College calls for certainty around rights of EU nationals working in UK

THE RCVS has called on the Prime Minister to prioritise giving greater certainty to EU nationals working in the UK in the forthcoming Brexit negotiations.

This follows the publication of an RCVS report looking at the impact of last year’s referendum vote on European veterinary surgeons and veterinary nurses. The findings show that “the lingering uncertainty around the right to work here is leading many to question seriously whether they should stay in the UK”.

Earlier this year, the College commissioned the Institute for Employment Studies (IES) to send a confidential survey to 5,572 veterinary surgeons who graduated from a vet school in the EU (excluding the UK) and who are registered as veterinary surgeons in this country, as well as around 100 non-UK EU-trained veterinary nurses.

The survey asked a wide range of questions about how these individuals felt that the vote to leave the EU had affected them, how they felt about their future working in the UK veterinary sector and how they felt the College had dealt with the issue of Brexit. Some 3,078 people (including 19 veterinary nurses) responded to the survey – a response rate of 55.3%.

Among the findings of the survey – respondents being 60% female and 40% male, with an average age of 36 and 87% in full-time work – 88% believed the UK will have a shortage of veterinary surgeons if non-UK EU national vets are no longer welcome in the country; and 16% of respondents said they had personally experienced prejudice at work following the vote to leave the EU, with 22% saying they had observed it.

Some 73% of respondents said they would likely to continue to work in the UK, but 41% said they were not optimistic about their future, 67% were finding the uncertainty about their future difficult, 64% felt less welcome, 44% felt fearful about the future and 40% felt they had reduced job security; 40% said they were more likely to leave, with 18% actively looking for work outside the UK, and 79% are awaiting the outcome of the Brexit negotiations before deciding what to do.

Government ‘must act fast’

RCVS president Chris Tufnell says the survey makes “the strongest possible case that the government must act fast to reassure our EU colleagues in practices, universities and industry that they are welcome to stay in the UK”.

He added: “On a personal note, I am very sorry to see that a significant proportion of respondents had experienced prejudice at work. This is simply not acceptable and we, as a regulator, have been conscious that ‘anti-foreigner’ rhetoric in the country at large could have an effect on hard-working and talented members of our profession, which is why we raised the matter in our letter to the Prime Minister last year.”

Over the next two years, the IES will be carrying out two further pieces of research that will track the opinions and intentions of non-UK, EU-graduated veterinary surgeons and veterinary nurses over time as Brexit policies are formed and the future status of non-UK nationals is made clearer.

To read the IES report and the College’s three “Brexit Principles” in full, visit www.rcvs.org.uk/brexit.

RCVS CEO moving on

NICK Stace, chief executive of the RCVS, will be leaving the College at the end of summer, having accepted a new role as UK chief executive at The Prince’s Trust.

Having led the RCVS since September 2012, developments during his tenure include a new Royal Charter, major governance reform, improved regulation of veterinary nurses, the instigation of Vet Futures, the introduction of the alternative dispute resolution service, significant evolution within the Practice Standards Scheme, the refocusing of RCVS Trust into RCVS Knowledge, the launch of Mind Matters, and the recognition of the College as a “Great Place to Work”.

Mr Stace says this has been a great privilege and adds: “I hope I have played my part in helping the College and the profession navigate through a period of great change and preparation for significant change to come.”
Help the skin to defend itself

SIS SKIN INNOVATIVE SCIENCE EMBRACED IN VIRBAC SHAMPOOS

- Defensin technology™ - to help stimulate endogenous antimicrobial peptides (AMPs).
- Spherulites™ - which supply sustained ingredient release.
- Skin Lipid Complex™ - a unique, proven, lipid formula, containing ceramides and fatty acids.
- Glycotechnology™ - exogenous carbohydrates which help to control bacteria and yeast proliferation.

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

RCVS and BSAVA joining forces on PDP research project

THE RCVS and BSAVA are working together to conduct a research project to evaluate the impact of the Professional Development Phase (PDP) on veterinary graduates.

The College’s PDP is a period of structured self-assessment, reflection and development designed to assist veterinary graduates in the transition from life as a veterinary student to clinical practice.

During the PDP (which should normally last no more than three years after the graduate enters clinical practice) the graduates are supported by a postgraduate dean and are expected to keep a record of their clinical cases against a list of clinical skills and procedures as well as reflect on how they are progressing in relation to the PDP Competences.

In 2016, the BSAVA launched its online PDP Resource Bank, matched to the RCVS competences and created to provide BSAVA graduate members with CPD support as they navigate their way through their first years in practice.

The research project will be conducted across the whole profession and will seek to better understand the positive and negative experiences of veterinary graduates and their employers. The aims are to: gain a better understanding of the challenges faced by new graduates and their employers in the transition to practice; evaluate the impact of the PDP on the development of clinical and non-clinical skills; understand the support needed by employers of new graduates to help them complete the PDP and how both BSAVA and RCVS could provide this; explore how reflection is understood by employers and used by new graduates during the PDP; and understand the impact of reflection as perceived by employers and graduates.

Following a tendering process the RCVS and BSAVA have now appointed a Work Psychology Group to undertake the research. The team includes Professor Susan Rhind from the Royal (Dick) and Professor Liz Mossop of the Nottingham vet school.

The research will be conducted across the whole veterinary profession through focus groups and telephone interviews and will include graduates, employers, vet school representatives, postgraduate deans, and BSAVA and BVA representatives. The results will ultimately be made publicly available across the profession, together with recommendations for the further development of the PDP.

For more information visit www.rcvs.org.uk/pdp. The BSAVA’s PDP Resource Bank is available at https://www.bsava.com/Education/PDP.

PRIZE PICTOPUZZLE

Think you know what this is? Enter our free prize draw – simply e-mail the answer in the subject line, with your name, address and phone number to pictopuzzle@veterinary-practice.com by 17th July. One random winner will win £25 M&S vouchers! Last month’s answer and winner are shown on page 4.

See website for Ts&Cs.

RCVS and BSAVA joining forces on PDP research project

THE RCVS and BSAVA are working together to conduct a research project to evaluate the impact of the Professional Development Phase (PDP) on veterinary graduates.

The College’s PDP is a period of structured self-assessment, reflection and development designed to assist veterinary graduates in the transition from life as a veterinary student to clinical practice.

During the PDP (which should normally last no more than three years after the graduate enters clinical practice) the graduates are supported by a postgraduate dean and are expected to keep a record of their clinical cases against a list of clinical skills and procedures as well as reflect on how they are progressing in relation to the PDP Competences.

In 2016, the BSAVA launched its online PDP Resource Bank, matched to the RCVS competences and created to provide BSAVA graduate members with CPD support as they navigate their way through their first years in practice.

The research project will be conducted across the whole profession and will seek to better understand the positive and negative experiences of veterinary graduates and their employers. The aims are to: gain a better understanding of the challenges faced by new graduates and their employers in the transition to practice; evaluate the impact of the PDP on the development of clinical and non-clinical skills; understand the support needed by employers of new graduates to help them complete the PDP and how both BSAVA and RCVS could provide this; explore how reflection is understood by employers and used by new graduates during the PDP; and understand the impact of reflection as perceived by employers and graduates.

