting the heart, liver, lungs and kidneys?”

A focus on a dedicated oral health role is central to the BVDA’s commitment to highlighting the need for practices to promote good dental health at every client-facing opportunity; from checking how teeth are erupting to routinely advising owners about brushing and their responsibilities to manage dental care.

Addressing the issue in a practical way has led the BVDA, in co-operation with the BVNA, to create the Oral Care Nurse programme, an online course requiring eight hours of CPD.

Once qualified, oral care nurses can act as a practice team member dedicated to preventive dental health, advising clients on every aspect of pet oral care – from brushing to spotting signs of damaged teeth and gum disease. So far, 1,500 nurses across the country have signed up to the course and almost 400 have qualified.

As with human dentistry, pet owners are encouraged to cover themselves with dental insurance. Gerhard Putter, PR officer for BVDA, agrees: “We advise pet owners that it is crucial to select an insurance company that includes dental insurance. Gerhard Putter, PR officer for BVDA, agrees: “We advise pet owners that it is crucial to select an insurance company that includes dental insurance.

“With effective insurance in place, owners become more comfortable with the financial implications of dental care and are more likely to have procedures carried out as and when they become necessary. We feel that a partnership of vets and adequate insurance cover is the key to changing owners’ attitudes to their pets’ oral health and preventing disease as a result.”

As well as cover for dental accidents, Agria Pet Insurance’s policies include cover for de-scaling, polishing and cleaning pets’ teeth as treatment for disease and gum disease. So far, 1,500 nurses across the country have signed up to the course and almost 400 have qualified.

As with human dentistry, pet owners are encouraged to cover themselves with dental insurance. Gerhard Putter, PR officer for BVDA, agrees: “We advise pet owners that it is crucial to select an insurance company that includes dental insurance.

“With effective insurance in place, owners become more comfortable with the financial implications of dental care and are more likely to have procedures carried out as and when they become necessary. We feel that a partnership of vets and adequate insurance cover is the key to changing owners’ attitudes to their pets’ oral health and preventing disease as a result.”

As well as cover for dental accidents, Agria Pet Insurance’s policies include cover for de-scaling, polishing and cleaning pets’ teeth as treatment for disease and gum disease. So far, 1,500 nurses across the country have signed up to the course and almost 400 have qualified.

As with human dentistry, pet owners are encouraged to cover themselves with dental insurance. Gerhard Putter, PR officer for BVDA, agrees: “We advise pet owners that it is crucial to select an insurance company that includes dental insurance.

“With effective insurance in place, owners become more comfortable with the financial implications of dental care and are more likely to have procedures carried out as and when they become necessary. We feel that a partnership of vets and adequate insurance cover is the key to changing owners’ attitudes to their pets’ oral health and preventing disease as a result.”

As well as cover for dental accidents, Agria Pet Insurance’s policies include cover for de-scaling, polishing and cleaning pets’ teeth as treatment for disease and gum disease. So far, 1,500 nurses across the country have signed up to the course and almost 400 have qualified.

As with human dentistry, pet owners are encouraged to cover themselves with dental insurance. Gerhard Putter, PR officer for BVDA, agrees: “We advise pet owners that it is crucial to select an insurance company that includes dental insurance.

“With effective insurance in place, owners become more comfortable with the financial implications of dental care and are more likely to have procedures carried out as and when they become necessary. We feel that a partnership of vets and adequate insurance cover is the key to changing owners’ attitudes to their pets’ oral health and preventing disease as a result.”

As well as cover for dental accidents, Agria Pet Insurance’s policies include cover for de-scaling, polishing and cleaning pets’ teeth as treatment for disease and gum disease. So far, 1,500 nurses across the country have signed up to the course and almost 400 have qualified.

As with human dentistry, pet owners are encouraged to cover themselves with dental insurance. Gerhard Putter, PR officer for BVDA, agrees: “We advise pet owners that it is crucial to select an insurance company that includes dental insurance.
PROCESSING IMAGING EQUIPMENT SERVICES

See you at VetsNorth 2017 – stand 12

FireCR Digital System now £9,500 – limited stock available

From x-ray to CR systems, dental imaging equipment to wired or wireless DR systems which can be retrofitted, we are your one-stop shop for all your imaging requirements

www.xrayprocessing.com
www.vetproductsuk.com
Tel: 01484 665333 / Email: stuart@xrayprocessing.com
A subdermal plexus flap used in reconstructing the upper eyelid in a cat
Filipe Dias and others, University of Bristol
A 15-year-old neutered male domestic short-haired cat was presented following the recurrence of a neoplastic mass on its left upper eyelid. The lesion had been identified after the first surgical treatment as an incompletely excised cutaneous adenocarcinoma. The authors used a one-third of the left upper lip as a subdermal plexus (lip-to-lid) flap to cover the defect created by en bloc excision of the eyelid mass. A bridge incision between the donor and recipient sites was used so that the eyelid could be reconstructed in one procedure. The surgery resulted in excellent functional and cosmetic results with no recurrence of the mass at 14 months post-surgery.

Curcumin in the treatment of radiation burns to the skin of pigs
Joongsun Kim and others, Korea Institute of Radiological and Medical Sciences, Seoul
Skin burns are a common side effect of therapeutic radiation and the most common injury seen in radiation accidents. Curcumin, a constituent of the spice turmeric (produced by Curcuma longa) has long been considered an almost inevitable consequence of laparotomy, has long been considered an almost inevitable consequence.

A pectin-honey hydrogel for preventing post-operative adhesion formation
Gessica Giusto and others, University of Turin, Italy
Intra-abdominal adhesion formation has long been considered an almost inevitable consequence of laparotomy, occurring in between 67% and 93% of procedures. Adhesions may cause abdominal pain, small bowel obstruction and secondary female infertility. Attempts have been made to prevent their formation using gel-based physical barriers. The authors assess the results of using a pectin-honey hydrogel to prevent adhesions following exploratory laparotomy procedures in rats. In the treatment group, five of 24 (20.8%) subjects developed adhesions compared with 17 of 24 (70.8%) in the untreated control group. The gel was therefore effective in preventing adhesions in these animals.
BMC Veterinary Research 2017 13: 55 (Open Access).

Canine platelet-rich plasma used to treat a contaminated cutaneous wound in a cat
Francesco Gemignani and others, University of Padua, Italy
Research has shown that platelets play a significant role in wound healing as wound contraction is mediated by fibroblasts generated in response to platelet and macrophage-derived growth factors. The authors examined the effect of platelet-rich plasma (PRP) on the wound healing process. The patient was a four-year-old neutered male cat with a contaminated cutaneous wound on its neck following a dog bite. Due to the large volume of blood needed to extract the PRP, this was actually taken from a healthy adult dog. After being applied to the wound surface, the defect healed completely within 20 days and there were no adverse reactions during that process.
Canadian Veterinary Journal 58 (2): 141-144.

Antibacterial effects of three foams used with negative pressure wound therapy
Lore Van Hecke and others, Ghent University, Belgium
Negative pressure wound therapy has developed into an established method for enhancing healing in human medicine and is gaining popularity in the veterinary field. However, there is evidence from some studies that bacterial clearance from a wound site may be delayed by this treatment. The authors assessed the value of using three antibacterial dressings in a negative pressure environment; silver-impregnated polyurethane foam, plain polyurethane foam and polyvinyl alcohol foam on the bacterial contamination of cultured tissue samples taken from equine cadavers. The polyvinyl alcohol foam showed the fastest decrease in bacterial load and further tests are planned with this material in vivo.
American Journal of Veterinary Research 77 (12): 1,325-1,331.

Comparison of the effects of three topical treatments on skin healing in horses
Caroline Gillespie-Harmon and others, Purdue University, Indiana
Injuries to the distal limbs in horses often prove particularly resistant to healing and this can lead to euthanasia. The authors examined the effects of three topically applied treatments: 1% silver sulphadiazine cream, triple antimicrobial ointment and a hyperosmolar nanoemulsion on healing after an experimental injury to each limb in eight horses. The median time to wound closure was 42 days in each group. Microbial counts on the wound were significantly higher for the nanoemulsion group on days nine and 13 than the other two treatment groups, but not for the untreated controls. Fewer wounds in the triple antimicrobial group than the other treatment groups developed exuberant granulation tissue requiring further surgery.
American Journal of Veterinary Research 78 (5): 638-646.

Results using a portable negative-pressure wound therapy device
Amanda Miller and others, Small Animal Specialist Hospital, North Ryde, New South Wales
Wounds of the distal limbs are common in both cats and dogs as a result of tumour resection or trauma. The lack of skin available for primary closure makes reconstruction challenging in such cases. The authors examined a portable single-site negative pressure device to assist the growth of full-thickness meshed skin grafts in seven canine patients. Negative-pressure therapy was provided for between four and seven days and all dogs achieved 100% graft survival. Only minor complications were encountered, consisting mainly of fluid accumulation in the evacuation tubing. The application and maintenance of the equipment were technically straightforward.
Australian Veterinary Journal 94 (9): 309-316.

Relationship between patient age, incision length and surgical site infection risk
Sophie Darnaud and others, University of Turin, Italy
Surgical site infections following colic surgery have been recorded in up to 25% of procedures, but there is no consensus among equine surgeons as to the main predisposing factors. The authors analysed preelective- and post-operative variables in 238 colic cases treated at a university hospital using a ventral midline laparotomy. A higher risk of surgical site infections was associated with incision lengths of 25 cm or more. Heavily contaminated procedures and those horses which displayed post-operative colic. Certain breeds, such as Warmbloods, appeared to have a higher risk of developing infections, but there was no apparent association between infection risk and increased age.

Topical treatment of mycotic rhinitis-rhinosinusitis in dogs
Katja Lechner and others, Justus-Liebig University, Giessen, Germany
Mycotic rhinitis-rhinosinusitis due to infection with the fungus Aspergillus fumigatus is a common cause of chronic nasal discharge in dogs. The authors assessed the results of treatment for this condition using metilcitosin deriobidal and topical application of 1% cortizolamide cream. A retrospective analysis of 64 cases showed that this treatment produced similar results to, or better than, those described in other studies. Trephine or adjunctive itroanazole treatment did not influence the number of treatments needed for a successful outcome.
B. Braun VetCare

All it takes to operate in modern veterinary practice

We offer an extensive range of innovative products that meet the highest quality standards offering best value and improved clinical outcomes within the veterinary care market place.
Management of infection in open wounds

There is an often-quoted rule that dictates that any open wound that is older than six hours should be considered infected. However, we do not know for certain that this is in fact the case, and how often do we worry about ensuing infection and dispense antibiotics, knowing that this is not best practice?

The definition of an infected wound is not clear. Is an infected wound one that has a positive culture from a swab, or one that has intracellular bacteria present on cytology, or is an infected wound one that cannot heal without further treatment such as lavage, debridement and antibiotics?

Many definitions (other than cytology) would require a day or two to wait for the answer – what do we do in the meantime with the wound?

Much of the data regarding wounds comes from publications on human wounds or experimental animals and it is probably not appropriate to assume that these data work in the veterinary field. After all, if “cats are not small dogs”, why should dogs be regarded as “small humans”?

The infected wound – should I treat with antibiotics?

Not all infections are equal – in some situations, there are bacteria present, but they are normal commensal organisms often found on the skin of normal dogs and cats.

These bacteria are detectable, but are not causing delayed wound healing, contributing to pain or inflammation and do not need to be treated. A healthy granulating wound is highly resistant to the establishment of a clinically significant infection and even if bacteria are present, they do not need specific treatment.

Infection with opportunistic bacteria, however, is important – there is a clue in the name. These bacteria, such as multi-resistant organisms, pseudomonas or proteus, are thriving in an unhealthy environment and contributing to the deterioration of the wound healing process, causing inflammation, swelling, exudate and damage to proliferating tissues.

However, in some circumstances these infections may still be resolved without recourse to antibiotics.

Looking at the wound that is older than six hours, it may be considered “infected” but it does not necessarily need antibiotics. Where there is little contamination, no necrotic material or any other factor that might facilitate opportunistic bacterial infection, good wound management may suffice to prevent this colonisation becoming clinically significant.

In this circumstance, a single dose of antibiotics during the disruption of the tissues during lavage and debridement might be appropriate, but it may not be necessary to continue that antibiotic treatment in the following days.

Regular removal of contaminated exudate by changing the dressing daily – or even twice-daily – may suffice to resolve subclinical infections.

Where there is heavy contamination, necrotic or avascular tissue, then treatment with antibiotics based on culture of a tissue sample would be appropriate to prevent the expected clinically significant infection developing.

Traumatic wounds do not always become infected – even if they are days old, this rule is not as clear-cut as it may seem at first glance. Many animals injure themselves and come back days or weeks later, with a healed, or healing healthy wound. They do not all come back with wounds that have uncontrolled and severe infection (although some will).

Do infected wounds always need antibiotics?

Wounds infected with multi-drug-resistant strains of bacteria are challenging to treat. Often the range of antibiotics that would be effective are limited, toxic, or not licensed for use in animals.

I would question whether antibiotics are always indicated in the presence of appropriate wound management. Thorough lavage, debridement and frequent dressing changes may be sufficient to resolve the infection, without the use of antibiotics.

Infections are more clinically significant in the face of different types of wound contamination (clay or loam for example versus sandy grit), and in the presence of gross or microscopic necrotic tissue.

Infection is also more likely to become established in the presence of inflammation – for example underlying bone sequestra, unstable fracture or poor bandage management (irregular changes, soaked dressings, etc.).

When would you use antibiotics?

I would always try to use antibiotics based on the results of a culture and sensitivity – try to take a tissue sample for culture, as this is more likely to be representative of the infection that is causing the problem rather than a surface contaminant.

If the infection is causing inflammation and swelling of the tissue surrounding the wound, pyrexia and signs of systemic infection, or the animal is immunosuppressed in some way, then it is likely to need systemic antibiotics.

Topical antibiotics are unlikely to remain at appropriate concentrations on the wound surface for long – the infection causes profuse exudate and this will dilute and wash out the topical treatments.

What other options are there for suspected infections or severe multi-drug-resistant infections?

There are occasions when you know it is the correct clinical decision not to give antibiotics, but you feel uneasy that you could have missed something – or you are waiting for a culture result.

In this situation, simple steps can help reduce the impact of the infection or even treat the infection.

The use of Manuka honey as a wound dressing has become very popular. There are some data supporting its use in wounds and it is available as a veterinary licensed product.

The honey contains bactericidal.

Davina Anderson, MA, VetMB, PhD, DSAS(ST), DipECVS, MRcVS, RCVS Recognised Specialist in Small Animal Surgery (Soft Tissue) and European Veterinary Specialist in Small Animal Surgery, is head of the Soft Tissue Surgery Referral service at Anderson Moores Veterinary Specialists near Winchester. Davina qualified from Cambridge University in 1989 and spent time in mixed practice before undertaking an internship in Small Animal Medicine and Surgery at the Royal Veterinary College. She regularly provides advice to general practitioners and has been in referral practice for more than 20 years.

She has also been an external examiner for veterinary undergraduates as well as the Advanced Nursing Diploma and the Specialist Examinations for the European College of Veterinary Surgeons. She was president of the European College in 2014-2015 and chair of the ECVS Board of Regents in 2015-2016. She was also a founding Trustee of the British College of Veterinary Specialists.

Continued on page 18
Medical Pet Shirts

Perfect when treating skin conditions or during post-operative recovery. Providing protection, comfort and excellent freedom of movement for the pet.

- Full Body Medical Pet Shirt for cats, dogs and rabbits.
- MPS Protective Topshirt for dogs.
- Medical Pet Sleeve Single Front Leg for dogs.
- Medical Pet Sleeve Double Front Leg for dogs.
- Medical Pet Sleeve Double Hind Leg for dogs.

J.A.K Marketing Limited
01347 878697
www.jakmarketing.co.uk
agents that are not affected by resistance patterns; it also provides osmotic debridement of the wound surface, maintains hydration of the healthy parts of the wound and to top it all, has some analgesic effects. There is nothing to suggest that it will do any harm, although whether it actually accelerates healing is not entirely proven.

In some situations, wounds affected by aggressive resistant strains of bacteria, perhaps nosocomial infections, or human hospital-acquired infections such as MRSA or MRSP (usually from their owners), require prompt management. Antibiotic therapy will not help in this situation, but maggots can. Stage III Lucilia larvae grown in sterile conditions will eat bacteria and necrotic tissue at a cellular level and pass sterile faeces.

Just three days of a maggot dressing can leave a healthy granulating wound bed with complete resolution of infection.

Further reading

All images copyright of the author.
Chris Whipp, BVetMed, MSc(VetGP), MRCVS, graduated from the RVC in 1979 and has more than 35 years’ experience as a veterinary surgeon, 12 years as an educational researcher and 10 as a professional and executive coach. He currently splits his time between first opinion practice and promoting/supporting change in both individuals and organisations. He can be contacted via e-mail at christopherwhipp@aol.com or telephone 07771 611679.

The thinking vet: brains at their best

BEING A GOOD VET IS, ESSENTIALLY, AN INTELLECTUAL ACTIVITY. Even the most complex and exciting surgery is no more than enhanced psychomotor skills brought into being by education and expertise development that takes place in the brain. That said, our education, training and working environment are often directly in conflict with what we need for our brains to work at their best and this is reflected in the well-being and mental health issues that currently face the profession.

Taking care of our brains and improving the environment within which they have to work will enhance our performance, resilience and enjoyment of practice. This is even more important as we live increasingly in a VUCA world (Volatile, Uncertain, Complex and Ambiguous). Research into the brain has historically been the domain of the anatomist and it was as late as the 1960s that Paul Maclean suggested a functional model of the brain: the Triune brain model. While now seen as overly simplified and somewhat inaccurate, it remains a useful model from which to extrapolate.

Maclean posited three functional areas:

- **Reptilian Brain** – the most primitive part of the brain, concerned with our survival and controlling many automatic functions of the body.
- **Mammalian (Limbic) Brain** – controls functions that we do not necessarily need to think about but can exert some control with training. Habits, procedural memory, emotional memory, pain and pleasure using habits and emotions – the central function being to keep us safe.
- **Human (Neocortex, Pre-Frontal Cortex (PFC)) Brain** – the name is misleading in that all mammals have a neocortex. This is the most recent part of the brain in evolutionary terms. It is responsible for a wide range of higher cognitive functions including learning, rational thought, decision-making, creativity, speech, empathy, compassion and social collaboration.

While overly simplistic, this model provides an introduction and overview of the functional view of the brain which we can use to draw some conclusions.

In the 1990s, two events occurred that centrally influence our story. By the latter half of the 1980s, the internet had truly come into being and in the 1990s and ever since it has developed in a way that centrally affects how we think and act, contributing significantly to the volatility, uncertainty, complexity and ambiguousness that now shapes both our lives and the demands on our brains.

Secondly, generally credited to Seiji Ogawa and Ken Kwong, the 1990s saw the development of the functional MRI (fMRI), which measures brain activity in real time by looking at changes in blood oxygenation and flow in response to brain activity.

In the last 20 years it has led to a much-improved understanding of how the brain actually works and to a burgeoning new domain of research: cognitive neuroscience. While there is much still to learn, this offers us evidence-based approaches to coping with our modern world.

Why is this relevant?

By understanding some of the challenges our brains face, we then have the choice to take action to protect ourselves, to build our resilience and to (potentially) thrive into the future. Here are just a few examples to whet your appetite.

**There are no sabre-toothed tigers here!**

The purpose of a reptilian brain is to keep us alive and it has evolved a high-speed response mechanism (fight or flight). It is powered by neural pathways up to 70 times faster than many of the other pathways in the brain, reacting to the threat even before the PFC realises there is a threat.

While this may work when you are wandering a huge savannah with just a few tigers, it doesn’t work as well in our digital VUCA world where the challenges come thick and fast. Dealing with this evolutionary mismatch is a key to survival in the modern world.

**I am starving here!**

The brain has substantial energy requirements and may use up to 25% of the calories consumed in a day. The PFC has the highest energy requirements of all, but is last in line when it comes to being fed.

The brain has a conservative approach to managing energy requirements and will always feed the reptilian brain first (keeping you alive), the mammalian brain second (keeping you safe) and only then allow energy for higher thinking.

Nurturing the brain both with calories and with a healthy working environment leads to better cognitive functioning; the reverse is equally true, leading to impairment of higher functions and reliance on habits of the past or instinct. Eat well, pace yourself, improve your working environment and simplify your responsibilities.

**Habits of thinking and doing!**

The mammalian brain has much to do with the development of habits of thinking and doing (expertise). We simply don’t have the time, energy or capacity within the PFC to think about everything we have to do.

Habits are great – they are faster and less effort than the alternative – but in times of increasing change they may no longer be appropriate and they can be very difficult to change (look at those wishing to diet or make New Year’s resolutions a reality).

The thriving veterinary professional needs to extend his/her area of control learning to more consciously manage the development, management and retirement of habits: a simple but not easy task, which can be achieved with practice.

**Multitasking is a myth!**

The pre-frontal cortex, while capable of great thinking and being central to thriving as a vet, can only consciously attend to one task at a time. Those who think they multitask are actually just skilled at switching between tasks. This can be useful, but there is a price to pay which impairs outcomes.

To help the PFC, practice mindfulness or meditation to develop the skills of focus and then use something like the “Pomodoro” technique (45 minutes of uninterrupted focused activity) then 15 minutes’ rest. De-clutter your mind, your environment and your digital life to remove distractions. These are just a few of many examples that we might have considered. I would encourage you to learn, practice and play with the possibilities to invest in your future self.
LICHENIFICATION IS A TERM DESCRIBING A COMMON CUTANEOUS REACTION to chronic disease. The skin becomes markedly thickened with exaggerated markings so that the end result in severe cases may resemble elephant skin (Miller and others, 2013). Hyperpigmentation frequently accompanies lichenification, especially in its most chronic form. The majority of cases are the result of an underlying pruritic skin disease with self-trauma from rubbing and scratching responsible for the lesion. Rubbing by friction as in intertrigo is also a possible cause.

There are a number of underlying causes. These include (from Hnilica and Paterson, 2017):

- Atopy.
- Food hypersensitivity/intolerance.
- Pyodermia – secondary to an underlying cause.

**Diagnosis**

- Whatever the underlying cause, many dogs with lichenified skin have secondary pyoderma caused most commonly by *Staphylococcus pseudintermedius* and/or Malassezia dermatitis due to *Malassezia pachydermatis*. An assessment of this complication can be made by cytological examination of the skin surface and also by response to specific therapy.
- Once secondary complications have been effectively treated, an investigation of the possible underlying cause is made.
- With parasitic causes, skin scrapings and tape strips performed to search for antimicrobial infection may have discovered causative mites.
- Tape strips and skin scrapings are advisable at subsequent examinations, however, even if they were negative initially.

**Management**

- It is necessary to treat the secondary complications described above before assessment of underlying causes.
- Topical therapy with antimicrobial shampoos containing 2% chlorhexidine and 2% miconazole is initially favoured, particularly in less severe cases. More severe cases may require, in addition to the topical therapy described, systemic anti-yeast and anti-bacterial drugs given long-term as suggested below.
- Those dogs with a predominantly Malassezia infection (Figure 5) may respond rapidly within a few weeks. There will often be a marked reduction in the level of pruritus following treatment. If underlying allergic conditions are present the pruritus will remain, albeit at a lower level.
- Pyodermic cases will need longer treatment – from three weeks to several months depending on the severity of the infection. Pruritus at a lower level will be present if there is a pruritic underlying cause, but will be absent if the pyoderma is associated with an underlying non-pruritic disease such as hypothyroidism.
- Topical treatment for antimicrobial secondary complications should be continued three times weekly while investigations of possible underlying causes continue.
- Atopy is a common cause of chronic pruritus leading to lichenified skin. It is suggested from the history, breed, age of onset, site of pruritus and rule-outs of differentials.
- There are several effective treatments that control atopic dermatitis that are not discussed in this article, but it is important to ensure that secondary complications have been successfully treated to ensure maximum control. Figures 1, 2, 3 and 4 show an atopic dog with secondary pyoderma before and after treatment.

Depending on the severity of lichenification and hyperpigmentation, it may take many months to achieve good control and in those cases with underlying causes such as atopy, control will need to be on-going for life.

**References**


---

**Figure 1. Periocular lichenification and hyperpigmentation in a three-year-old Jack Russell terrier.**

**Figure 2. Same dog showing hyperpigmentation and lichenification of the flank.**

The diagnosis in this dog was atopic dermatitis with secondary pyoderma. Treatment comprised systemic antimicrobial therapy with cephalaxin to control the pyoderma followed by ciclosporin to treat the underlying atopy. Figures 3 and 4 show the dog following treatment.

**Figure 3. Improvement in periocular signs compared to Figure 1.**

**Figure 4. Clearing of the flank lichenification compared to Figure 2.**

**Figure 5. Seven-year-old West Highland white terrier with Malassezia dermatitis. There is hyperpigmentation and lichenification ventrally.**
Say no to
restrictive formulations
estimated doses
stressful administration

Say yes to Nova
for personalised pet medicine

From horses to hamsters, giving an accurate prescribed dose of medication can be a struggle for any vet, nurse or pet owner.

For further information on our personalised pet compounding and reformulation services please contact our customer service team.

Freephone
0800 975 4840
sales@novalabs.co.uk
www.novalabs.co.uk

Nova Laboratories Ltd
Martin House, Gloucester Crescent,
Wigston, Leicester LE18 4YF
A division of
Nova Bio Pharma Group
ESSENTIAL FATTY ACIDS (EFA) ARE EXACTLY THAT: essential for certain metabolic processes and they are essential dietary elements for normal health, because mammals cannot synthesise them. EFAs are polyunsaturated fatty acids which are divided into two main classes: a linoleic acid (omega 3) known as the n-3 series because the first carbon double bond is between the 3rd and 4th carbon atoms; and linolenic acid (omega 6) known as the n-6 series, because the double bond is between the 6th and 7th carbon atoms.

EFAs from both series are able to modulate inflammation through the production of anti-inflammatory mediators, by competing for enzymes involved in synthesis of arachidonic acid and by helping maintain the epidermal barrier. Generally, the ratios of n-6 to n-3 most beneficial to dogs range from about 5:1.

The source of the EFAs varies in the different supplements available in the veterinary market. Borage seed oil contains higher levels (roughly twice) of GLA compared to evening primrose oil and blackcurrant oil. EPA is usually sourced from cold marine fish oil, whereas docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) belong to the n-3 series.

EFAs are essential because they are: 1. Components of cell membranes. Linoleic acid is incorporated within the phospholipids which make up the cell membrane bilayers. They play an important role in fluidity and control the movement of molecules in and out of the cell. They may also play a role in the activity of membrane receptors and enzymes.

2. Necessary to prevent transepidermal water loss (TEWL). Linoleic acid is a major component of the ceramides found in the lamellar bodies of the stratum granulosum and stratum corneum.

The contents of the lamellar granules, containing lipid and hydrolytic enzymes, are extruded into the intercellular spaces where they are re-organised to form the outer layer of the cornified cell envelope and the intercellular lipid lamellae.

The cells of the stratum corneum have undergone structural and biochemical changes to form the cornified envelope, which is formed of two portions: an outer lipid portion and inner proteinaceous portion. The outer lipid portion of the cornified cell envelope is a continuous layer of hydroxy-ceramide that is covalently bonded to the inner proteinaceous envelope. Both play an important role in barrier function.

The stratum corneum forms a tight barrier, likened to a brick and mortar structure, which prevents water loss and the loss of other molecules from the body. At the same time it prevents entry into the body of microbes, allergens, etc., through the skin.

Increases in TEWL lead to changes in the barrier function, which in turn results in a keratinisation defect making percutaneous passage of allergens, microbes, etc., easier. EFAs help maintain this barrier, thus reducing percutaneous penetration.

3. Dietary EFAs are precursors of a range of substances such as prostaglandins, leukotrienes, and hydroxy-eicosatetraenoic acids (HETEs) that can modulate inflammation.

Benefits and clinical uses of EFA supplementation in skin disease

GLA, in the form of borage oil, evening primrose oil and blackcurrant oil and eicosapentaenoic acid, in the form of cold marine fish oil, can modulate inflammation through processes that lead to formation of prostaglandin E1 (PGE1) and 15-hydroxy-eicosatetraenoic acid (15-HETE), both of which are thought to have anti-inflammatory properties. Furthermore, they may inhibit the release of arachidonic acid from cell membrane and production of leukotrienes.

Canine atopic dermatitis (CAD)

The pathogenesis of CAD is multifactorial, involving immunological aspects and the epidermal barrier.

The management of CAD requires a multimodal approach, which involves managing pruritus, treating and preventing recurrences of secondary microbial infections and maintaining the epidermal barrier.

Studies support the theory that allergens can penetrate the skin and a defective barrier is more likely to allow the percutaneous exposure to environmental allergens and microbes, thus predisposing the individual to microbial infections.

As mentioned earlier, EFAs play an important role in maintaining the tight barrier in the stratum corneum and can, therefore, play an important role in the long-term management of atopic dogs.

The use of EFAs in the control of allergic skin disease and pruritus through the modulation of inflammation is not entirely understood; however, in a blinded placebo-controlled study comparing the efficacy of borage seed oil and fish oil to olive oil, it was reported that there was a significant reduction in erythema and self-trauma during supplementation (Harvey, 1999).

A later study revealed the steroid-sparing effects of borage oil (Savik et al, 2004). Various other studies have reported the beneficial effects of n-6 and n-3 fatty acids in the management of atopic dermatitis and in one beneficial effects when given in conjunction with antihistamines has been reported (Paterson, 1995).

In 2010 and 2015 the guidelines for the management of atopic dermatitis (Olivry et al, 2010; Olivry et al, 2015) reported that improving coat hygiene and quality with EFA supplementation or EFA-enriched diets can help in the long-term management of the condition, even though as a sole therapy it is not effective in controlling the pruritus.