Following a tendering process the RCVS and BSAVA have now appointed a Work Psychology Group to undertake the research. The team includes Professor Susan Rhind from the Royal (Dick) and Professor Liz Mossop of the Nottingham vet school.

The research will be conducted across the whole veterinary profession through focus groups and telephone interviews and will include graduates, employers, vet school representatives, postgraduate deans, and BSAVA and BVA representatives. The results will ultimately be made publicly available across the profession, together with recommendations for the further development of the PDP.

For more information visit www.rcvs.org.uk/pdp. The BSAVA’s PDP Resource Bank is available at https://www.bsava.com/Education/PDP.

PRIZE PICTOPUZZLE

Think you know what this is? Enter our free prize draw – simply e-mail the answer in the subject line, with your name, address and phone number to pictopuzzle@veterinary-practice.com by 17th July. One random winner will win £25 M&S vouchers! Last month’s answer and winner are shown on page 4.

See website for Ts&Cs.

RCVS and BSAVA joining forces on PDP research project

THE RCVS and BSAVA are working together to conduct a research project to evaluate the impact of the Professional Development Phase (PDP) on veterinary graduates.

The College’s PDP is a period of structured self-assessment, reflection and development designed to assist veterinary graduates in the transition from life as a veterinary student to clinical practice.

During the PDP (which should normally last no more than three years after the graduate enters clinical practice) the graduates are supported by a postgraduate dean and are expected to keep a record of their clinical cases against a list of clinical skills and procedures as well as reflect on how they are progressing in relation to the PDP Competences.

In 2016, the BSAVA launched its online PDP Resource Bank, matched to the RCVS competences and created to provide BSAVA graduate members with CPD support as they navigate their way through their first years in practice.

The research project will be conducted across the whole profession and will seek to better understand the positive and negative experiences of veterinary graduates and their employers. The aims are to: gain a better understanding of the challenges faced by new graduates and their employers in the transition to practice; evaluate the impact of the PDP on the development of clinical and non-clinical skills; understand the support needed by employers of new graduates to help them complete the PDP and how both BSAVA and RCVS could provide this; explore how reflection is understood by employers and used by new graduates during the PDP; and understand the impact of reflection as perceived by employers and graduates.

Following a tendering process the RCVS and BSAVA have now appointed a Work Psychology Group to undertake the research. The team includes Professor Susan Rhind from the Royal (Dick) and Professor Liz Mossop of the Nottingham vet school.

The research will be conducted across the whole veterinary profession through focus groups and telephone interviews and will include graduates, employers, vet school representatives, postgraduate deans, and BSAVA and BVA representatives. The results will ultimately be made publicly available across the profession, together with recommendations for the further development of the PDP.

For more information visit www.rcvs.org.uk/pdp. The BSAVA’s PDP Resource Bank is available at https://www.bsava.com/Education/PDP.

PRIZE PICTOPUZZLE

Think you know what this is? Enter our free prize draw – simply e-mail the answer in the subject line, with your name, address and phone number to pictopuzzle@veterinary-practice.com by 17th July. One random winner will win £25 M&S vouchers! Last month’s answer and winner are shown on page 4.

See website for Ts&Cs.

RCVS and BSAVA joining forces on PDP research project

THE RCVS and BSAVA are working together to conduct a research project to evaluate the impact of the Professional Development Phase (PDP) on veterinary graduates.

The College’s PDP is a period of structured self-assessment, reflection and development designed to assist veterinary graduates in the transition from life as a veterinary student to clinical practice.

During the PDP (which should normally last no more than three years after the graduate enters clinical practice) the graduates are supported by a postgraduate dean and are expected to keep a record of their clinical cases against a list of clinical skills and procedures as well as reflect on how they are progressing in relation to the PDP Competences.

In 2016, the BSAVA launched its online PDP Resource Bank, matched to the RCVS competences and created to provide BSAVA graduate members with CPD support as they navigate their way through their first years in practice.

The research project will be conducted across the whole profession and will seek to better understand the positive and negative experiences of veterinary graduates and their employers. The aims are to: gain a better understanding of the challenges faced by new graduates and their employers in the transition to practice; evaluate the impact of the PDP on the development of clinical and non-clinical skills; understand the support needed by employers of new graduates to help them complete the PDP and how both BSAVA and RCVS could provide this; explore how reflection is understood by employers and used by new graduates during the PDP; and understand the impact of reflection as perceived by employers and graduates.

Following a tendering process the RCVS and BSAVA have now appointed a Work Psychology Group to undertake the research. The team includes Professor Susan Rhind from the Royal (Dick) and Professor Liz Mossop of the Nottingham vet school.

The research will be conducted across the whole veterinary profession through focus groups and telephone interviews and will include graduates, employers, vet school representatives, postgraduate deans, and BSAVA and BVA representatives. The results will ultimately be made publicly available across the profession, together with recommendations for the further development of the PDP.

For more information visit www.rcvs.org.uk/pdp. The BSAVA’s PDP Resource Bank is available at https://www.bsava.com/Education/PDP.

PRIZE PICTOPUZZLE

Think you know what this is? Enter our free prize draw – simply e-mail the answer in the subject line, with your name, address and phone number to pictopuzzle@veterinary-practice.com by 17th July. One random winner will win £25 M&S vouchers! Last month’s answer and winner are shown on page 4.

See website for Ts&Cs.
Addressing the issues of gender disparity

THERE ARE SEVERAL IMMUTABLE RULES of existence: the sun rising and setting each day, the irresistible force of gravity, the irresistible attraction of a curry at closing time… the list is endless and I think I may have discovered another one.

Have you noticed how, when given the opportunity, women of all ages can demonstrate that they know the lyrics to every song ever written? The recent Ariana Grande benefit concert in Manchester, just a few days after the atrocity of the bomb blast at her earlier concert, provided visible proof of this discovery. The audience was mostly young or very young, predominantly and understandably female and, in a way that might have shamed many of my older generation, fixated on coming together in an outpouring of positivity and harmony.

This member of an older generation was also shocked that, unlike Live Aid which I watched live, recorded and played back many times, most of the performers at Old Trafford could actually do it without the aid of studio wizardry.

The point here is that the myriad camera shots of female faces — some differing by almost 50 years — showed without exception that all the women knew all the words to all the songs. In a straw poll which might not stand up to much rigorous scrutiny, I asked three male friends if they could recite without exception that all the women knew all the words to all the songs. My older generation, fixated on coming together in an outpouring of positivity and harmony.

One of my friends, who answered, like Live Aid which I watched live, recorded and played back many times, most of the performers at Old Trafford could actually do it without the aid of studio wizardry.

The point here is that the myriad camera shots of female faces — some differing by almost 50 years — showed without exception that all the women knew all the words to all the songs. In a straw poll which might not stand up to much rigorous scrutiny, I asked three male friends if they could recite without exception that all the women knew all the words to all the songs. My older generation, fixated on coming together in an outpouring of positivity and harmony.

Five dogs stolen every day in UK

DIRECT Line Pet Insurance reports that its analysis of thefts reported to UK police forces reveals that five dogs are reported stolen every day. There were 1,774 dogs stolen in 2016, a 19% increase compared to 2014 when 1,491 thefts were reported.

The forces which recorded the highest number of thefts last year were the Metropolitan Police (231), West Yorkshire Police (208) and Greater Manchester Police (168). The lowest numbers were reported to North Wales Police (0), Northamptonshire Police (9) and Surrey Police (11).

Other key findings, the company says, include that the actual number of dogs stolen is much greater than the number of cases reported to the police — 1.5 million adults (3%) say they have had a dog stolen from their care in the last five years. Of these, 23% had the animal stolen from their garden, while 11% claim to have had their dog stolen from their home and a further 11% while out on a walk.

Over the last three years, the Staffordshire Bull Terrier has been the most stolen breed of dog 634 thefts reported to police forces across the country. There has been a sharp increase in the thefts of French Bulldogs reported over the last three years, rising from eight in 2014 to 24 in 2016 (three times more), while the theft of pugs has risen from four to 36 (eight times more) over the same period. Only one in five dogs reported stolen is ever recovered.

There are real differences between the genders. Most high-achieving school-leavers are girls, multi-tasking is a celebrated skill for women and an unusual attribute for men (my spell check missed off the “n” at the end of that sentence, clearly recognising the truth of the matter) and there’s a raft of research that shows that women’s problem-solving is usually more considered and less action-dependent than that of most men.

There are many very capable and caring men, but few of us would argue against women generally having an innate ability for caring and in building consensus within groups. May we take for granted the most obvious difference in the skill sets between the genders and that is the lack of testosteron in the workplace where women are concerned. During the crash of 2008, someone wiser than I suggested that women would make better workers on the trading floors of financial institutions, lacking as they do the comparable desire to prove their aspirational masculinity and, above all, to win at all costs. As Hugo Rifkind recently wrote in The Times, “…clearly, the male fear of inferiority is at the root of quite a lot of the ugly things young men suddenly and shockingly do”. He was writing about jihadists, but the point is well made.

At the height of “the troubles” in Northern Ireland, it was when the women took to the streets in protest that the political tide began to turn and since then we have perhaps allowed our centuries-old prejudice, that somehow men make better leaders, to settle back into place with all the comfort of a familiar old blanket.

Looking at the many nations where the actions of their male leaders seem better suited to grace a comic book than the writing of world history, the need for some spring cleaning has been emphatically endorsed by the various electorates around the world, where they are allowed the freedom to do so.

We have a dynamic within the veterinary profession that sees a new predominance of smart, achieving, capable young women but, in our pursuit of parity, are we too fixated on making everything equal at the cost of missing the inherent advantages that other industries, if not professions, would see as a tangible asset? Yes, we must have social and economic parity but, maybe as importantly, let’s not ignore and throw away the advantages that this striking dynamic offers.

Congratulations to last month’s Pictopuzzle prize draw winner, randomly selected Clive Weatherley of Cambridge, who answered correctly: bovine shipping fever
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
The PRN: demoralising and tragic

VETS TYPICALLY ARE A FAIRLY INDEPENDENT-minded and driven bunch of people and many of us have chosen to advance our skills in clinical work, maybe as far as to take referrals.

The RCVS’s attempt at applying a standard to vets’ efforts in this regard saw the launch of the “Advanced Practitioner” (or AP) status for vets in the middle ground between GP and Specialist.

Many vets in this middle tier (AP or not) provide viral second opinion services to local GP vets and often have had long relationships with them. Some of these vets will also spend part or most of their time working in first opinion practice.

To achieve the academic qualification, get the practical experience and in many cases, own and run a practice, requires a huge investment in time and effort. This diversity of achievement typifies what being a vet is all about: dedication, vocation, mastery of skills and an independent spirit of work. For vets to make a living, we also need a steady stream of cases, whether first or second opinion.

How would such vets feel then when, in a distant office, a decision was made that effectively said: “Hey, you there working all those long hours and with all those years of experience and training. We are going to send people away from you to somewhere else?”

This is what the Royal Sun Alliance did in December 2015 when it launched its “Preferred Referral Network” (PRN). They underwrite many insurance companies, but the main ones that affect us as vets are Tesco, More Than and Argos.

If you work in first opinion practice and want to refer a case that is insured by one of these companies, the people in that distant office now decide which referral vets see your cases. Referral vets you may have used for years, who may be very convenient for your clients, you may now be prohibited from using – or if you do, the client will be fined £200.

This is frustrating for first opinion vets, inconvenient for the client and as for the patient? No one in that office was thinking of them. The referral vet may now find themselves frozen out of cases. How would it affect their livelihood?

Tesco, More Than and Argos are all big players and RSA has about a 30% share in the pet insurance market. So, no matter how good you are, at least a quarter of incoming referrals will be sent away from you.

I have spoken to several large referral centres that are not on the network and several said, off the record, that they will just refund the client the £200 and not worry about it. For smaller referral vet practices, it is not so easy to splash the cash like that.

Stephan has been providing referral services for practices in the Cambridge area and beyond for 17 years. He is an “old style RCVS Certificate” holder and has AP status. I asked him about how it feels to be on the wrong side of the RSA preferred referral network, what the RSA have told him and what his plans are.

What was your reaction when you read the letter in 2015 informing you of the RSA decision?

Initially, it was not that much of a surprise given the significant difference in charges (without wanting to start debate about the right of who should charge what), but I disagreed with being dictated to, becoming contracted to and dependent on insurance. I have the impression owners also see it as if we are on the payroll of the insurer removing further obligation from them.

I initially underestimated the effect of this decision, especially because to begin with claims continued to be accepted, despite ticking one of the new “are you part of the PRN?” boxes [on the insurance form].

What was their reply when you asked to be considered for the network?

There was only an e-mail facility and when I enquired, there was no reply. I was later told that “the list was adequately filled” and “admission was now by invitation only”. They would contact me with further developments, but never did.

When I recently managed to discuss this one-to-one over the phone with the RSA, I was told that this area was already well-represented.

Pressing for a written explanation, they advised me as before using a stock reply that “they continuously assess and review network coverage and capability requirements and at this stage would not be inviting me”. They then outlined their policy that “at this stage their focus is on dedicated referral premises, rather than individual clinicians”. This to me is discrimination.

How have local vets responded to the situation? Are any still sending you RSA cases?

It is hard not to suspect that a significant reduction in income is not in some way related to the fact that I was not included on the network, and more recently to clients that I had to turn away because of the £200 penalty. Over a longer period, this would explain some loss (and I would truly estimate that could be around 25%).

Have you had any clients arrive at your practice as the referring vet was unaware of the situation?

Initially this did not seem to be an issue because these claims were not rejected. Then slowly the effects kicked in, but at this point clients were likely to stay and question or challenge the situation.