Vitamin E and other co-factors are included in some of the EFA supplements available. A study where 14 atopic dogs received vitamin E (8.1 IU/kg once daily, orally) and 15 received mineral oil as placebo (orally) found lower canine atopic dermatitis extent and severity index (CADESI) scores in the group receiving vitamin E (Plevnik Kapun et al, 2014).

It is possible that some EFA supplements on the market which contain vitamin E may be more effective than those with GLA and EPA alone in managing atopic dermatitis.

Cornification disorders

Cornification disorders include primary idiopathic seborrhoea and conditions such as hypothyroidism, and xerosis that result in excessive scaling. The epidermis has a rapid turnover and requires a constant supply of fatty acids, including linoleic acid, for the
Summary

EFA therapy can be very effective in managing scaling, allergic and claw disorders and has a place in veterinary dermatology, especially when long-term management is required.

The effects of EFA supplementation can take several weeks to appreciate.

To get maximum benefits from EFA supplementation, the underlying causes of pruritus, or scaling (e.g. flea-allergic dermatitis, adverse food reactions and secondary microbial infections), have to be managed successfully. If these underlying disorders are not managed, the benefits of EFA supplementation are greatly reduced.

EFAs also have the benefit of having corticosteroid-sparing effects, thereby lowering the risk of adverse effects where long-term steroid therapy is required.

References


Looking for funding? It’s as easy as ‘1 2 3’ if you work with the right team!

We can source a wide range of innovative and competitive finance packages so we’ll find a solution specific to your business and personal needs.

Contact our expert team today to find out more.

Independent   |   UK Wide   |    No Up Front Fees    |   Established for 25 years

Come & see us at VetsNorth 2017.

Call us now on 0330 088 11 57 or email info@ftafinance.co.uk

Contact our expert team today to find out more.

Independent   |   UK Wide   |    No Up Front Fees    |   Established for 25 years

Come & see us at VetsNorth 2017.

Call us now on 0330 088 11 57 or email info@ftafinance.co.uk

Contact our expert team today to find out more.

Independent   |   UK Wide   |    No Up Front Fees    |   Established for 25 years

Come & see us at VetsNorth 2017.

Call us now on 0330 088 11 57 or email info@ftafinance.co.uk

Contact our expert team today to find out more.

Independent   |   UK Wide   |    No Up Front Fees    |   Established for 25 years

Come & see us at VetsNorth 2017.

Call us now on 0330 088 11 57 or email info@ftafinance.co.uk

Contact our expert team today to find out more.
Wednesday 21st June

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 cardiovascular diseases affecting rabbits and small mammals
4.40-5.30pm
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 Frenchies: tips and advice on airway and Gl 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
Feline: Maggie Roberts
A look at what’s involved in shelter medicine
3.35-4.25pm
Soft tissue surgery: Prue Neath
Minimising the stress of gastric dilatation and volvulus (the GDV!)
4.40-5.30pm
Cardiology: Chris Linney
Common pitfalls in cardiology: how to avoid them

Nurse Stream
9.00-9.50am
Feline: Maggie Roberts
What you should know about neutering cats
10.05-10.50am
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
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

Thursday 22nd June

Clinical Stream 1
9.00-9.50am
Ophthalmology: David Williams
The eye and metabolic diseases
10.05-10.55am
Pain management: Jo Murrell
Advanced management of acute pain: use of fentanyl in clinical practice
11.20-12.10pm
Pain management:
Gwen Covey-Crump
Management of the hospitalised chronic pain patient
1.20-2.10pm
Ophthalmology: David Williams
The eye and neoplastic disease
2.25-3.15pm
Imaging: Chris Warren-Smith
What is it when it’s not a fracture?
3.35-4.25pm
Orthopaedics: Stuart Carmichael
Making the best of a clean break: decision-making in fracture management
4.40-5.30pm
Exotics: Molly Varga
Advanced imaging: advantages and limitations

Clinical Stream 2
9.00-9.50am
Dentistry: Matthew Oxford
Getting to grips with extractions in dogs and cats
10.05-10.50am
Orthopaedics: Stuart Carmichael
Successful medical management of osteoarthritis
11.20-12.10pm
Neurology:
Daniel Sanchez-Masian
Movement disorders – or is it epilepsy?
12.25-1.15pm
Orthopaedics: Stuart Carmichael
Surgical management of common tendon and muscle injuries
2.25-3.15pm
Wound management:
Georgie Hollis
Honey and wounds: where are we now?
3.35-4.25pm
Neurology:
Daniel Sanchez-Masian
Investigation and management of vestibular disease
4.40-5.30pm
Wound management:
Georgie Hollis
Top five reasons wounds won’t heal: the issues, physiology and solutions

Practice Management
Presented by ALISON LAMBERT and the team from Onswitch
The full-day interactive programme will run on Thursday 22nd June for anyone in a management role, or intending to improve their management skills, in veterinary practices.

6 month subscription to Improve International’s online Bitesize CPD with every ticket
Providing SENSITEST laboratory services for veterinary professionals worldwide. Specialising in allergy tests and treatments, oncology and acute phase proteins (APPs).

See us at stand 35

B.Braun is one of the world’s leading manufacturers of medical devices and pharmaceutical products and services. With over 58,000 employees in 64 countries, B. Braun develops high quality products, systems and services for both humans and animals around the world.

See us at stand 14

Specialists in Animal Health and Environmental Science, Bayer provides market leading innovative veterinary products and pest management solutions.

See us at stand 46

Its core function is to provide daily delivery of the complete range of products required by UK veterinary practices by providing superior value, efficiency and innovation – but that’s only a start. The company is inviting delegates to stop by its stand to learn how we can help your practice be even more successful.

See us at stand 40

Chanelle Vet UK is part of the Chanelle group and was set up to supply veterinary practices throughout the UK with high quality, competitively priced, generic pharmaceutical products.

See us at stand 25

Improve International was established in 1998 by a group of veterinary surgeons from across the UK. They run Continuous Professional Development (CPD) for veterinary professionals to help develop skills and knowledge required in practice.

Visit us at stand 29

Independent Vets are a large nationwide veterinary group. Each surgery remains independently managed by its local team within the support network of the larger group.

Visit us at stand 39

With the animal in mind, Kattec was formed to provide quality products that encourage, enhance and improve the life of the animal. From our healthy treats through to our superior Chemistry analyser for the Vet, our all-round range ensures a quality experience.

See us at stand 42

KVP (KONG Veterinary Products) have been manufacturing and supplying a diverse product line to the highest standard within the veterinary industry for over 50 years. We are leaders in the field for Recovery Collars, Surgical Supplies, Rehabilitation and Patient Care.

Visit us at stand 41

Medivet The Vets began in 1987 with one man’s dream to offer the highest standard of veterinary care – 24 hours a day, 365 days a year. Our aim is to treat all our amazing colleagues, clients and pets like family and leave everyone feeling supported.

See more at stand 1

Merial provides a comprehensive range of products including NexGard Spectra, Broadside® PUREVAX® and PREVICOX®, to enhance the health, well being and performance of a wide range of animals.

Visit us at stand 13

Nova Laboratories is licensed by the Veterinary Medicines Directorate (VMD) to provide off-label medicines, including veterinary-use only drugs, to improve pet compliance.

Visit us at stand 33

Established in 1999, Oakwood Veterinary Referrals’ goal is to maximise their patients’ return to a good quality of life with the minimum of suffering.

Visit us at stand 3

Oncwitch exists to inspire change! This is a bold statement but based on feedback from those people and businesses that we meet and work with. We are passionate about the customer experience and are on a mission to create customer centred practice wherever we go.

Visit us at stand 28

Pet-ID Microchips provides the ultimate microchip identification solution with a broad range of leading quality pet protection services including microchipping equipment, registration onto the Petlog database, pet insurance, microchip implant training and services for pet professionals.

See us at stand 16

VISIT WWW.VETSNORTH.COM OR CALL US ON 01793 208065
PLH offers a comprehensive catalogue of Digital Imaging Solutions, High Frequency X-ray Units, Ultrasound Solutions, consumables and accessories.

See us at stand 47

Processing Imaging Equipment Services are a family run company who pride themselves with a personal touch for the veterinary practice.

See us at stand 12

Protexin are dedicated to producing innovative research based products of the highest quality for animals and humans.

Visit us at stand 11

Welcome to Shire, the veterinary insurance and finance brokers with a difference! We have over 30 years’ experience working with our veterinary partners and understand your businesses well.

Visit us at stand 10 to find out more about the latest addition to our range VetPerks: ‘the veterinary employee benefits platform’

We look for new technologies and products that will be part of the future of professional practice. The technologies and products we offer will promote a service orientation and uniqueness of offering that is the best way for professional practice to prosper in the internet age.

Visit us at stand 22

Vi supply instruments & orthopaedic implants to the veterinary profession globally. For 30 years we have been providing surgical solutions and developing instruments for veterinary practices. You’ll find the tried and trusted alongside the innovative and new, all designed with the highest standards of materials and practicality in mind.

See more at stand 21

Dermatology specialists, Vetruus Ltd have increased their Peptivet range to include a new Shampoo and a Foam to help with those skin issues where antibiotics may be inappropriate or resistance may be a problem.

Visit us at stand 6 to get more information and a sample of the shampoo.

Vets4Pets have over 400 practices in the UK comprised of both standalone locations and those inside Pets at Home stores. In our joint venture partnership model, we recognise clinical freedom for our veterinary partners is of paramount importance and we therefore concentrate on providing a business support role, leaving the clinical side of the business to the veterinary partner.

See us at stand 7

Vets Now is the leading provider of emergency veterinary care for pets in the UK, with two 24/7 Emergency and Specialty Hospitals in Manchester and Glasgow, a 24/7 Emergency Hospital in Swindon and 55 out-of-hours emergency clinics nationwide.

See us at stand 26

Vetsure provides Pet Insurance and Buying Group services to a growing network of veterinary members.

Our Vetsure for Vets and Vetsure Platinum Buying Groups add value to suppliers, the consumer and the channel as a whole, rather than simply exploiting it.

See us at stand 2

Woodley Equipment supply veterinary laboratory equipment and diagnostic kits for routine use and critical care. We have a wide and evolving product portfolio and have been supplying vet practices, vet hospitals, vet universities and commercial vet labs for 25 years.

Visit us at stand 27

TO VIEW THE FULL PROGRAMME, INCLUDING PRACTICAL WORKSHOPS AND EXHIBITOR SESSIONS, OR TO BOOK, VISIT WWW.VETSNORTH.COM OR CALL US ON 01793 208065
You may have been getting a lot of earache over the last few weeks...

...but your pets didn’t need to!

Help for all your ear cases
The role of antioxidants in liver disease

Oxidative stress is increasingly implicated in the pathogenesis of many diseases, perhaps most notably in liver disease. The liver is particularly vulnerable to oxidative stress due to its physiological role and anatomical placement, which make it susceptible to toxic, infectious and ischaemic insults.

Oxidative stress is an important process in the pathology associated with both acute and chronic liver disease and it has been shown to play a direct role in sequelae of liver disease such as fibrosis and hepatic encephalopathy.

Reactive oxygen species (ROS) are responsible for the damaging effects of oxidative stress. ROS are generated during aerobic metabolism and in response to certain pathological processes such as inflammation and cholestasis.

Although they can have a role in normal physiology, ROS are also capable of causing extensive pathology; therefore the presence of ROS is regulated to maintain strict homeostasis.

Most ROS are free radicals that by their nature are unstable and highly reactive. Free radicals react with other substances to “steal” electrons in order to become more stable. However, in doing so this causes damage to the structure and function of the other substance.

ROS can cause irreversible damage to DNA, RNA, lipids and proteins within cells that can lead to dysfunction of the cell and ultimately, cell death. ROS can also modulate intracellular signalling pathways and alter gene expression patterns, leading to events such as inflammation and apoptosis. 

A liver-specific effect of ROS is their ability to activate hepatic stellate cells, leading to the synthesis of collagen and extracellular-matrix that results in fibrosis of the liver.

Healthy cells exist in a state of equilibrium between the generation of ROS and their neutralisation by antioxidants that ensures proper physiological function.

Oxidative stress occurs when an imbalance arises between the generation of ROS and the neutralisation of ROS by antioxidants. Oxidative stress can be caused by both acute and chronic diseases; for example, diabetes mellitus and ischaemic events.

Oxidative stress is believed to be caused by both an increase in the production of ROS and by a decrease in antioxidants. Therefore, restoring the levels of antioxidants in the liver represents a potential therapeutic target in patients with liver disease.

Antioxidants in liver disease

Antioxidants can be described as enzymatic or non-enzymatic, and it is the latter that are the primary focus of supplementation in liver disease. Oxidative stress is driven by a vicious cycle in which ROS that are not neutralised can exert a pro-inflammatory effect, increasing inflammation which in turn stimulates further production of ROS.

Table 1.

<table>
<thead>
<tr>
<th>Cause of oxidative stress</th>
<th>Clinical examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inflammation</td>
<td>Canine chronic hepatitis, feline cholangiohepatitis</td>
</tr>
<tr>
<td>Infection</td>
<td>Infectious canine hepatitis, feline infectious peritonitis</td>
</tr>
<tr>
<td>Drugs</td>
<td>Phenobarbital, prednisolone, non-steroidal anti-inflammatory drugs</td>
</tr>
<tr>
<td>Metabolic dysfunction</td>
<td>Feline hepatic lipidosis, diabetes mellitus</td>
</tr>
</tbody>
</table>

Sophie Nixon, BVSc(Hons), PhD, MRCVS, graduated with distinction from Liverpool in 2010. Following two years in mixed practice in North Yorkshire, she undertook a PhD in developmental neurobiology at the University of Oxford funded by the BBSRC. Sophie investigated the formation of synaptic networks in the developing brain of mammals for her doctoral thesis, following which she joined Protexin Veterinary as veterinary research manager in 2017 where she has a strong interest in facilitating evidence-based veterinary practice.
Antioxidant supplementation

A number of antioxidant preparations are available for use in dogs and cats. The following represent the most common active ingredients used in patients with liver disease.

Specific formulations may vary in the quantity, formulation and bioavailability of the active ingredient(s), so they should be assessed on an individual basis to ensure that an adequate dosage is biologically available.

**SAMe**

Oral supplementation of SAMe has been associated with increased levels of glutathione in the liver in dogs. Studies of oral SAMe supplementation in dogs and cats have shown that SAMe is able to improve hepatic and erythrocyte redox status (the balance between ROS and antioxidants), and it acts as a bile acid-independent choleretic.

SAMe has been shown to protect against the damaging effects of paracetamol toxicity in cats. SAMe supplementation is likely to exert other beneficial effects that have not yet been identified, because of the importance of SAMe in several key biochemical pathways that contribute to liver health and the evidence that SAMe has anti-inflammatory properties.

SAMe is an unstable molecule which is easily oxidised to an inactive isomer. Therefore, it is vital that SAMe is protected from moisture and oxygen by enteric coating or microencapsulation and administered on an empty stomach.

Quality control is a serious issue surrounding SAMe supplements and a recent study comparing the levels of SAMe within commercially available products highlighted that some products contained as little as 39% of the levels stated on the packaging.