In one case I was deducted the £200 penalty from a direct claim for a consultation and treatment because a local client (four miles down the road) refused to drive two hours (no idea why the vet school was not considered).

I have just seen my first case where the clients themselves decided to pay the £200 because they were not stick with me. I guess though that most of the filtering happens at the referring vets.

How has it affected your motivation for further study, investment in the practice, etc.?

Financial insecurity is not something you expect in the late stages of your “career”. With regards to investment, you have no choice but to continue this, if only to replace equipment. It would be nice to challenge the PRN situation and find a middle ground between them and the independent large referral centres, perhaps not so much for me now but for others to come, levelling the impact of insurance.

Insurance is a mixed blessing. I hear people constantly talking about how welcome it is to see the same person and offer continuity of care, but it is hardly sustainable. With the market players now and the PRN referral work on top, you are effectively rowing against the tide in a single-man practice.

Will a potential 25% loss in business affect your ability to maintain the 150 hours’ CPD over three years that is required to maintain the AP status?

I don’t think so, ultimately. On the issue of the AP status, I am considering dropping this. It’s a label...
YuCALM is a calming supplement for dogs made from all-natural and scientifically proven ingredients. It helps reduce anxiety and is an effective, safe way to support them to feel happier and more playful.

To find out more please call 01462 790 886 or email vet@lintbells.com

Dog anxiety?
Let's make it go walkies.

YuCALM
Where happy comes naturally
Time to grasp the nettle for veterinary nurses?

ON 3rd MAY THE RCVS launched a consultation as part of a review of Schedule 3 of the Veterinary Surgeons Act and some members of the veterinary profession will undoubtedly see this as the “thin end of the wedge” or the top of “the slippery slope”.

I believe, however, that enhancing and expanding the role of veterinary nurses is essential to retaining the very best of them in clinical practice by giving them the responsibilities (and the rewards) that their expertise merits.

The age-old arguments for keeping our veterinary nurses closely shackled to the vet are that we don’t want to produce mini-ants for fear of losing them to work away from ourselves; and that animal welfare could suffer as a result of less qualified personnel making clinical judgements.

These are protectionist arguments that have little basis in fact and are more akin to the views frequently adopted by Trade Union leaders back in the Seventies.

The route for qualifying as a VN is now an arduous one. It involves a lot of academic study as well as a large amount of training in practice under the watchful eye of a clinical coach. It is not something to be undertaken by the work-shy or faint-hearted, and to finally be registered with the RCVS as a VN shows a high level of dedication and skill.

VNs graduating today are probably more highly trained and more rigorously examined than ever before. On top of that and as a result of being on the VN register, they are now responsible for their own actions and can be disciplined in the same way as we vets.

Now those of us with more than a few years in veterinary practice under our belt will have worked with mediocre, excellent, and in some cases exceptional veterinary nurses (and fellow vets) during that time. And while some of those exceptional VNs will have remained in practice, others will have been lost to industry, education, or in some cases to a completely different career path.

Retention of VNs within the practice environment is as difficult, or more so, as it is among veterinary surgeons. If by enhancing the role of VNs we can encourage them to stay within their chosen career, that is to be wholeheartedly welcomed.

There have long been many grey areas concerning Schedule 3. Maintenance of gaseous anaesthesia is one that springs to mind whereby the VN is supposed to act as nothing more than “the veterinary surgeon’s hands… for example by ‘dialing’.

Many veterinary nurses I have worked with have been exceptional at monitoring and maintaining anaesthesia. And how useful a skill is that when faced with a tricky surgery in a high-risk patient when concentrating on the said surgery takes up most of one’s effort?

That’s not to say that one detaches oneself from the anaesthetic completely, but there have certainly been times when I’ve relied on the skill of the assisting VN beyond that which is strictly permitted under Schedule 3.

Of course, in the scenario described above, the requirement for excellent communication between the vet and the VN goes without saying so that each knows what the other is doing and thinking concerning the animal’s anaesthetic and clinical state.

But wouldn’t it be so much better if it was permitted for a suitably trained and experienced VN to both monitor and maintain anaesthesia? It would give added kudos to the role and remove that feeling that something underhand is being done when no such thing is intended.

Likewise, the prescribing/dispensing of preventive POM-Vs to otherwise healthy animals is well within the capability of many VNs. Developing a demonstrable knowledge concerning external and internal parasites and the available control strategies is something that could be utilised to improve job satisfaction and also client care.

A question of time?

How often do we simply not have the time (and sometimes the inclination) to carefully explain the life cycles of the various parasites and how these can best be disrupted?

A nurse with a keen interest in this field could make a significant impact on the uptake of effective treatment regimes with concurrent benefits to both animal health and practice profitability.

Human medicine is currently far ahead of our own profession when it comes to utilising the skills of suitably trained nurses. Nurse practitioners regularly see clinical cases and can prescribe treatments such as antibiotics. Other trained nurses are performing such things as routine endoscopic examinations and of course vaccination.

Surely routine puppy vaccination could be safely delegated to the VN who would certainly be able to spot the “sick” puppy that needed to be referred to the vet for careful clinical evaluation and diagnosis?

Clearly there are differences between the medical and veterinary professions, not least the huge turnover of the former in terms of patient numbers. The higher the throughput, the more justification there is for training nurses to carry out some of the more routine procedures hitherto carried out by doctors.

The current trend is for veterinary practices to get bigger and bigger. That must give greater opportunities (and a greater need) for VNs to be trained in some of the roles hitherto performed solely by vets, thus freeing up the vets for the sort of work that can quite properly not be delegated to VNs. Is such a suggestion really that radical or threatening to the vast majority of us?

VNs have come a long way since the role of the RANA. We could not do our veterinary work without their expertise and assistance and that is likely to become increasingly true as the demands and complexities of small animal practice increase.

We can wring our hands and lament the difficulty of motivating VNs to continue working within veterinary practice as they become older and more experienced. Or we can grasp the nettle and support their desire to take on more responsibility and hopefully receive increased remuneration as a result.

Responding to the RCVS’ consultation document and urging them to be bold and increase what a VN may do under Schedule 3 is a way of showing our commitment and support for an enhanced role for the VNs of the future. Is that too much to ask from our as-yet under-utilised veterinary nurse colleagues?

Continued from page 6

and certainly has not made any impression on the RSA network.

I would guess that smaller outfits such as yourself are cheaper than the large Specialist-led centres, which makes a mockery of the whole reason RSA did this in the first place, i.e. to save themselves money. Do you have any comment on this?

The RSA never enquired about my charges, which are competitive, in the first place. That is one of the things I fail to understand since the whole reason for the PRN, I thought, was to level the costs or at best be a cost-cutting exercise.

Demoralising impact

That gives us some insight into the demoralising impact on mental health and business viability of this policy of the RSA. The question is: what can we do about it? There is a group made up of vets from large centres – “Vets for Choice” – who were challenging the RSA on this.
Great value CPD in July, August & September for Vets and Vet Nurses!

Tutored Online CPD Courses
Great value online courses with a tutor to help you!

3-23 July 2017: Anaesthetic Monitoring for Veterinary Nurses
Denise Prisk DipAVN (Surgical), VTS (Anesthesia and 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 Clan, DVM, DipECVP, FRCPath, MRCSV, European Specialist in Veterinary Clinical Pathology, Paola Monti DVM, DipACVP (Clinical Pathology), FRCPath, MRCSV, RCVS 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) DipECVM-CA(Oncology), MRCVS RVCS 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 RVCS 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.

7-27 August 2017: Common Cancers in Cats – Not a dog’s tale
Dr Chiara Penzo DVM PhD Dip.ECVIM(Oncoology) MRCVS European Veterinary Specialist in Oncology RCVS Veterinary Specialist in Oncology
Common cancers in cats show important differences in presentation, prognosis and treatment with dogs. This course will prepare you for feline owners’ increasing demand of cancer treatment by offering a bench-to-bedside guide to the most common types of cancers in cats and challenge you to solve real life clinical cases. Aimed at vets and vet nurses.

VET PRACTICE READER OFFER
VP Offer Two Day Rate = £249 + VAT
Book online at www.vetcpdcongress.co.uk - at checkout use VP-ONE for single day passes and VP-TWO for two day passes or call us on 01225 445561

NURSING PROGRAMME
Thursday 21 September FULL PRICE SINGLE DAY: £149 + VAT
• The role of the surgical assistant (Claire Woolford)
• Advanced anaesthetic monitoring – a case study (Denise Prisk)
• Nursing the chemotherapy patient (Shasta Lynch)
• Pain management - assessment and treatment options (Denise Prisk)
• Nursing the diabetic patient (Emi Barker)
• Assisted feeding in the cat: why, when and how? (Suzanne Rudd)
• How to be a good cat handler – making your practice cat friendly (Suzanne Rudd)

Friday 22 September FULL PRICE SINGLE DAY: £149 + VAT
• Head trauma and how to deal with it (Denise Prisk)
• Assessment of blood smears in the emergency patient (Kostas Papasouliotis)
• Traiage and initial patient assessment (Louise O’Dwyer)
• Maintenance of tubes and drains (Louise O’Dwyer)
• Getting a great ECG and interpreting arrhythmias (Kieran Borgaet)
• Nursing the heart failure patient (Kieran Borgaet)
• Nursing the ocular trauma patient (Natasha Mitchell)

FULL PRICE TWO DAY PASS: £269 + VAT

VETERINARY PROGRAMME
Thursday 21 September FULL PRICE SINGLE DAY: £149 + VAT
• Treating heart disease in the 21st Century (Kieran Borgaet)
• Canine allergic dermatitis: Advances in diagnostics and treatment (Anita Patel)
• How to recognise pain and provide effective analgesia (Gwen Covey-Crump)
• MASTERing canine mast cell tumours – what you need to know! (Shasta Lynch)
• Feline ureteral obstruction: Are SUBs the answer? (Nicola Kulendra)
• Hyperthyroidism: what’s changed? (Angie Hibbert)
• Diagnosing FIP in the age of molecular diagnostics (Emi Barker)

Friday 22 September FULL PRICE SINGLE DAY: £149 + VAT
• How to interpret emergency thoracic imaging (Esther Barrett)
• How to interpret emergency abdominal imaging (Esther Barrett)
• How to get the most from a blood smear (Kostas Papasouliotis)
• How to get answers from effusion samples (Kostas Papasouliotis)
• Approach to ophthalmological emergencies (Natasha Mitchell)
• Interactive ophthalmology cases (Natasha Mitchell)
• Take a deep breath: A practical approach to respiratory distress (Kieran Borgaet)

FULL PRICE TWO DAY PASS: £269 + VAT

Book online at www.vetcpdcongress.co.uk or call us on 01225 445561
Are we all guilty of sugaring the pill?

I MUST ADMIT I’M NOT THE MOST ORGANISED person in the world. My office might be described as organised chaos, which would not really be particularly accurate as there is little order in there at all!

This does mean that having a tidy-up can be really interesting. The memo that had to be acted upon five years ago eventually surfaces. And what do you know – even though I had not “actioned it” (if I can use such a horrendous phrase), the world did not stop turning and civilisation did not grind to a halt!

I recently came across an excellent little guide to paper in the corner of the office, I dropped it on the floor but managed to scoop up most of it. “It has not been possible to provide definitive answers” should be read as “The experiment was negative but samples were chosen for further study” really means “The others didn’t make sense, so we ignored them.” It gets better – or maybe worse! “The four-hour sample was not studied” equates to “I dropped it on the floor” while “The four-hour result may not be significant” is code for “I dropped it on the floor but managed to scoop up most of it.” “It has not been possible to provide definitive answers” should be read as “The experiment was negative but look – I’ve been able to publish it somewhere at last!”

“These investigations proved highly rewarding” means “My grant is going to be renewed!” while finally “Correct within an order of magnitude” is apparently the scientific way of saying “Wrong!”

But as we laugh at those caricatures of science writing, are we all guilty of sugaring the pill in what we say when talking to owners?

Two days ago, I operated to remove a corneal sequestrum in a Persian cat. Talking to the student who was scrubbed in operating with me, I explained how we could remove the necrotic tissue, leaving sufficient cornea underneath as a support for the sliding graft we were going to create from neighbouring tissue.

It was at that point that it became obvious that the cornea left was actually paper-thin and starting to ooze aqueous humour.

The key thing about being a reasonable surgeon is always to have a plan B. So I fashioned a graft from the third eyelid to fill the gap. All well and good.

The cat awoke apparently comfortable and I rang the owner to explain that the surgery had been “somewhat more complicated than we had anticipated”, but that we expected a successful outcome. Not exactly the whole truth and nothing but the truth!

By the next morning the eye looked to be producing more tears than one would expect from an eye that was still wide open and without any discomfort that would elicit excess lacrimation.

The intraocular pressure, measured with my Tonovet tonometer (so gentle it can be used even in damaged corneas), was far lower than one would expect. The graft must be leaking.

I rang the owner again and explained exactly what I thought was happening. No point in beating around the bush. We needed to go in again even though there wasn’t a slot in theatre until the end of the day. This is just the sort of thing that happens at 5pm on a Friday, isn’t it?

In fact what seemed to have happened was that haemorrhage and a fibrin clot was adhering the graft to the third eyelid and separating it from the delicate surrounding cornea. Some judicious manipulation and further suturing solved the problem.

Maybe I had left slightly too big a gap between two sutures far ventrally and that was where the problem lay.

So the final question was whether, when I discharged the cat this afternoon, I should tell the owner the full story.

Truth or lies?

I’ve got the repeat of the election debate earlier in the week on in the background as I write this. The one thing that comes across is that, for the vast majority of the politicians, one can never be sure whether what they are saying is really what they think, or they are just telling us what they think we want them to say.

Maybe Caroline Lucas is a bit different, possibly even Tim Farron.