**Silybin (also known as silibinin)**

Silybin is the major active flavonoid of silymarin, the extract from milk thistle seeds (*Silybum marianum*). The oral bioavailability of silybin is significantly increased (by around 10-fold) by complexing it with phosphatidylcholine, which is also an anti-fibrotic.

Silybin has been shown to have a protective effect against cell membrane damage and to act synergistically with SAMe to increase glutathione levels in the liver. It has also been demonstrated to have anti-inflammatory and choleretic properties.

Research in dogs has shown that oral silymarin supplementation attenuates the increase in alanine aminotransferase (ALT) and aspartate aminotransferase (AST) indicators of liver damage in toxic liver injury. The combination of SAMe and silybin-phosphatidylcholine complex (Denamarin) has been shown to reduce the hepatotoxic effects of the chemotherapeutic agent lomustine (CCNU) in dogs with neoplastic disease.

**Vitamin E (tocopherol)**

Vitamin E is a fat-soluble vitamin that can exert multiple beneficial effects in patients with liver disease, including antioxidant, anti-inflammatory and anti-fibrotic effects. The most biologically-active form of vitamin E is α-tocopherol.

Absorption of vitamin E is likely to be reduced in patients with liver disease because it is a fat-soluble vitamin and fat malabsorption is a common feature of liver disease, secondary to cholestasis.

Care should be taken to adhere to the recommended dose of vitamin E, as excessive supplementation can lead to functional vitamin K deficiency and vitamin E can act as a pro-oxidant when in excess.

**N-acetylcysteine**

Like SAMe, N-acetylcysteine is a glutathione precursor. N-acetylcysteine has poor oral bioavailability, so it is most commonly administered parentally in cases of acute hepatotoxicity.

**Other antioxidants**

Vitamin C depletion has not been associated with liver disease in dogs and cats, which means it is not routinely supplemented in these patients. Furthermore, vitamin C supplementation is not recommended in animals with copper storage hepatopathy or chronic hepatitis (which tends to be associated with iron sequestration) as vitamin C can augment oxidative injury associated with the accumulation of transition metals.

Carotene supplementation in animals continued overleaf
THE THREE PERSPECTIVES OF WEIGHT MANAGEMENT

ON THE ONE HAND, OBESITY MANAGEMENT IS SIMPLE: if you ensure that the pet consumes less energy than it needs, weight loss is inevitable. On the other hand, weight management is far from simple and is one of the most complex and long-term clinical challenges that veterinarians and nurses will face in practice.

Pet obesity is highly prevalent in the UK and the available evidence suggests the problem is getting worse. However, it is encouraging that the awareness of the problem is growing within the veterinary community and the resources we have to tackle this chronic condition are increasing all the time. That said, achieving success with weight loss is still a challenge and maintaining weight loss even more so. This may partly be due to the fact that successful weight management requires co-operation between veterinary professionals, owners and pets, and each has a different perspective.

These three perspectives must be considered at all times if long-term success is to be achieved.

The veterinary surgeon (VS) or registered veterinary nurse (RVN)

Responsibility for alerting the owner to the problem and for improving the quality of life for their patient, by using the tools and knowledge at their disposal, they can set achievable targets and help owners achieve the required weight loss for their pets. The VS or RVN will also be the main source of guidance and support for the pet owner and will have to manage a huge array of individual issues for each patient and their individual circumstances.

Information is key, so time, careful assessment and history taking must form the core of any weight loss programme.

Optimal weight must be determined, with the owner, for each patient using a nine-point body condition score as recommended by WSAVA and feeding amounts correctly calculated.

Achieving compliance with the programme will be the biggest challenge, but through mutual trust and openness this can be done.

The owner

Although perfectly positioned to implement the weight loss strategy, there are many hurdles. For example, owners may have preconceived ideas surrounding obesity and may not realise or accept there is a problem.

Even when they accept the problem, they may also find it difficult to comply with the programme and any advice given.

Pet owners feel strong emotional connections with their pets and may find their beliefs being challenged and the weight loss process hard at times.

However, for those that are successful, great progress can be made. Successful owners often become advocates of the benefits of weight loss and are empowered with their ability to make such a visible difference to their pet’s quality of life.

The pet

Studies have shown being obese shortens life span and can increase the risks of concurrent disease (e.g. arthritis) that can affect quality of life. Although weight loss may not be a cure for some of these diseases, the available evidence suggests that quality of life can improve significantly.

Against the expected benefits, there are challenges for the pet, most notably the fact that the weight loss programme might be difficult for them. Not only will they need to adjust to a different food, but the amount and frequency will also be altered. It is likely that their exercise regime will change as well.

However, if the pet’s perspective is considered, these challenges can be overcome. For example, by transitioning gradually to any new food or activity plan, most pets will adapt well to their new way of life in time.

The weight management process is multifactorial and often difficult and frustrating, but considering all three perspectives — at all times — weight loss is achievable for all pets under our care.

References


Georgia Woods is a Royal Canin Weight Management Clinic nurse at the University of Liverpool Small Animal Teaching Hospital where she deals exclusively with obese pets. Georgia has recently gained her Certificate in Canine and Feline Veterinary Health Nutrition.

Continued from page 31

with liver disease has not been investigated.

Conclusion

The liver is particularly susceptible to oxidative injury and antioxidants represent an important facet in the management of liver disease; there is evidence to suggest a beneficial effect of antioxidants in specific paradigms of liver disease. Further investigation into antioxidant supplementation in patients with liver disease would provide valuable insight into the clinical implications of this strategy.

References and further reading


W Divider 1271x40 to 1397x143
AVID Pet MicroChips
25 years of supplying vet practices in the UK

Practice Manager or Head Nurse
Cost effective pet MicroChips and scanners. Use the unique selling points of the AVID MicroChips and PETtrac Database to bring in new customers.

AVID MicroChips can be transferred online FREE of charge from a breeder to the new keeper

Receptionist
Save time by registering AVID MicroChips through your practice management system or our bespoke registration website.

Check for MicroChip details online, via our mobile app or by calling our 24 hour reunification hotline

Vets and Vet Nurses
A choice of MicroChip implanter styles and sizes all supplied with sharp double-cut bevelled needles and MicroChips with an anti-migratory coating

Your Clients
High quality MicroChips and database service via PETtrac to provide them with a robust and reliable reunification service...peace of mind

Providing the complete microchipping solution to veterinary practices for 25 years

Call for your FREE samples and pricing
0800 652 7 977 - www.avidplc.com

Breeders
FREE transfer from the breeder to the new keeper
Recruitment and retention: what can be done?

RICHARD GARD examines the outlook in the UK for new veterinary surgeons and what is being done to attract them into the profession and prepare them for practice life

THE TITLE OF THIS ARTICLE COULD BE “You Are Not Alone”. Having had conversations with various people, it appears that if you ask a principal of a veterinary practice about their experience with recruitment, the response is likely to be “a nightmare”, “if you want a rant, talk to me; if you want a rational view, talk to someone else”, or “we have been looking for an experienced vet for over a year with no success”.

Individuals indicate that the problems, particularly with farm practice, may lie with out-of-hours work, TB testing, wanting to work out-of-hours work, TB, etc. Many practices indicate that they had not changed significantly from the survey five years previously. A new survey is to be conducted this year.

Many practices indicate that they have difficulty in retaining veterinary staff. It is said that the younger vets have an expectation of practice life that is not met in reality. Where do they go? If there is so much difficulty in recruiting the five-year qualified vet and these vets are leaving practices, it appears that they are not entering the practice recruitment pool. Neither are they joining the State Veterinary Service. It is confirmed that 89% of veterinary staff within government are from outside the UK.

Fall in satisfaction

Informal discussions with professors at Bristol and Nottingham universities indicate that they are well aware of a fall in satisfaction with practice employment. It is said that the students are better trained than ever before, but they have wider career horizons and “other priorities”. It is believed that the difficulties relate to generation and not gender. The younger vets of today are of the age of the children of many veterinary practice principals and that generation’s expectations, in all things, is different. There seems to be a lack of desire to be business owners and invest in a long-term veterinary career. The veterinary surgeon’s working lifespan is said to be shortening, with less time and increasing part-time work.

Individual veterinary practices and veterinary groups have recognised and experienced all or part of the issues raised and are addressing the problem. Westpoint Farm Vets has increased over 10 years from 35 to 65 veterinary surgeon staff.

Specifically targeting farm work, the growth has come from taking over the large animal work of existing practices and looking to expand the total volume and breadth of veterinary work, in many locations.

Some experienced vets have remained in place, but the need to attract new graduates has led to an entry intern scheme. After graduation, the young vet joins a development programme that includes 24 days of CPD, a salary of £25,000, a review after one year, a joining-on fee if a permanent position is offered and a further fee after completion of the second year.

Vets who are five to 10 years qualified would be expected to be running a practice. It is anticipated that during the first year the practice would not expect the individual to contribute to practice profitability. From six to 12 interns are recruited each year and passage to full employment occurs for 60% to 100% in any one year.

The point is made that each young vet has to be viewed as an individual and so there is some bending of the group to meet the needs of the individual, but also recognition by the person that the job has certain practical needs to meet the expectations of farmer clients.

Coaching and mentoring

Individual practices have adopted a coaching and mentoring approach to help new graduates adapt to practice life, help them with their anxieties and concerns and make them more content. Social media is a factor where there is continuous exchange of experiences, positive and negative. But this all takes deliberate action and time. The point is made that if the individual is being done to provide graduates with a realistic view of the workload that needs to be done. The scheme to show Advanced level students some of the realities of veterinary practice, before they apply for a university course, would seem to have an increased value. There certainly appears to be a need for veterinary practices to be able to access advice and support over the recruitment and retention of veterinary surgeons.
One Supplier, One Relationship, One Account.

The DMS portfolio comprises over 3000 product lines from a number of carefully selected manufacturers. Our range has been specifically designed to span clinical specialities including Critical Care, Surgical, IV Administration and Woundcare.

Choosing DMS has always been of great benefit to our customers, saving time and money by ordering from one, UK based supplier. With our new One Account however, you can also access a number of attractive benefits.

One Supplier, One Relationship, One Account.

Let's make the rewarding work you do a little more rewarding.

Quality Products, Quality Alliances, Quality Care.

Member Benefits Include:
- Members Only Newsletter
- Gift Vouchers
- Members Only Discounts
- Holiday Discounts
- Reward Points
- Free Carriage Options

Tel: 0333 9000 900   www.dmsveterinary.com   sales@dmsveterinary.com
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.
Cycling celebration: the African leg

IN NOVEMBER, I ACHIEVED MY GOAL in Europe by cycling to Athens. All the way I had great company and managed to keep a second bike going.

Africa was a different ball game. It was much more daunting. However, my great friend Tim Brazil was going to come with me for the first three weeks. In the current political climate, there was no chance of two unaccompanied men without any back-up being allowed to cycle through Egypt and Sudan; with that in mind, we booked our flights to Ethiopia.

Then we had a setback. There was an uprising in Ethiopia, centred south of the capital, in Addis Ababa. Initially all visitors were barred. Tourists were later allowed into Addis, but not to travel south. Having donned our thinking caps, we decided to fly to Entebbe in Uganda. Both of us had been to Uganda before – I even remembered a large amount of Sashnil!

Getting the bikes to Heathrow was a mission. A marvellous black cab driver called Mike came to my rescue. With great difficulty, we managed to get the two boxed-up bikes into the cab. The airline was helpful and we were on our way.

We arrived in Entebbe soon after lunch on 25th November. The re-assembly of the bikes took a considerable amount of time and effort; Tim and I might have several veterinary letters after our names, but sadly neither of us are engineers!

We only managed the short journey that would have taken him 20 minutes. After a 20-mile cycle, we reached Mukono. I shan’t use the word cheap as all the people were so kind to us, but let’s say the hotel was definitely budget! We were glad to cross the Nile just before the main town of Jinja, where we found slightly better accommodation. With 50 miles on the schedule for the following day, we got off to a prompt start for our journey to Bugiri, where we would spend the next night. All the time we had stuck to the main Kampala Nairobi road. The road was busy, but had wide tarmac hard shoulders – we deemed this route safer than the small side roads, which were either dirt (murram) or very poor tarmac with very deep pot holes.

The next day was a shorter stretch to Toro. We journeyed to the east of the town to reduce the distance we had to travel in the morning – we wanted to reach the Kenyan border as early as possible. Both the Ugandans and the Kenyans were very kind and helpful and our worries about border delays were unfounded.

We managed to reach Bungoma in Western Kenya for the night. Here, we slept on the third floor of a hotel which was under construction. The window of our room could not be opened without disturbing the scaffolding for the fourth and fifth floors. Needless to say, we were up long before any work started in the morning.

We had a massive journey to Eldoret ahead. I had contemplated staying at Soy Country Club, but sadly was over 30 years too late! The hotel in Eldoret was very upmarket. Tim and I enjoyed the good food and several cold tukers.

Up and down

In the morning, we had a long stretch uphill before reaching the edge of the Great Rift Valley, after which it was downhill all the way to Rongei. There we stayed for two nights with my old friend Tristan at his wonderful home “Deloraine”.

He was the most marvellous host. Tim and I were very happy to give him some veterinary advice about his polo ponies and those he used for his trekking safaris. It was with great sadness that I learned of Tristan’s untimely death not long after our visit. He was shot in Lakiopia by cattle rustlers. My thoughts went out to his wife Cindy and their two grown-up children, Archie and Imogen.

We were now on the floor of the Rift Valley, where we passed the spectacular lakes with their colourful flamingos and marvellous variety of game animals. We biked through Nakuru and made it to my friends Flash and Sarah Barlow in Gilgil. Fifty years ago, I played rugger with Flash. His father, a vet known to me as Colonel Barlow, de-voced mules and parachuted them into British commander Orde Wingate and his troops (called Chindits), who eventually drove the Japanese from Burma in the second world war. He was very, very kind to me when I started my career in Kenya.

It felt as if I was coming home as we bicycled up to their house. They were so kind to us. It was very tempting to stay forever, but we had the strenuous task of getting to the Rift Valley ahead of us – which involved a climb of over 3,000 feet.

We had a night at Naivasha to get our strength up before setting Nairobi in our sights and eventually made it to the suburb of Karen, where Tim had to leave me to fly back home to his wife and daughters for Christmas. My pals in Kenya wanted me to stay for Christmas down on the Kenya Coast. I had arrived in Mombasa on Christmas Eve in 1966. It was very tempting, but I was frightened that if I didn’t get going I might never complete my journey. So I manned up and got back on my bike.

Practice Design Awards sponsor Gratnells explains the benefits of its strategic partnership

CLEANLINESS IS A KEY FACTOR in ensuring the health and safety of the people and animals within a veterinary practice and now there is a solution that can help to maintain a more hygienic environment between routine cleans.

Gratnells is well-recognised for providing hygienic solutions for every storage need. As a result of a strategic partnership with BioCote, a global antimicrobial technology supplier, all Gratnells storage frames, trolleys and storage trays are now treated with BioCote antimicrobial additive. This unique feature, only found in the Gratnells range, offers protection against bacteria, mould and fungi. Designed to work alongside existing cleaning regimes to deliver an additional level of defence against contamination, the antimicrobial protection integrated into Gratnells’ storage products helps resist the growth of microbes which may degrade product surfaces. It also assists in preventing the growth of odour-causing and staining bacteria, resulting in a longer product lifespan.