But what I want to be sure of is that when I talk to an owner I’m giving them the truth.

That is especially the case when something has not gone as we had hoped… But there I go trying to sugar the pill. Let me rephrase that – when something has gone wrong! Or when we have that end-of-life conversation about a pet with the owner.

Truth be told, it is much easier as an experienced vet working in a specialist clinic to explain that there has been a problem than for a new graduate. But how are students to learn how to conduct themselves in such situations?

All too often I think we might ask a student doing EMS with us to leave the room if we are dealing with a problem case or performing a euthanasia, but those are just the times when students need to see how we deal with the situation.

So maybe the take-home message is that the next time that conversation needs to happen and there is a student or a new graduate who can be with you, use that as a teaching opportunity.

And don’t use jargon that needs a translation guide to make what we are saying crystal-clear!

CEVA Animal Health has donated a range of products including dog and cat wormers, skin and joint supplements and NSAIDs to the Worldwide Veterinary Service (WVS), to help support a number of charities around the world with the provision of veterinary supplies and equipment.

The donated products were dispatched to the WVS’s own centres and shelters in Thailand, including its Care for Dogs shelter in Chiang Mai as well as to over 60 animal welfare charities worldwide, all of which have registered a “wish list” of items to the WVS.
FOR the ninth year running, the Hearing Dogs for Deaf People charity held a fund-raising golf day in Devon at the beautiful Bigbury Golf Club on 18th May, writes John Bower, a trustee of the charity. Fifty-six golfers turned up for a “shooting start” at 10.30am on a warm sunny day, had a glorious day’s golf and raised £3,500 for the charity. The format was teams of four, full handicap with a maximum of 24, and the best two scores to count on each hole. Several vets took part including me, but this year none were among the winners – the highest Stableford score being 90 by a local firm of financial planners, Sound Financial Management. They won pro shop vouchers worth £70, sponsored by Petplan, which also entered two teams including vets! Although the day is really about raising money to help train these amazing dogs, the high-value prizes – all generously sponsored by veterinary-associated companies – make it well worth entering, so make a note to discover the next date! It’s a day of fun and camaraderie, somewhat helped by the St Austell Brewery Van that turned up with free drinks as golfers went round – soft drinks, local cider and their excellent Tribute ale! Zoetis Animal Health and Henry Schein generously sponsored the other two main golf prizes. I played with three other local golfers. Iain Lorraine of Lilac Technology Ltd and Phil Swan of Hazeldwoods Accountants sponsored the Nearest the Line and Nearest the Pin prizes.

Golf holes were sponsored by IVC via the Veterinary Hospital Group, Plymouth, Keith Dickinson of Shire Insurance/Veterinary Insurance Agency, and local firms Sound Financial Management, Independent Slate Supplies and GA Solicitors. A local auctioneer, Stephen Hext of Lascombe Maye Estate Agents, gave his time freely to auction nine valuable lots, which were mainly local restaurant meals plus a BMW sports car for a weekend, a sea view apartment for a long weekend in Cardiff, and a Brittany Ferries Travel voucher. This raised £1,050 and a raffle also raised over £500. The money raised will go a long way towards the training of one of these wonderful Hearing Dogs, each of which become the ears and loyal companion of a deaf person, enabling that person to lead a much more normal life. Before the prize-giving, Chris Goard – a disabled hearing dog owner in his wheelchair – gave a short but very emotive talk on how his dog had changed and enhanced his life. Chris, accompanied by his current dog Fergus, and his retired dog Thelma, spent most of the day with us and apart from selling most of the raffle tickets, showed off his hearing dogs, who were the real stars of the show. Further information about the charity can be found at http://www.hearingdogs.org.uk/.

John Bower, Denis Spencer, Mike Hatton and John Irish at the Veterinary Hospital, Plymouth, sponsored hole.

21st century feline medicine in focus

MORE than 600 veterinary professionals travelling from 61 countries recently came together to explore “Feline Medicine in the 21st Century” at Royal Canin’s latest Vet Symposium. Hosted near the company’s head office in Montpellier, France, the two-day convention allowed delegates to attend both clinical and practice management lectures, take part in networking events and take a tour of the Royal Canin campus, including its production facility and central R&D centre, responsible for food quality and safety standards across the company’s wide network.

Scientific talks were based on feline medicine, including CKD, constipation, chronic D+ cat ethogram, soiling and multi-cat households. Delegates also attended practice management talks, where they learned about cat-friendly practice strategies, vet clinic business models, how to deal with tricky customers and digital media. The lectures are available to view at https://vetsymposium.fr/2017/.

Joining forces against vector-borne diseases

THE Federation of Companion Animal Veterinary Associations (FECAVA) and the European Scientific Counsel for Companion Animal Parasites (ESCCAP) have teamed up to fight vector-borne diseases in dogs and cats.

“Most companion animal veterinarians are insufficiently informed about these emerging diseases, and FECAVA has great potential to spread information on the distribution, diagnosis, treatment and prevention of these diseases to practitioners in all parts of Europe,” says Nenad Milojkovic, chair of the FECAVA working group on canine vector-borne diseases (CVBD), which held its inaugural meeting in Moscow last month.

In order to issue consistent, science-based recommendations, the federation has decided to join forces with ESCCAP, whose guidelines director, Ian Wright, adds: “It is vital that veterinary professionals have easy access to the latest data and consistent advice from experts to help them make informed treatment decisions. ESCCAP is looking forward to working with FECAVA in helping to achieve these goals and driving research where knowledge gaps exist.”

The first joint meeting will be held during the WSAVA/FECAVA congress in Copenhagen in September, at the second meeting of the CVBD working group. Tools to be developed by the working group include tables, algorithms and travel advice for clients. They will also co-author a paper on parasite drug resistance.

Golf day raises £3,500 for Hearing Dogs for Deaf People

2017 Golf Day - Corporate expense fund raiser for Hearing Dogs for Deaf People. 18th May at Bigbury Golf Club, Plymouth.

Liz Barton, director of Vetsnet, explains what the new independent and impartial platform is setting out to accomplish

BORING OF MOAN, MOAN, MOAN! I’m certainly fed up of hearing these conversations “down the back” before putting on a game face and smiling professionally at the cash-strapped, demanding clients wanting the cure—all their money for their dog for 50p, before driving off in their Porsche.

Stressed, overworked, underpaid, undervalued… many of us know these frustrations. But moaning just drags us down further. I began looking into solutions, and have been pleasantly surprised that there are many moves afoot from a wide variety of sources to change practice life for the better.

To help us in the everyday grind there’s VetLife, RVCS Mind Matters, veterinary coaches and innumerable well-being apps and blogs. The RVCS/BVA Vet Futures project looks towards a better future, and there’s a new wave of “veterinary entrepreneurs” setting up exciting projects to encourage us to embrace the diverse options our qualifications and profession allow.

But this research and reading took time, which according to polling by VET Festival is our most precious resource. I thought that if I could save people time, increase access and encourage engagement, maybe I could be a part of the solution.