With the BioCote technology being built in, it is easier to keep products hygienically clean and to retain existing cleaning methods. It also provides permanent and continuous resistance against microbial colonisation and will not cause antibiotic-resistant bacteria.

Proven to be effective against a wide range of bacteria, fungi and the H1N1 virus, this technology reduces microbes by up to 99.99%, with significant reductions within 15 minutes and up to 99.5% reduction in just two hours. This means that surfaces no longer need to rely solely on continual wash-downs to guard against infection. Gratnells Antimicrobial System Protected veterinary products provide long-lasting protection because antimicrobial surfaces are places where microbes simply cannot survive. Reducing the potential for cross-contamination, a more hygienic product means fewer microbes that can be transferred to other users, animals or products in the same environment. Gratnells’ products give maximum control and flexibility throughout veterinary practices and hospitals, from the store room to theatres and recovery wards. The integration of BioCote technology into the metalwork and plastics of Gratnells’ storage units is a vital component in the fight to reduce the spread of infection and in raising standards of hygiene within all areas of veterinary practice and care.

To find out more on the Gratnells veterinary range, visit www.gratnells.veterinary.com where you can download the brochure showing the full range of mobile and static storage solutions.
MICROCHIPS ARE BEST KNOWN for their role in the pet industry, helping to reunite animal owners with their lost cats, dogs and horses. Microchips do, however, have uses beyond pet identification.

Pet-ID has supplied microchips for animals in zoos and wildlife sanctuaries, as well as a range of inanimate objects, from prosthetic limbs to saddlery. The company also provides microchips for use in numerous conservation projects and follows their activities with interest.

**Pine marten translocation**

Wildlife Vets International and Vincent Wildlife Trust are currently translocating pine martens from Scotland to North Wales to re-establish populations. Populations have dwindled startlingly since the Mesolithic era, when the pine marten was the second most common carnivore in Britain. Each pine marten is implanted to enable researchers to identify individuals that have been re-trapped or are found dead.

Re-trapping data enable researchers to make informed conservation decisions by building a picture of how individuals use their environment. Olivia Walter, executive director at Wildlife Vets International, says: “8mm FDX-B microchips are used because they are small – an adult pine marten averages 1.5kg – and the needle on Pet-ID syringes is sharp, enabling precise implantation.”

As the translocations have been such a success, the team, led by Vincent Wildlife Trust, is now considering further translocations to mid-Wales.

**Hedgehog rehabilitation**

South Essex Wildlife Hospital decided to try microchips because the traditional methods of colour-coding hedgehogs with paint spots is unreliable. Sue Schwarz, founder of the charity, is enthusiastic about the new approach. “Microchipping has been much more accurate,” she says, “and it is extremely time-saving not having to flick through piles of dog-eared, dirt-smeared paper records to find the right ‘green and pink spot one’ once the hedgehogs are in the rehabilitation paddocks.”

**Orangutan rescue**

International Animal Rescue’s team is working in West Kalimantan, Indonesia, to rescue and care for baby orangutans that have been taken from their mothers to be illegally sold as pets, adults that have spent their entire lives in captivity, and orangutans left stranded when their forest home is destroyed.

These vulnerable animals are microchipped as they are translocated to safe areas of protected forest for monitoring purposes. Chief executive, Alan Knight OBE, says: “We take rescuing orangutans very seriously and we always use Pet-ID microchips to provide quick identification of our animals.”

**Big cat monitoring**

Leibniz Institute for Zoo and Wildlife Research uses Pet-ID microchips for free-ranging cheetahs in Namibia, where they’ve run a cheetah research project since 2002 and a leopard research project since 2012.

The team captures, immobilises and samples the animals in the field and fits them with GPS collars. With the data and samples, the team conducts conservation research on reproduction, health and disease, and the carnivore-farmer conflict.

Animals are identified by the microchip and their spot patterns when they are re-captured. Microchip identification is particularly important for juvenile animals. Juveniles are not collared and the proportions in their spot patterns can change as they grow.

Bettina Watcher, an evolutionary ecologist, conservation biologist and senior scientist at the Liebniz Institute for Zoo and Wildlife Research, who runs the cheetah and leopard research projects in Namibia, commends the easy use of microchips under field conditions.

---

**New programmes starting Autumn 2017**

Make a difference in practice with our Nurse Certificates

Our modular Nurses Certificate (NCert) programmes give you the confidence to learn and practise the latest advancements.

- Emergency and Critical Care Nursing
- Anaesthesia
- Animal Behaviour
- Small Animal Nutrition

Expand your knowledge and skills in key areas relevant to practice and gain a recognised qualification.

T: 01793 759 159
E: enquiries@improveinternational.com
www.improveinternational.com

In partnership with:

![Harper Adams University](image)
A CONSERVATION SUCCESS STORY

I AM WRITING THIS FROM CHITWAN National Park in southern Nepal, close to the border with India. Chitwan extends around 900 square kilometres and was the first of Nepal’s National Parks. In many ways, its establishment and development is something of a conservation success story. Asian one-horned rhino numbers in the park have increased from possibly below 100 in the 1960s to a little over 500 today and there is a healthy tiger population of some 120 individuals. In addition there are leopards, sloth bears, Indian bison or gaur, several species of deer and over 500 species of birds. How has a country like Nepal, one of the poorest in the world, managed to achieve this?

The path to Chitwan’s success stemmed from the political willingness of the Nepalese government to safeguard the area which controversially saw tens of thousands of people relocated from within the park boundaries. The government set up an armed guard unit with posts throughout the park to protect the rhinos and other animals from poachers.

In recognition of the protection given and its importance as a wildlife habitat, Chitwan was acclaimed a UNESCO World Heritage Site in 1984, and in 1996 a further 750 square kilometres around the park was designated as a buffer zone. The natural resources in the buffer zone are jointly managed by the park authorities and the people who live there. A significant amount of the revenue obtained from fees to visit the park is given back to those in the buffer zone to assist with community development.

For a country as poor as Nepal, money to develop worthwhile ventures is frequently in short supply. Being woefully short of natural resources and lacking any global manufacturing base, tourism is one of its trump cards and probably its biggest foreign currency earner.

While most people would probably think of Himalayan treks and historical sites (Kathmandu alone has numerous UNESCO World Heritage Sites), the opportunities to see a diverse range of wildlife are probably less well-known. However, that is changing rapidly and there is now a thriving ecotourism industry based in Chitwan with Jeep safaris, jungle treks and canoe “cruises” along the rivers.

All of these activities are popular and they bring significant revenue to the area. There is now a huge range of lodges and hotels on the outskirts of the park to serve the many thousands of tourists that flock to the area each year.

Challenges

The continued success of Chitwan is not without its challenges. There is significant pollution of the rivers that flow into the park and this of course impacts on the park’s ecosystem, not least on the survival of one of the world’s most threatened crocodilians, the gharial. Claimed to be the world’s longest crocodile, the species has an elongated and narrow snout armed with dozens of thin, sharp teeth. Completely harmless to humans, the gharial is a specialist fish-eater; the same cannot be said for the mugger crocodile, which also occurs widely within the park.

This is a more opportunistic feeder and larger individuals pose a threat to local peoples who are permitted to fish in the river and to cross it at certain times of year to enter the park to collect firewood and eat elephant grass for their livestock.

In two days exploring the park with a local guide I saw no fewer than 14 rhinos. The highlight was when walking along a jungle path, a huge male approached from the opposite direction to within 50 metres before lying down in a muddy patch close to the track and rolling onto its back like a horse let out from its stable. He never even sensed we were there.

Full marks then to Nepal for the efforts they have gone to in creating an authentic wildlife experience by conserving an important ecosystem that is now bringing benefits to both the local community and the country as a whole.

It is a model that could be usefully exploited around the world and provides hope that all is not lost when it comes to conserving top-end predators and large herbivores that invariably compete with humans for the scarce resources available.

THE CHICKEN FANCIER

SUSIE CAN’T REMEMBER THE LAST TIME, if ever, that she splinted a cockerel’s leg, and it doesn’t help that Major Bradwell is a veritable peacock among poultry with a lineage covering the meekest of owners, a fifty-poultry owner, a Dowager who clearly fancies herself rosettes, trophies and medals that would induce tears of joy in the meekest of poultry owners.

Moreover, Major Bradwell’s owner, a fifty-something dowager who clearly fancies herself superior to most, if not all, is hanging onto Major Bradwell – all the nurses being peracutely engaged – while Susie attempts the splinting.

With Major Bradwell flapping and squawking, and his leg dangling at ominous angles, Susie reflects on how she had no prior appreciation of how a chicken (more familiar to her in the version that is feather-free, trusted and bound in cling-film) could be both so strong and so fragile at the same time.

VICKI BROWN continues her series on client behaviour, under the heading ‘Challenging clients: from the weird to the wonderful’, with a case of feathery fun

She’s armed with a small dog splint, three rolls of Coform, K-band, Soffban and plaster, and the theory of applying a splint to said chicken, while seeming wonderfully simple and practicable in the relative safety of the consult room, now seems quite another in the prep room, with the absence of calm and competent nurses making itself felt more painfully by the second, and the presence of Dowager Dorothea heaping coals onto her clinical opinions unto her. How it has come to this is a mystery, but she’s appointed Senior Lecturer in the Next Vet School map, probably later (Wales is sure to be high on the Dowelalantansillogogogoch) she’ll be sure to push the point firmly across to her sea of admiring students.

Meanwhile, dowager Dorothea is glaring at Susie and silently demanding a response. “I said, with a distal complete oblique displaced tibial fracture, he merits toastimg.”


At that, Major Bradwell makes a concerted bid for freedom, Susie squeezes him somewhere off-centre-keel-possibly-more-abdominally and oops, a large dollop of something green and slimy squirts into Dorothea’s tastefully tinted do. Dorothea gapes and grunts. Susie tries to stop a tide of anxious giggles erupting from her chest.

Next time, Susie thinks, as she gamely dissectes cockerel faces from the dowager’s hair, she’ll refer anything that isn’t dog, cat or rabbit to the exotics specialists in Lambourne, a good thirty miles away. They’re bound to enjoy some feathered antics, even if they do come with a double-dowager attached.

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.
## Small Animal 21 September

**Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900 - 1000</td>
<td>Registration</td>
</tr>
<tr>
<td>1000 - 1015</td>
<td>Opening address</td>
</tr>
<tr>
<td>1015 - 1115</td>
<td>(LA) The role of the OV in Safeguarding International Trade</td>
</tr>
<tr>
<td></td>
<td>Mauricio Lopez, APHA</td>
</tr>
<tr>
<td>1100 - 1130</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1130 - 1215</td>
<td>An update on the current Badger Control Programme</td>
</tr>
<tr>
<td></td>
<td>James McCormack, APHA</td>
</tr>
<tr>
<td>1215 - 1300</td>
<td>Certification Pitfalls in Large Animal Practice and how to avoid them</td>
</tr>
<tr>
<td></td>
<td>Michael Stanford, Veterinary Defence Society</td>
</tr>
<tr>
<td>1300 - 1400</td>
<td>Lunch</td>
</tr>
<tr>
<td>1400 - 1445</td>
<td>How the Rest of the World deals with TB (specifically Ireland)</td>
</tr>
<tr>
<td></td>
<td>Anthony Dalgan, Department of Agriculture, Fisheries and Food, Ireland</td>
</tr>
<tr>
<td>1445 - 1530</td>
<td>FMD – how likely is another outbreak?</td>
</tr>
<tr>
<td></td>
<td>Ryan Waters, Pitright</td>
</tr>
<tr>
<td>1530 - 1600</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>1600 - 1645</td>
<td>Animal by-products. What are the risks at farm level?</td>
</tr>
<tr>
<td></td>
<td>Scott Reaney, APHA</td>
</tr>
<tr>
<td>1645 - 1730</td>
<td>Interactive Workshop – Product Exports Q&amp;A ask the expert</td>
</tr>
<tr>
<td></td>
<td>Andrew Gresham, APHA</td>
</tr>
</tbody>
</table>

## Large Animal 21 September

**Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900 - 1000</td>
<td>Registration</td>
</tr>
<tr>
<td>1000 - 1015</td>
<td>Opening address</td>
</tr>
<tr>
<td>1015 - 1115</td>
<td>Rabies – How much of a threat does it pose?</td>
</tr>
<tr>
<td></td>
<td>Dan Horton, Lecturer in Veterinary Virology, School of Veterinary Medicine, University of Surrey</td>
</tr>
<tr>
<td>1115 - 1145</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1145 - 1230</td>
<td>The role of the OV in Safeguarding International Trade</td>
</tr>
<tr>
<td></td>
<td>Mauricio Lopez, APHA</td>
</tr>
<tr>
<td>1230 - 1315</td>
<td>Pet Passports – getting it right every time; how to complete the old style and new style pet passports</td>
</tr>
<tr>
<td></td>
<td>Ismael Salcedo and Philippe Liles, APHA</td>
</tr>
<tr>
<td>1315 - 1345</td>
<td>Lunch</td>
</tr>
<tr>
<td>1345 - 1500</td>
<td>Babesia canis and the threat of exotic diseases</td>
</tr>
<tr>
<td></td>
<td>Ian Wright, Head of ESCCAP UK and Ireland</td>
</tr>
<tr>
<td>1500 - 1545</td>
<td>Certification Pitfalls in Small Animal Practice and how to avoid them</td>
</tr>
<tr>
<td></td>
<td>Michael Stanford, Veterinary Defence Society</td>
</tr>
<tr>
<td>1545 - 1615</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>1615 - 1700</td>
<td>Backyard Poultry – what the Small Animal OV needs to know</td>
</tr>
<tr>
<td></td>
<td>Alan Wright, Veterinary Investigation Officer APHA</td>
</tr>
<tr>
<td>1645 - 1730</td>
<td>Interactive Workshop – Product Exports Q&amp;A ask the expert</td>
</tr>
<tr>
<td></td>
<td>Andrew Gresham, APHA</td>
</tr>
</tbody>
</table>

## Thursday 22 September

**Equine**

**Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900 - 1000</td>
<td>Registration</td>
</tr>
<tr>
<td>1000 - 1015</td>
<td>Opening address</td>
</tr>
<tr>
<td>1030 - 1115</td>
<td>Certification Pitfalls in Equine Practice and how to avoid them</td>
</tr>
<tr>
<td></td>
<td>Michael Stanford, Veterinary Defence Society</td>
</tr>
<tr>
<td>1115 - 1145</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1145 - 1230</td>
<td>Pre-export Testing of Horses – Guidance and Procedures</td>
</tr>
<tr>
<td></td>
<td>Kulin Patel, APHA</td>
</tr>
<tr>
<td>1230 - 1315</td>
<td>Step by step to successful equine export certification</td>
</tr>
<tr>
<td></td>
<td>Kulin Patel, APHA</td>
</tr>
<tr>
<td>1315 - 1415</td>
<td>Lunch</td>
</tr>
<tr>
<td>1415 - 1500</td>
<td>Exotic Vector-borne Notifiable Diseases of Horses</td>
</tr>
<tr>
<td></td>
<td>Jo Wheeler, APHA</td>
</tr>
<tr>
<td>1500 - 1545</td>
<td>Breit opportunities and threats - the possible impact on equine slaughter</td>
</tr>
<tr>
<td></td>
<td>World Horse Welfare</td>
</tr>
<tr>
<td>1545 - 1615</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>1615 - 1700</td>
<td>Equine Passports and Medication Control</td>
</tr>
<tr>
<td></td>
<td>Mark Brown, Professor of Veterinary Internal Medicine, Senior Vice President of the British Equine Veterinary Association (BEVA)</td>
</tr>
</tbody>
</table>

## Friday 22 September

### Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0945 - 1030</td>
<td>Interactive Workshop – Germinal Products Exports Q&amp;A ask the experts</td>
</tr>
<tr>
<td>1100 - 1145</td>
<td>Revalidation – drop in question session</td>
</tr>
<tr>
<td></td>
<td>Improve International</td>
</tr>
<tr>
<td>1145 - 1230</td>
<td>Interactive Workshop – Avian Exports – Q&amp;A ask the experts</td>
</tr>
<tr>
<td></td>
<td>Babszi Toth and Nacho Afeanlan, APHA</td>
</tr>
<tr>
<td>1330 - 1415</td>
<td>Interactive Workshop – Ungulate Exports – Q&amp;A ask the experts</td>
</tr>
<tr>
<td></td>
<td>Nacho Afeanlan, APHA</td>
</tr>
</tbody>
</table>

### Partners

- **Nova Laboratories Company**
- **petid**
- **ABAXIS Ltd**
- **IM3**
- **WOODLEY**
- **Piret-Pi**
- **3Piar UK**

*For sponsorship and exhibition enquiries please contact Nic Catterall on 07730 762 136 nic.catterall@5mpublishing.com*

*First come first served basis*

---

**To find out more and book your place visit**

[www.officialvet.com](http://www.officialvet.com) or call us on 0330 202 0380

---

**social media:**

- [officialvet](http://officialvet)
- [@Official_Vet](http://@Official_Vet)
- [#OVConf17](http://#OVConf17)
THE LATEST ON LAMENESS...

THE CHAIRMAN OF THIS YEAR’S Cattle Lameness Conference, Brian Pocknee, welcomed everyone to the eighth annual gathering and announced that the Dartington Cattle Breeders Trust has agreed to sponsor the next three conferences.

That means the future of this important conference for the industry is secure; there were six other sponsors this year too. A quarter of the delegates were veterinary surgeons in cattle practice together with university specialists, farmers and people associated with hoof health. The programme was comprised of four technical papers, nine posters – of which three were presented to the delegates as a research update session – plus an on-farm case study.

Dick Sibley of West Ridge Veterinary Practice outlined the development of the understanding of cattle lameness from a time when it was considered that lameness was inevitable and that the costs of ‘prevention may exceed the economic benefits.

The Healthy Feet Project demonstrated that lameness was measurable, manageable and preventable with changes making real differences to dairy cows. The welfare benefits became apparent to the dairy industry as a whole and the project forms the basis of the current AHDB Dairy Healthy Feet Programme.

The initiative brings farmers, vets and hoof trimming together to deliver better healthcare for herds interested in managing lameness. The Dairy Cattle Mobility Steering Group (DCMSG) has been formed with a mission to engage with all parts of the dairy industry in achievable, affordable and effective measures to eradicate severe lameness, minimise moderate lameness and maximise mobility in the dairy herd.

The group meets twice a year and has identified tasks that include: the creation of a register of foot trimmers with standards and regulation to ensure consistent quality standards; developing farm lameness standards based on mobility performance; encouraging new technologies to provide objective measures of lameness/mobility with the potential for automated monitoring; engaging with the Food Standards Agency to monitor lameness in abattoirs; improving the procedures for dealing with lame cows so that early culling of chronic cases improves animal welfare without penalising the farm economics; maximising engagement and effectiveness of communications with those who can influence dairy cattle lameness. A cattle lameness website has been developed and will become a prime source of best practice.

A register of mobility scorers will be in place by July 2017. Responding to questions, it was identified that the lameness destiny of a cow is set as a heifer and that the programme should be to achieve early recognition of lame cows.

Digital dermatitis

Arturo Gomez (Zinpro Corporation, The Netherlands) knows a great deal about digital dermatitis and he recognises that we need to cross knowledge boundaries to make progress with the disease.

Early on in his presentation he showed a photograph of a group of very clean and fit-looking heifers, of which 95% were afflicted with digital dermatitis. The notion that DD is a consequence of the muddy, wet conditions on UK farms is immediately challenged, although it may be a contributory factor, but there are important aspects to understand about the disease.

The point is made that “the industry has not clearly considered the chronic DD forms as a key stage of the disease and has neglected the fact that the cystic/resistance forms could drive the resilience and the endemic status of DD observed on farms today”.

In summary, active and chronic stages present on farm and topical treatment at an early stage is a good and convenient starting point in the control of the disease, but a prevention programme needs to rear healthy replacement animals.

The rearing period should provide a zero prevalence before the first calving and during the transition period at the start of lactation, new cattles must be prevented. The genetic background of cattle can predispose them to the disease, but knowledge is not sufficiently advanced to apply this understanding.

There were many practical aspects discussed. Worldwide there is a high incidence of DD in beef and dairy herds. Foot bathing is a prevention strategy and not a treatment for clinical cases.

The disease has an economic effect even when animals are not showing lameness as they spend more time standing still or lying down. There is a lack of confidence between trimmers, vets and nutritionists of the ability of each to control the disease. A single lesion can have as many as 25 genetically identifiable treponemes. Visual awareness, detection and recording of DD on-farm need application.

Sara Pederson (Farm Dynamics) described a trial for the control of digital dermatitis in a herd with 37% of the adult cows having an active, healing, dormant or recurring lesion. Of the 79 lesions recorded, 46 were active and three recurring.

These lesions were washed with clean water including the interdigital space, gently dried with suds, thoroughly sprayed with oxytetracycline spray (Engymycin 25mg/ml), left to dry for 30 seconds, lesion sprayed again and cows returned to cubicle housing. The cows were re-examined in a crush for two consecutive days and repeat-treated as necessary.

After the three-day treatment, eight of 49 lesions had not progressed to the healing stage and were treated for a further three days. Treated cows did not go through a foot bath. Thirty-seven cows had lesions initially, three cows six weeks later and one at five months.

A four-metre foot bath with formalin replaced a shorter installation; the intention is that only clean feet go into the foot bath. The three-day blitz treatment protocol is considered to be effective.

Digital cushion data

Reuben Newsome (University of Nottingham) has further investigated the data collected on the appearance of the digital cushion during lameness. Cows that developed lesions had a thinner digital cushion before the lesion occurred and the presence of the sole ulcer encouraged thickening of the cushion, probably linked to inflammation. It is the absolute thickness of the cushion that influenced lameness and lesions.

Lameness is linked to permanent anatomical damage within the foot. Local inflammation could cause the bone to produce more and more bone, which explains the spiky bone growths seen in lame cows investigated after slaughter.

Early treatment of lesions is essential for recovery and a therapeutic hoof trim, combined with a block applied to the non-lame claw, plus a course of non-steroidal anti-inflammatory therapy is effective.

Red Tractor recording

Jessica Sloss (Assured Food Standards) explained that within the Red Tractor Standards, all incidences of lameness must be recorded. These records are reviewed annually by the farm vet who also inspects the livestock, identifies key issues and makes recommendations for improvements.

Every 18 months the Red Tractor assessor scores a random selection of 10 cows for mobility (using the AHDB Dairy Mobility Scoring System), body condition, hair loss, lesions/swellings and cleanliness. As well as lameness, farmer records of mastitis, culling rate, involuntary culls and calf mortality are reviewed.

Assurewells carries out online assessor training for welfare outcome assessments to maintain standards of competence. The on-farm data are currently being assessed by Assurewells to provide a representative picture of the health and welfare of the national dairy herd.

The winning poster presentation, judged by the delegates, was for Antibiotic lameness treatments: a hanging fruit by Robert Hyde and Jon Huxley (University of Nottingham).

Recognising the need to reduce antibiotic use on-farm, a monthly antibiotic footbath for a dairy herd is a major contributor to the overall use of antibiotics, much more than dry cow therapy, injectables and topical treatments.

The use of an antibiotic foot bath would be challenging to justify as a judicious use of antimicrobials. The delegates indicated that a total ban on antibiotics in foot baths should be enacted.

The self-trauma by cows with ischaemic teat necrosis was described by Roger Blowey. It is recognised as an increasing problem, particularly for first lactation, high-yielding heifers. A project is available to veterinary practices for cases to be investigated for free, managed by the RVC and Liverpool universities.

Anyone aware of cases is encouraged to contact rogerblowey@mailbox.co.uk and take pictures to help confirm the diagnosis.

Copies of the full proceedings of the 2017 lameness conference are available from cle@thedadairygroup.co.uk; earlier proceedings can be downloaded from www.cattlelamenessconference.org.uk.
Time to tackle milk residues and beat the Yanks!

PETER EDMONDSON
looks at the current figures for residue failures and suggests farmers and vets should get behind the Milksure initiative

As veterinarians, we should get behind the Milksure initiative and the headline "A NEWSAGENT BEAT THE YANKS!". We need to remember that food is safe is essential to protect human health.

The impact on the UK dairy industry was catastrophic. In January 2016, 350 failures were identified from 3,085,627 individual bulk tank tests. This level is 0.011% and has been consistently falling year on year. Denmark and Sweden are running around 0.05%, a third of UK levels.

So what has this to do with us? The answer is a lot. If you ask a dairy vet what their role is, they might talk about animal health and welfare. We need to remember that we are in the food business. Just look at the impact of BSE, salmonella in eggs, milk powder contamination in China... We span the whole food chain and ensuring that food is safe is essential to protect human health.

Reducing the risk
We prescribe and dispense most medicines. It is very much in our interest, and our responsibility, to ensure that any risk of food contamination from medicine residues is minimal. Farmers know that the financial consequences of contamination are very great. What we now know is that our residue failure rate is far higher than other countries and we are not making any progress in reducing this. Something has to change.

So what has this to do with us? The answer is a lot. If you ask a dairy vet what their role is, they might talk about animal health and welfare. We need to remember that we are in the food business. Just look at the impact of BSE, salmonella in eggs, milk powder contamination in China... We span the whole food chain and ensuring that food is safe is essential to protect human health.

Reducing the risk
We prescribe and dispense most medicines. It is very much in our interest, and our responsibility, to ensure that any risk of food contamination from medicine residues is minimal. Farmers know that the financial consequences of contamination are very great. What we now know is that our residue failure rate is far higher than other countries and we are not making any progress in reducing this. Something has to change.

Why have the Americans been so successful? Every year the farmer and his vet have to work through a HACCP risk assessment as part of their dairy contract. This is certified by the farm vet. It takes time, costs money and is highly successful.

The UK now has such a programme with Milksure (www.milksure.co.uk), which was developed by Owen Atkinson and comes under the Dairy UK and BCVA umbrella. This is a very practical and comprehensive tool to minimise residues in milk. There is a farmer workbook and manual and a vets’ training guide. If people get behind this, we will reduce residue failures.

Some vets and farmers might be sceptical of the value of such a programme, but I think every farmer will have to have this carried out annually as part of their contract to sell milk.

A friend of mine was caught speeding recently and opted to go on a speed awareness course. He was complaining what a waste of time it would be. He actually enjoyed it and learned some very useful things that have improved his driving. The same is true with Milksure. Some farmers were sceptical about the benefits and commented, “All we need to do is ensure we put tape on the cow; what else do we need to know?”

Our high failure rate tells us there is a great need for improvement and not complacency. Think of the impact on profitability and the worry that any failure causes. Of course there will be a cost for the programme, but this will be minimal compared to the cost of a failure.

Interestingly, farmers who have attended have been really enthusiastic and it has completely changed their view on medicines and residues. They understand the process and the risks involved. They have improved their procedures as part of the Milksure HACCP analysis.

There will be some practices which will try to run such programmes themselves, but why re-invent the wheel? The presentation and content of the workbook and manual would be hard to improve. It is so comprehensive, it would seem folly to try to replicate it with a “practice-branded version”.

As veterinarians, we should get behind Milksure and get trained up in how to deliver it to our clients, actively promote it and encourage as many farmers as possible to come along.

Everyone wins from this. Farmers will have fewer residue failures, consumer confidence rises and as a result of that, consumer confidence rises and as a result of that, is deemed a safe food for our children and the elderly.

In Slovenia, the elderly, children and food for our future generations.
The low-down on ‘down cows’

A DOWN COW (also referred to as a “downer cow”) can be one of the most rewarding “easy fixes” or one of the most frustrating cases you deal with in practice.

What is a downer cow?

A downer cow is poorly defined; however, the generally accepted term is a cow that is recumbent and unable to get up for more than 24 hours after the initial cause is identified and resolved. The key is to act swiftly and confidently to lower the risk of “downer cow syndrome” – firstly resolve the cause, and then care for the cow.

Timings and impact

Six hours down:

- The cow damages its muscles, nerves and joints due to its bodyweight.
- It has been reported that only 2% of cows not treated for seven to 12 hours became downer cows.
- More than 25% became downers.

Not treated until 18+ hours:

- Nearly 50% of cows not treated until after 18 hours were unable to rise.1

Causes

There are several causes for a cow to become recumbent, which can be established by the animal’s history and a thorough clinical exam.

- A key piece of advice is to not let the farmer’s diagnosis sway you before gathering all the information for yourself and coming to your own opinion. Often the cause can be categorised into one of the following:
  - Metabolic imbalances – the most common cause of downer cow syndrome is a complication of periparturient hypocalcaemia in cows that do not fully respond to calcium treatment.2
  - Trauma – calving paralysis after calving is another common cause, but it is important not to rule out bulling and inflammatory actions of downer cow syndrome, as well as making the cow more comfortable.
  - NSAIDs can help target anti-inflammatory actions of downer cow syndrome, as well as making the cow more comfortable.
  - Toxaemia – mastitis, metritis and other toxicities can also be causes of downer cows.3

Management and treatment

Regardless of the initial cause for recumbency, while a cow is down she develops pressure myopathy due to her own bodyweight. Therefore, swift and efficient management of these downer cows is crucial, and the labour cost (if relevant) and the cow’s prognosis must be assessed before determining how to proceed.

If the cow is lactating, she must be milked if down for more than 12 hours – again, this is to reduce mastitis risk. Additional complications of recumbency can include acute mastitis, pressure necrosis or ulcers and further traumatic injuries to her limbs from attempts to rise.

Dowser cows are often hypocalcaemic; however, when she fails to respond to treatment, monitoring blood minerals is essential for management. They can be additionally supplemented with potassium, phosphorus and magnesium therapies.

Food and water must be within the cow’s range and it is important to ensure – if she isn’t penned alone – that the other cows aren’t eating and drinking her supply. If she is not drinking by herself, fluid therapy should be considered.

The cow must also be moved frequently and assisted, with particular attention paid to the hindlimb she is lying on.