Vetsnet was born: a website to curate, summarise and signpost resources, dedicated solely to addressing the non-clinical needs of the profession; “Engage” forums to cathartically air problems, but with a solutions-based focus; communities to connect us; “Vetsports” for all those in practice to compare and contrast sporting exploits and challenges; and “Vetmums” for all those taking an extended break from practice – parental leave/PhD/sabbatical – to chat, access the ever-growing resources, and keep in touch with changes in practice life.

Historically, ours has been a somewhat slow-moving, reactive profession. I sense the winds of change with colleagues becoming more proactive and solutions-based in their talking and thinking, which is essential in the current fast-paced social media climate.

We’re an intelligent bunch, and I’m sure if we spend our time discussing solutions we can proactively drive this beloved profession to a bright, dynamic future. Similar to not voting in the election, we should forego complaining rights if we don’t contribute our opinions. Vetsnet provides the platform and our vision to be an independent, impartial voice for members. Be part of the solution at www.vetsnet.net.

It is a non-profit social enterprise with free access to all content. Feedback from members, and industry support to develop the site and provide additional functions, would be welcomed.
New rinse-free mousses for cats and dogs
LABORATOIRE de Dermo-Cosmétique Animale (LDCA) has extended its Dermoscent range with two new products formulated for cats and dogs. ATOP 7 Mousse and PYOclean Mousse are presented as a “dry shampoo” in foam form.

These products contain 100% natural active ingredients that harness the power of plant extracts, says the firm. ATOP 7 Mousse and PYOclean Mousse are both non-rinse, “soothing cleansers” – ideal for removing dirt and allergens from the skin.

Cats and dogs with dry and allergy-prone skin will particularly benefit, as well as those susceptible to skin infections, it says. Both products contain a blend of plant extracts and essential oils from hemp seed, which has a moisturising and restructuring action on the skin. ATOP 7 offers anti-inflammatory and anti-pruritic activity boosted by lemon tea tree extract. PYOclean derives its anti-bacterial action from lavender and manuka, and its soothing action from essential fatty acids and honey. The anti-bacterial PYOclean Mousse has been tested and proven in vitro in an independent microbiological laboratory.

The mousses have been designed with owner compliance in mind: they can be applied quickly to speed patients’ discharge from hospital or utilised where animals are boisterous or dislike baths. Used twice-weekly alone or in combination with other supplements or treatments as part of a skincare protocol, they can extend the time between shampooing, increasing owner compliance, says the firm.

New sole UK distributor for ligation clips
VET Direct has gained sole distribution rights for all Horizon ligation clips sold in the UK. Ligation clips, which are used to clamp vessels, have been used in complex surgeries on humans (including heart surgeries) since the 1980s, but have only been introduced in animal surgeries in recent years. Leon Wright, managing director of Vet Direct, says: “The ligation clips caused a big noise at our recent events, which is probably down to the benefits they offer. Not only are they quicker and easier, you get immediate vessel closure which reduces the amount of time a patient has to endure under general anaesthetic. I’m confident they’ll be a great help to all veterinary surgeons.”

Pour-on worm control for cattle, sheep and goats
Merial. Animal Health has launched Eprinex Multi 5mg/ml Pour-on for Beef and Dairy Cattle, Sheep and Goats – the first licensed, zero milk withholding, pour-on worm control product to be made available to sheep and goat dairy producers.

The pour-on contains eprinomectin and is said to be effective against the adult stages of the major gutworm species affecting sheep and goats, and the lungworm Dictyocaulus viviparus. Recent research has shown that treatment can also overcome the productivity impact of a parasite burden, with dairy ewes showing a significant increase in milk yield following treatment with Eprinex Multi compared to untreated animals.

Sioned Timothy – technical manager, UK & ROI, at Merial – says: “Eprinex Multi brings a new active ingredient to the sheep and goat wormer market and provides vets and farmers with an additional tool to use alongside good management practices, as part of an integrated parasite control strategy. It has the advantage of zero milk withhold, which allows dairy animals to be treated at the optimal time without the concern of lost milk.”

Veterinary dinner roadshows – three down and three to go
AGRIA Pet Insurance reports that its tour of the UK – holding a series of veterinary dinners to listen and learn from the profession on their likes, dislikes, ideas and feedback on all things pet insurance-related and share some of the trends and challenges insurers face in the “rapidly changing veterinary environment” – is going well.

Following the old adage that “people do business with people”, Agría says this face-to-face discussion and debate is invaluable in helping to shape the development and sustainability of its lifetime policies to ensure they meet the future needs of all parties.

Choosing “amazing venues with great food and drink to enjoy”, the dinners comprise a short and informative presentation on the UK pet insurance market and the challenges facing insurance companies, vets, pet owners and animal welfare. Perceptions are not solely related to Agría Pet Insurance, but cover all aspects of pet insurance, delving into years of experience within the pet world with Simon Wheeler, Agría’s managing director.

There are always at least three people from the office attending, along with the business development manager (BDM) from the area.

At the first roadshow in Belfast, BDM Susie Hill invited over 20 vets to attend an evening at the Europa Hotel. The next event was the Midlands Veterinary Dinner held at The Belfry with Midlands BDM Yvonne Hodson where discussions were mainly based around veterinary inflation and how this is pushing up veterinary fees.

The third dinner was held at Cranage Hall in Cheshire. Ceri Shrigley (north-west BDM) invited a mix of practices to attend, many of which operate other businesses alongside their GP veterinary clinic. Due to this mix, there was discussion on referral practices and the cost of running a referral practice compared with general practice.

Three more dates are planned:
- 13th September in Suffolk with Andy Wellsteed – call 07940 108712.
- 4th October in Scotland with Sarah Donald – call 07498 717477.
- 24th October in Bristol with Mark Woodward – call 07714 135163.

VN educators recognised with awards
THE first Veterinary Nursing Educator of the Year Awards, launched this year by Central Qualifications (CQ), were presented by Professor Alice Roberts at the CQ graduation and awards ceremony held at Central Hall in Westminster on Saturday 10th June.

The awards, established in order to recognise the hard work and commitment of all staff who support students studying for veterinary nursing qualifications, were open to anyone involved in training and educating veterinary nurses in the UK; all members of the veterinary profession were invited to nominate someone they felt was deserving of recognition.

Over 100 nominations were received for the award. The two candidates who “stood out above the crowd” were Kirsty Gwynne and Karen Saddleton.

Kirsty began her career in small animal practice, gaining her VN qualification in 2001. She then went on to hold a head nurse position before moving into academia, mixing this with part-time locum work. She worked in the academic environment for three years, but found that she was losing touch with the clinical aspects and skills required for veterinary nursing. She then joined Abbeycadyle Vetlink Veterinary Training Ltd, becoming a co-director with Sam Morgan (currently BVNA president). Kirsty has been in this role for nine years. She is very hands on and is involved in teaching, arranging TP visits and appraisals, course development and marketing. She is also passionate about providing student support.