NSAIDs can help target anti-inflammatory actions of downer cow syndrome, as well as making the cow more comfortable.


£24.95
Order Now

Roger Blowey
Cattle Lameness and Hoofcare

Neil Paton
So You Want to Be a Vet

Perfect gift for the would-be veterinary student.

£19.95
Order Now

Christian F Shrew
Examination and Treatment Methods in Dogs and Cats

Pocket sized reference for the busy veterinarian.

£49.95
Order Now

VP JUNE 2017

A fundamental guide to prevention and hoofcare.

£24.95
Order Now

Roger Blowey
Cattle Lameness and Hoofcare

Neil Paton
So You Want to Be a Vet

Perfect gift for the would-be veterinary student.

£19.95
Order Now

Christian F Shrew
Examination and Treatment Methods in Dogs and Cats

Pocket sized reference for the busy veterinarian.

£49.95
Order Now

Roger Blowey
Cattle Lameness and Hoofcare

Neil Paton
So You Want to Be a Vet

Perfect gift for the would-be veterinary student.

£19.95
Order No
There are also differences in the anti-inflammatory effects of the available NSAIDs, as demonstrated in recent studies of experimentally-induced acute synovitis in the horse. Oral administration of meloxicam significantly reduced inflammatory mediators such as substance P and matrix metalloproteinase activity within synovial fluid (de Grauw et al, 2009), while no reduction in these mediators was observed in horses treated with phenylbutazone (de Grauw et al, 2014). These studies also showed that meloxicam reduced inflammation-induced cartilage catabolism, which phenylbutazone did not. This suggests that meloxicam is a good choice for the treatment of acute inflammatory orthopaedic conditions.

Few studies comparing the analgesic efficacy of the available NSAID products have been published. In a recent blinded study of 77 horses with chronic lameness, meloxicam was shown to have equivalent analgesic efficacy to phenylbutazone (Olsen et al, 2016). It also appears that analgesic efficacy may depend on the inciting cause of orthopaedic pain, with meloxicam demonstrating superior efficacy to phenylbutazone in a model of acute synovitis, but not in a model of mechanical lameness (Banse et al, 2017).

**Practical considerations**

In addition to clinical efficacy, there are practical considerations that contribute to choice of analgesic product. Ease of administration and patient compliance are important to guarantee effective treatment. Palatability has been an issue, particularly with traditional phenylbutazone preparations.

However, some of the newer products are apple-flavoured and are more readily consumed. Drugs that require once-daily dosing such as meloxicam may be more convenient and better tolerated than others that require dosing more frequently such as phenylbutazone or sulfanilamide.

Oral NSAIDs are available as pastes, oral suspensions or granules for the horse. Pastes are advantageous if the horse will not consume the product voluntarily; however, both pastes and oral suspensions are generally associated with greater expense than granule formulations. This often precludes their use long-term. There are now phenylbutazone, sulfasuxidine, flunixin and most recently meloxicam granules available in the UK for the horse however.

In competition horses, the detection time is often an important determinant in treatment selection. This varies considerably between different drugs and is significantly longer for phenylbutazone/sufloxizone than other active ingredients.

Clinicians also need to be mindful of legal requirements for documenting the administration of phenylbutazone, as failure to ensure the declaration within the horse’s passport is signed at the time of administration can result in prosecution by DEFRA/Food Standards Agency and a significant fine.

Using alternative NSAID products relieves this responsibility and may be preferable if the horse’s passport is not available.

Over the past few years several new studies have been published, enhancing our knowledge of equine NSAID treatment options. With the availability of different products and new formulations, the clinician now has an armoury of therapeutic options which can be critically evaluated.

**References**


Ready to Clear the Next Jump in Your Equine Career?

Bring your knowledge of equine medicine up to date and diagnose clinical cases faster with this new and comprehensive Postgraduate Certificate* developed and taught by renowned RCVS and European equine specialists.

Starting September 2017

We’ve been working with veterinary professionals for over 19 years, helping them to stay up to date and learn new skills with flexible CPD that fits in with busy practice life.

Join over 3,000 vets and further your career with confidence. Discover more online.

* Currently pending validation by Harper Adams University

In partnership with ESVPS and Harper Adams University
enquiries@improveinternational.com | 01793 759 159 www.improveinternational.com
Beautiful opera but lacklustre updates

ONE OF THE MORE PLEASING CINEMATIC developments of recent years has been the screening of live performances from some of the world’s greatest stages to cinemas around the country, permitting one to see opera from the National and Metropolitan Opera Houses and Shakespeare from Stratford or the Globe, without having to go far from home. These screenings tend to get booked out almost as quickly as a Cambridge May Ball, but if you plan ahead you can see some fine performances.

The most recent such offering from the Met is a real gem. Richard Strauss’ Der Rosenkavalier may be very long, but it must be one of the most beautiful operas of the 20th century. This staging was a poignant occasion, featuring the final performances by Renée Fleming and Elina Garanča as the Marschallin and Octavian respectively.

Fleming, of course, is incomparable whatever her role, while Garanča has played the 17-year-old Octavian for just over that number of years; both her singing and her acting are sublime. Der Rosenkavalier is often considered a comic opera, but I would find it hard to categorise it as such in this iteration. Traditionally, Baron Ochs, the aristocrat who intends to marry heroine Sophie, is portrayed as a fat, lascivious, comical old man.

The Ochs of director Robert Carsen’s production was a very different proposition: large and menacing, he was beautifully played by Günther Grossböck whose wonderful singing was supplemented by a well-constructed aura of malevolence.

In one of the intervals, Carsen justified eloquently his interpretation of Ochs, as well as his decision to set the piece around the time of its premier, the twilight of Habsburg rule in Austro-Hungary, rather than its original setting in the 1740s. His reasoning was logical and compulsive. Having seen this interpretation, as with Matthew Bourne’s version of Swan Lake, it is hard to desire any other.

On the subject of interpretation, much of the attention concerning the National Theatre’s recent production of Twelfth Night (also transmitted live via the Picturehouse network) centred on the casting of Tamsin Greig as Malvolia, a female version of the choice role of Malvolio, the noxious scheming steward who has been played with distinction by such as Gielgud, Guinness, Briers, Hawthorne and Jacobs.

Greig is a remarkable actress, but I found this production unconvincing and I saw little value, other than as a ploy to get the seats filled, in the gender change in a play that already features a cross-dressing heroine to such brilliant effect.

I actually found this production so unbearable that I can only comment on the first half as I gave up at the interval and went home. What I saw up until then was very disappointing – a number of the leading actors were unimpressive and Greig’s Malvolia seemed at times to be played more than anything in the style of Miranda Hart rather than Shakespeare.

Taking on the greats

It seems to me a good idea that before one produces one’s own “take” on a great piece of work in any form of art, one should ask oneself the questions, “Why am I doing this to what is already a masterpiece?” and “Isn’t it more likely that I make it worse, rather than better?”

In the past year, I’ve seen several new “takes” on great works. Justin Kurzel’s movie of Macbeth seemed to forget, among other things, that with Shakespeare it’s actually the words that count, so it’s a good idea to make them audible. Check by Jow’s version of The Winter’s Tale was fine until the break, after which it totally fell apart with the arrival of the Elvis impersonator and a Jerry Springer-like interlude.

Taking another classic, Simon Armitage’s The Odyssey: Missing Dreamed Dead featured a government minister, visiting Greece for a soccer match, who gets embroiled in a telling of Homer’s classic in which the script was scarier than the cyclones.

Even the RSC seemed to me to have slipped in their most recent version of The Tempest, in which much was made of spectacular special effects that were insufficient to divert attention from some dicey performances by some of the supporting cast or the fact that Simon Russell Beale lacked the charisma for a successful Prospero.

Sadly, the same effects overshadowed Mark Quartley’s sensational performance as Ariel, which would have been just as good without artificial assistance.

Great dramatic pieces are great because they have in-built quality. They say things anew to generation after generation without the need for interpretation.

Finding time to time, one does see new interpretations that make one consider a work in a novel way, as with Carsen’s Rosenkavalier, but unless one has a genuinely justifiable reason for tinkering with a great work, one should remember Hamlet’s words, in perhaps the greatest piece ever written: “The play’s the thing...”
A refreshing change from the norm

THE EUROPEAN SMALL SUV SEGMENT has exploded in the last few years and now Toyota has launched the C-HR to steal more sales from its rivals. The C-HR has been designed with Europe in mind, taking a radical new style direction compared to other offerings within Toyota’s stable. The name C-HR stands for Coupe-High Rider and the styling suits the name, with rakish lines more in keeping with models like the BMW X4 and Mercedes GLC Coupe than conventional crossovers.

Under the skin the C-HR uses the Toyota New Global Architecture. Essentially, it’s best to think of the C-HR as a Toyota Prius in drag. Both cars sit on the same platform and share many similarities in design and engineering. For prospective buyers, the engine choice for the C-HR is limited to just two: a 1.13-litre 1.2-litre four-cylinder turbo petrol and a 1.22-litre 1.8-litre petrol-electric hybrid, which is also used in the Prius. The hybrid, like all of Toyota’s petrol-electric models, is exclusively CVT auto, whereas the 1.2 turbo also comes with a six-speed manual option.

**Composed and comfortable**

All cars are front-wheel drive as standard, while 4WD can be added to petrol automatic versions. Overall, it’s a recipe that works remarkably well and helps deliver composed handling and a comfortable ride. The choice of a punchy turbo petrol or frugal hybrid means everyone is catered for, but the former is definitely more fun to drive.

In addition, and of paramount importance for this image-conscious class, Toyota has worked hard to deliver exterior styling and a distinctive interior. Inside the cabin there are plenty of high-grade materials and a decent amount of kit, while the layout is good and features plenty of bright colours. In terms of competition, the C-HR’s coupe shape is unique in the crossover class, but in a price range between £21,000 and £30,000 there are still plenty of rivals worth considering. Many feel the one to beat is the SEAT Ateca, which delivers sharp handling and practicality.

Other models to consider include the top-selling Nissan Qashqai and the closely related Renault Kadjar, while the Peugeot 3008 and Mazda CX-5 are also in the running.

There are three trim levels on offer: Icon, Excel and Dynamic, and you can get both engines in all three trims, although 4WD is only offered on Excel and Dynamic models.

Standard kit across the range includes auto lights andipers, Bluetooth, DAB radio, adaptive cruise control and traffic sign recognition, while Excel models add heated front seats and auto main beam, and Dynamic cars get 18-inch wheels and a sportier look, with metallic paint as standard.

All models do come with Toyota’s Touch 2 system, which is effectively a seven-inch touchscreen that controls the Bluetooth phone function and the DAB radio. Upgrade to Excel or Dynamic and you’ll also get an in-built sat-nav that’s permanently connected to the internet to give, among other things, live traffic updates.

The screen is positioned high up on the dashboard, making it easy to glance at while driving. However, the interface is quite clumsy and the menus and screen layout aren’t the most user-friendly; I have yet to try the standard six-speaker stereo, but the optional 10-speaker JBL system delivers good sound quality, even when you really crank up the volume.

The “layered” dashboard also means the heater controls are easy to see and reach, even though I’d prefer dials rather than buttons to adjust the temperature.

**European drivers in mind**

It is clear after taking one out on the road that Toyota has developed the C-HR with European and UK drivers in mind. That means its suspension has been tuned to cope with the unique demands of twisting and bumpy roads found both in Britain and on the Continent.

The C-HR balances decent handling and a good level of comfort, and this stems from the new platform that underpins the car. While the ride is on the firmer side, the damping is supple. There’s lots of support on offer, but the dampers still have the ability to control body roll relatively well while wheel travel to smother nasty bumps and surfaces.

From behind the wheel it gives lots of confidence, offering a grounded, reassuring feeling that enables you to carry plenty of speed through corners with a respectable level of composure. The steering is light, but the weight is well-matched to the other controls, so the C-HR feels dynamic and well-balanced.

**Well-weighted and progressive**

Regardless of which transmission you choose, the C-HR benefits from well-weighted and progressive steering. Combined with the elevated driving position, it is easy to place the car accurately on the road. There’s also plenty of grip, while roll is well-controlled for such a high-riding machine. Bumps and potholes are also shrugged off, helping the C-HR comfortably maintain your chosen line through a corner.

All versions get a choice of Sport, Normal and Eco modes, which alter the weight of the steering, the throttle response and CVT gearbox strategies to suit your mood and the road conditions.

Overall, the Toyota C-HR is a well-sorted hybrid crossover. While it isn’t quite as practical as behemoths like the Mitsubishi Outlander PHEV or smaller hatches like the Volkswagen Golf GTE, it’s a stylish and refreshing change from the norm. It also has an excellent hybrid option and Toyota’s stellar reputation behind it.

The main drama for Toyota, however, is that it might struggle to get production to meet demand. International sales of the C-HR have been so strong that it may mean customers are going to have to wait quite a while before getting into a car.

While that should stop the C-HR from winning the sales charts in 2017, it should be more than sufficient for Toyota to get a foothold in an increasingly competitive market, and certainly enough to have major rivals concerned.

---

**Making the uphill climb worth the effort**

At the start of day three of the recent Land’s End to John O’Groats bike ride in aid of Send a Cow, a cheque was presented by Zoetis to BCVA president Andrew Cobner for £2,000. The day started with a steep uphill pull through Zeal Monachorum. Other riders joined as the day progressed, as in the two previous days. The bike ride took place from 7th to 20th May.
The saying goes that “nothing in life is certain” aside from death and taxes”. Yet while there’s no doubt we’ll all be taxed in one form or another, the rates can change rapidly.

As we are now in a new tax year, I thought it an opportune time to provide a reminder of the new rates and allowances and some changes that have just been introduced to legislation.

**Income Tax allowances**

Each of us has a “personal allowance”, which denotes the amount we can earn without paying any Income Tax. If you earn more than your personal allowance, then you pay tax at the applicable rate on all earnings above the personal allowance, but the allowance remains untaxed.

This personal allowance is now £11,500 and the income limit for personal allowance remains unchanged at £100,000.

The personal allowance is reduced by £1 for every £2 of “adjusted net income” above £100,000, so it will be wiped out altogether at £121,000 or above of taxable income.

**Dylan Jenkins**

lets the dust settle and looks at the implications of the new taxation rates and various allowances that came into force at the end of April

**Income Tax rates**

These are the individual bands for taxable income in excess of the personal allowance above:

- £1 - £33,500, 20%*
- £33,501 - £150,000, 40%
- Over £150,000, 45%

* There is also a starting rate of tax of 0% which applies to savings income only. However, if an individual’s taxable, non-savings income exceeds £5,000, then the 0% starting rate for savings won’t apply.

Dividend income is taxed at 7.5% (income up to the basic rate), 32.5% (higher rate) and 38.1% (additional rate).

Every individual has a dividend allowance of £5,000 for the tax year 2017/18 (this is reducing to £2,000 in April 2018). Dividends within the allowance are paid tax-free.

It is also worth noting that if you are married or in a civil partnership and both partners were born on or after 6th April 1935 then you may be entitled to the “Marriage tax allowance”. This effectively allows couples to transfer a proportion of their personal allowance between them.

Alternatively, if at least one partner was born before 6th April 1935, then you can get a different married couples’ allowance which, despite its name, is also available to civil partners.

Further information on this can be found on HMRC’s website.

**Capital Gains Tax**

Capital Gains is the least common tax on income, and for many it won’t apply. However, if you sell or give away an asset worth more than £6,000, you could have to pay CGT. That being said, it doesn’t apply for main homes, cars or lottery/pools winnings, among other things.

Each year, individuals have an annual exemption amount that allows them to receive some gains tax-free. Above this, you pay Capital Gains Tax on all gains.

The new exemption is £11,300.

**Inheritance Tax**

The rate was frozen at £325,000, but the Residence Nil Rate Band (RNRB) has begun to be introduced at £100,000.

To recap, this is in addition to an individual’s existing nil rate band and is conditional on the main residence being passed down to direct descendants (e.g. children, grandchildren).

This allowance will be phased in over four years in increments of £25,000.

It will be £100,000 at outset, gradually increasing to £175,000 in 2020/2021. These are the maximum amounts, so the available allowance will be reduced if the value of the property is less than this.

The family home doesn’t need to be the donor’s, nor does it have to be to the main residence. It can be transferred to anyone who is a member of the family (including grandchildren).

Further information on the new LISA tax wrapper is as follows:

- The LISA is aimed at helping younger people save both for a first home and/or their retirement, without having to choose one over the other at the age of 40.

- The LISA is available to anyone aged under 40 for investments of up to £4,000 in each tax year, which forms part of the normal ISA subscription of £20,000.

- The government will add a 25% bonus on the contributions paid and contributions with the government bonus can be made from age 18 to age 50. So if you invest the full £4,000 in a tax year, there will be a £1,000 government top-up (just like a pension). You will notice that, although you can only start saving in a LISA before the age of 40, once you have started you can continue to receive tax benefits until age 50.

- LISA funds can be used to buy a first home up to £450,000 at any time from 12 months after opening the account. Any withdrawal going towards the purchase of a first property will be paid direct to the conveyancer – this cannot be paid to the LISA holder or the bonus is lost.

---

**We can help pay your tax bill**

The purpose of our tax loan facility is simply to allow you to take control of your cash flow and spread the cost of your tax bill into more manageable monthly payments.

Finance approval is subject to status and terms and conditions apply.

We fund business, corporate and personal tax demands.

Fund your tax bill by contacting us today.

**BRAEMAR FINANCE**

Part of Close Brothers Group

Braemar Finance is a trading style of Close Brothers Limited. Close Brothers Limited is registered in England and Wales (Company Number 00195626) and its registered office is 10 Crown Place, London, EC2A 4FT.

**Modern Merchant Banking**

01563 852 100 info@braemarfinance.co.uk www.braemarfinance.co.uk

---

Dylan Jenkins is at RTF Financial Planners Ltd, Mercia House, High Street, Winchcombe, Glos. GL54 5LJ; telephone 01242 604066, e-mail d.jenkins@rtfp.co.uk; website www.rtfp.co.uk.
AN ESSENTIAL A-Z GUIDE TO BUYING A VETERINARY PRACTICE – PART TWO

N is for... NEW START-UP. A tempting prospect for many, as this will avoid sizeable goodwill payments. But bear in mind that new starts are traditionally very tough to get off the ground, so it’s worth thinking about what “niche” you can offer which is currently not available locally. Do seek independent advice in terms of property location and change of use and the all-important business plans and forecasts which will be needed.

O is for... OWNERSHIP. Do you set up in your sole name, partnership, limited company or as an LLP? Quite often we see a practice owned under one structure and the property another. The advice of an accountant will need to be sought here as everyone’s circumstances are different and you want to be certain you’re setting up the most tax-efficient and flexible structure.

P is for... (Financial) PRE-ASSESSMENT. A commonly asked question by many new purchasers is, “How much can I borrow?” The sound of thumbs up and a light will be required to back up and verify your loan commitment and monthly outgoings.

Q is for... QUESTION. When assessing practice sales particulars, bear in mind they have been prepared to reflect a practice in the best possible light. Ask the vendor and sales agents questions to cover any aspects you are unsure of which appear to be missing and also prepare your own adjusted profit figure (referred to often as EBITDA) to reflect what the practice would look like under your ownership rather than relying on the agent’s figure.

R is for... RESEARCH. Viewing a practice is essential (and your conduct and attitude during this visit will often make or break whether your offer is accepted – remember it is a seller’s market and what you do or say during the viewing makes a huge difference). In advance of a viewing, ask the agent any questions you may have around the financials (rather than asking the vendor direct during viewing) and also check out local competition. It’s also worth spending a few hours looking around an area in advance or after your viewing to “check out” the neighbourhood.

S is for... SAVINGS. In most cases for a first-time buyer you will be expected to contribute from your own funds towards a purchase. As a rule of thumb, 10% should be budgeted for most purchases with 90% coming from the banks, although if you could contribute more it would reduce your loan commitment and monthly outgoings.

T is for... TIME. On average a veterinary sale/purchase should take maximum four to six months. Some lawyers will tell you it will take much longer, but it shouldn’t. Challenge them to work within a four- to six-month timescale.

U is for... USEFUL CONTACTS. Build a team of experts around you to help you when looking to purchase, during the purchase process and also post-purchase to ensure you maximise the potential of your business. Your accountant, solicitor, business adviser, bank manager and recruitment company should be viewed as part of your team with whom you should speak on a regular basis.

V is for... VALUATION. In most cases an independent bank valuation will be required to back up and verify the goodwill and freehold purchase price. Occasionally an element of negotiation is needed if these figures differ and this is where your independent adviser can guide you in your discussions with both bank and sales agent to ensure a price is agreed which works for all.

W is for... WILLS (and future planning). You are acquiring a sizeable asset so it is essential you review your Will and potentially consider trusts to ensure a tax-efficient structure. Life and protection cover should also be reviewed to ensure any borrowing is repaid in the event of death or serious illness.

X is for... X MARKS THE SPOT. When looking to purchase, you should make an ideal wish list for your “perfect” practice. This will help you when considering sales particulars and viewing practices to ensure you find the “right” one.

Y is for... YEEHAH! The sound you will make when you eventually complete on the purchase of your practice and know you are now fully in control of your own destiny (it is this lack of control which is pushing so many veterinary surgeons towards purchase).

Z is for... ZEALOUS. You will need to be dedicated and almost fanatical about your business. You also need to keep investing in yourself going forward and regularly attend business-related seminars and courses.

Any withdrawals not related to a first property purchase can be made at any time, but if the saver is below age 60, the government bonus (together with any growth on the bonus) will be lost and a 5% charge will be payable. From age 60, the saver is free to make full or partial withdrawals at any time tax-free and with no charge.

Savers will be able to contribute to one LISA in each tax year, as well as a cash ISA, and a stocks and shares ISA, within the new overall ISA limit of £20,000.

Pension allowances In principle, neither the annual nor lifetime allowances have changed from the previous tax year. These remain at £40,000 per annum as the annual allowance and £1,000,000 in pension funds as the lifetime allowance. It is also worth noting that if you have an annual income of over £150,000, your annual allowance will start to be reduced. The maximum reduction is £30,000 down to a £10,000 annual allowance. Also, if you use some forms of the new pension freedom rules to access your pension pot, then you will incur the Money Purchase Annual Allowance, which caps pension contributions at £4,000 per annum.

Our FREE app is available to all readers of Veterinary Practice. Simply head to Google Play or the Apple App Store and search for ‘VP+’. Once you’ve installed it, subscribe using the following:
Username: vpsubscriber
Password: allcuvetniereatandsmall

Get your favourite monthly veterinary news magazine delivered straight to your smart phone or tablet. Each issue of VP+ is enhanced with interactive features, enabling you to get even more out of the magazine – from linked ads and product spots that take you straight to the relevant website to video and slideshows, VP+ takes you deeper. Join us now to be in with a chance of winning some great prizes exclusive to VP+ app subscribers.
FOR THOSE WITH THE RIGHT APTITUDE, choosing self-employment and setting up their own practice will be the best decision they ever make. However, the move to self-employment requires planning and shouldn’t be done on a whim.

Working for yourself
Being self-employed means different things to different people. The starting point, however, is what HM Revenue & Customs (HMRC) thinks of your situation; they are particularly concerned with individuals leaving an employer to go “self-employed” but who then effectively work for just one client – a practice – in all but name as an employee.

To pass as someone who is truly self-employed, you will need to satisfy a number of HMRC tests. The tests revolve around a checklist. You are probably self-employed if you:

- Run your own business and are responsible for its success or failure.
- Have several clients at the same time.
- Decide how, where and when you do your work.
- Can hire other people at your own expense to help you or to do the work for you.
- Provide the main items of equipment to do your work.
- Are responsible for finishing (replacing) any unsatisfactory work (goods).
- Charge an agreed fixed price for your work.
- Sell goods or services to make a profit.

Interestingly, many of these checklist items also apply if you are running your practice as a limited company, where effectively you are an employee of your own business.

Where you are not self-employed
The recent trend of firms to move staff off payroll and into “self-employment” has led to the rise of the “gig” economy. Uber’s drivers or Deliveroo’s home food cyclists are classic examples.

For some the concept works well – the theory is that they can pick and choose when they work. However, the reality is that they have less freedom than they expect while the firm they “contract with” has lower overheads and few responsibilities.

Case law has been catching up with this situation and is determining where people are or are not truly self-employed. In essence, the law and rulings have said that you are not likely to be self-employed if:

- You are required to provide a service personally – you cannot hire someone else to undertake the work for you.
- You are subject to supervision, direction or control over the manner in which the work is performed – you have no real freedom of action when it comes to how you work.
- There is a mutual obligation of both parties – the firm (practice in our situation) you are contracted to is obliged to provide work and you are obliged to make yourself available to do it.
- Understanding your status is crucial as it will affect how you pay tax and whether you have any employment rights.

To help, HMRC has recently made available an online employment status checking tool at https://www.gov.uk/guidance/check-employment-status-for-tax.

Adam Bernstein examines the ins and outs of self-employment, from deciding which type is best for you to which organisations you’ll need to register with.

Comparison table of the different options

<table>
<thead>
<tr>
<th></th>
<th>Sole trader or partnership</th>
<th>Limited company</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are the business</td>
<td>You own the business</td>
<td>The business is a different legal entity</td>
</tr>
<tr>
<td>You own the business</td>
<td>If anything goes wrong, you are personally liable for all debts and claims against the business</td>
<td>You (and others) own the business through shares held</td>
</tr>
<tr>
<td>If anything goes wrong, you are personally liable for all debts and claims against the business</td>
<td>If anything goes wrong, it’s the company that’s in the firing line; directors will only be liable for the amount they’ve paid (or are due to pay) for shares they own – however, the directors can be held personally liable for matters such as fraud, insolvent trading, environmental, and health and safety breaches</td>
<td></td>
</tr>
<tr>
<td>You are self-employed</td>
<td>You can only have a personal pension</td>
<td>You are a director, not necessarily an employee</td>
</tr>
<tr>
<td>You pay National Insurance and Income Tax on the taxable profits of your business, or your share of profits, if you are in partnership</td>
<td>You can only have a personal pension</td>
<td>The company pays corporation tax on its taxable profits which at present are lower than Income Tax; profits extracted as dividends are taxed separately on amounts over (at present) £5,000</td>
</tr>
<tr>
<td>You can borrow from the business on demand</td>
<td>There is no need to prepare accounts for tax purposes; however, good accounts will tell you how well the business is doing</td>
<td>Directors can borrow from the business, but there are tax implications</td>
</tr>
<tr>
<td>You can only have a personal pension</td>
<td>When you sell the business or its assets, you are personally taxed on any capital gain</td>
<td>Pension contributions can be used to lower Corporation Tax; if you have staff, you will need to consider your pension arrangements for any employees</td>
</tr>
<tr>
<td>On death, the business dies; assets can be passed on and there may be some Inheritance Tax relief</td>
<td>On death, the company continues and there may be some Inheritance Tax relief</td>
<td>You need to prepare annual accounts for HMRC and Companies House to de-fined standards; drawing up accounts can be expensive</td>
</tr>
<tr>
<td>You can expense items incurred wholly and exclusively for the business; other items need to be proportionately claimed for private use</td>
<td>You can expense items incurred wholly and exclusively for the business; a director’s private expenses may be treated as earnings or distributions if they’re a shareholder</td>
<td></td>
</tr>
<tr>
<td>If you work from home you can claim a deduction for mortgage interest, rates and light and heat</td>
<td>You can claim £4 per week without receipts for home expenses; as an alternative, the company can cover the cost of light and heat</td>
<td></td>
</tr>
<tr>
<td>You cannot charge yourself rent</td>
<td>As a director, you may set up a licence between you and your company to rent an office (or other space) in your home or outbuildings; this will enable you to recharge a proportion of mortgage interest and council tax</td>
<td></td>
</tr>
</tbody>
</table>

Business types
When working for yourself, you have three choices as to the “vehicle” you use – sole tradership, partnership, or a limited company. Each has different features and properties.

Sole trader
If you want simplicity, a sole tradership is easy to set up and administer – relatively speaking – and will offer lower costs to run. However, a sole trader will be liable for all practice debts and may find it harder to access finance. Sole traders have fewer options to legitimately tax-plan as tax is dealt with on a personal basis.

Partnership
A partnership, in comparison, offers a structure for two or more people to...
work together and share expertise. Like a sole trader, the partners will be liable for the practice’s debts, but also for each other’s business debts; partners will each account for tax personally.

**Limited company**
The third option is to form a company, a separate entity from you and any other owners (shareholders) who are only liable for the shares they’ve bought (or agreed to buy).

Unless shareholders offer a guarantee, personal assets are secure. The company pays tax on its profits and the shareholders pay tax on their dividend income.

A derivative of this is a limited liability partnership where the partners have a liability akin to that of a company, but the flexibility of a partnership.

**Which one should I choose?**
There is no wrong or right answer as to which form to choose – it’s a personal decision. However, it’s important to recognise that companies and limited liability partnerships and their business affairs are in the public domain (and have more expensive compliance and reporting duties). Sole traders and partnerships are more secretive as there is no obligation to publish business information. If you are concerned about protecting your personal assets, then you should steer away from being a sole trader or a partnership.

**How do I register?**
No matter which route you take to self-employment, you will need to tell HMRC (http://bit.ly/19luzCw) immediately as you need to register for National Insurance, Income Tax and possibly VAT (which is obligatory if your turnover exceeds or is likely to exceed the VAT threshold (£85,000 during 2017/18)).

If you choose to operate via a limited partnership or limited company, you will also need to tell Companies House (http://bit.ly/6yyE8c).

On top of this come responsibilities for pensions if you have staff (http://bit.ly/1g7v1YJ) and possibly also health and safety reporting duties (http://www.hse.gov.uk). Unless you intend to be a (mobile) locum vet, you’ll have premises and will need to register for business rates through your local authority.

In summary, self-employment can be very rewarding, but the key to success is choosing a good accountant as they will guide you through your responsibilities.
Having problems storing your important veterinary images?...

...learn more at vethub.cloud or call 01923 237521