Karen qualified as a veterinary nurse in 1994 and has worked at Stove Veterinary Group since 2001. She is a tutor for veterinary nurses, specialising in practical aspects of the course, and is also a trainer for the practical exams set by CQ and provides student support tutorials, which help to complement the theory side of the nursing course.
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.

One Account by DMS Plus

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
Monitoring of newborn dogs to predict neonatal mortality risk
Hanna Mila and others, University of Toulouse, France

The mortality rate in puppies before the age of weaning may reach up to 20%, with the majority of those deaths occurring in the first three weeks. The authors conducted a study looking at techniques for monitoring newborn puppies with the aim of identifying those at higher risk which may require increased medical assistance.

A population of 347 purebred puppies housed under identical management conditions was examined within the first eight hours after birth and assessed according to their Apgar scale, a combination score involving heart rate, respiratory effort, muscle tone, response to stimulation, and skin colouration. Further parameters included bodyweight, blood glucose, lactate and beta-hydroxybutyrate concentrations, rectal temperature and urine-specific gravity. An Apgar score at or below 6 was associated with an increased mortality risk in the first 24 hours. A reduced blood glucose level on day one was linked with a greater risk of dying within the first 21 days. Therefore, these two tests could be a low-cost and practical method for evaluating the health of newborn puppies.

Preventive Veterinary Medicine 143: 11-20 (Open Access).

Correlation between serum homocysteine levels and mitral valve disease severity
Chang-Min Lee and others, Chonbuk National University, South Korea

Homocysteine is an essential amino acid metabolite of methionine that is metabolised by the action of folate acid (vitamin B9). Elevated levels of homocysteine in the blood have been shown to be associated with cardiovascular disease. The authors looked at serum homocysteine levels in healthy beagles and in 53 client-owned dogs with myxomatous mitral valve disease. Serum homocysteine levels were found to be significantly higher in those dogs with MMVD and significant correlations were identified between elevated homocysteine and several established risk factors for heart failure. Measurements of serum homocysteine levels may therefore be a useful diagnostic and prognostic indicator in dogs.

American Journal of Veterinary Research 78 (4): 440-446.

A video of Prof. Volk discussing the Apgar score and monitoring newborn puppies can be viewed at https://youtu.be/bZDa_8a_hwM.

Sheep scab ELISA test now available
BIOBEST Laboratories can now offer a sheep scab ELISA blood test, which was developed at the Moredun Research Institute.

This test, says the firm, can be used for the diagnosis of sheep scab infestation and to monitor flock status to aid scab control programmes. Sheep scab, caused by infestation with the mite Psoroptes ovis, is endemic in the UK and the disease is notifiable in Scotland, although not in England and Wales.

The test detects antibodies in the host sheep to a protein found in the sheep scab mite and not in other common parasites, such as lice. It can be used to detect evidence of exposure to scab mites and can pick up infestation in the early stages, Biobest says.

The company has evaluated the test and used it in a number of different flock types (lowland, upland, hill, with/without common grazing) to determine how it may best be applied. When used to test 12 sheep per flock, the test can provide useful insight into flock status.

When the results from testing are coupled with information about flock management and scab control activities, tailored advice can be provided to improve scab control or to show that in some flocks, where there is no evidence of scab, it is possible to cut out unnecessary treatments with OP dips or injectable macrocyclic lactones. This, Biobest says, is very important as the injectable scab treatments are also anthelmintics and there is increasing resistance in worms to these medicines. The test may also be useful in investigating clinical disease outbreaks and in quarantine testing of purchased or returning stock, it says.

The blood test requires serum (red top vacutainers) and will be run once a week. The cost of testing (currently subsidised by Bimeda) is £9.50 per individual sample (£8.50 where two to 11 samples are submitted or £6.50 where 12 animals from a management group are tested) and is optional). If they did not allow it, the ongoing legal dispute – which is now before the Court of Session – would, he says, end immediately.

The company has declined to accept the College’s out of court offer which would have made a further annulment of the complaint possible.
Microscopic examination and bacterial culture of bile samples are common diagnostic procedures during investigations of liver and bile duct disease in companion animals. The authors assessed the level of agreement between the two methods in 31 dogs and 21 cats with hepatobiliary disease. In 33% of these cases, bacteriuria was identified by microscopic examination and 21% by bacterial culture. Agreement between the two tests was significantly better in those cases that had not received antimicrobial treatment in the day before sample collection. Both methods are recommended as part of the diagnostic work-up in suspected hepatobiliary disease cases. *Journal of the American Veterinary Medical Association* 250 (9): 1,007-1,013.

Concentrations of thromboxane metabolites in feline urine

Brittany Heggem-Perry and others, University of Illinois, Urbana

Cats with cardiac disease have an increased risk of developing arterial thromboembolism as a result of changes in platelet activity. Thromboxane is a compound found in urine that is released by activated platelets and has been proposed as a potentially useful indicator of platelet dysfunction. The authors examined the thromboxane profile of urine from healthy cats. They found that 11-dehydro-thromboxane B(2) was the most abundant thromboxane metabolite in feline urine. They suggest that this molecule may be the basis for a non-invasive, convenient method for monitoring in vivo platelet activation in cats at risk of developing thromboembolism. *American Journal of Veterinary Research* 77 (12): 1,340-1,345.

Calcium sulphate dehydrate urolithiasis in a pet rabbit

Jaroslav Kucera and others, Veterinary Clinic PET, Brno, Czech Republic

Urolithiasis in rabbits is a potential consequence of providing mainly dry food and allowing inadequate access to water. The authors describe such a case in a three-year-old intact male house rabbit which presented with a one-day history of anorexia and depression. The owner reported that the rabbit had been observed chewing gypsum-based plaster from the walls of its home. Numerous small uroliths were removed from the urethral orifice, examined and found to be composed of calcium sulphate dihydrate. The patient's bladder was flushed to remove the remaining particles and it recovered uneventfully. The owner was advised to provide an appropriate water supply and to prevent the pet eating plaster. *Journal of the American Veterinary Medical Association* 250 (5): 534-537.

Use of pre-colostral blood in the identification of viral infections in dairy herds

Paul Baillargeon and others, Zoetis Animal Health, Kirkland, Quebec

Bovine viral diarrhoea and infectious bovine rhinotracheitis have both caused significant losses in the Canadian dairy industry over the past 30 years. Vaccination policies may continue overleaf.
Sarah was placed on oxygen mask, an IV catheter was placed, and emergency bolus of IV fluids was initiated. Her initial emergency bolus was calculated at 250ml for the first hour (90cc/kg/hr) of 0.9% NaCl. Due to low blood pressure, only a small amount of blood (0.5cc) could be obtained. A team member went to talk to the client to obtain a medical history.

What medical history questions should be asked in an emergency?
The owner reported that Sarah had three or four episodes of vomiting with no diarrhea in the last two to three hours. There was not any known dietary indiscretion. She was spayed three weeks ago and did not have any known health problems. She seemed to recover well from the surgery; however, next morning she was very lethargic but was back to normal in 24 hours. The owner had never seen Sarah collapse before. While the technical team member obtained the final history, initial primary diagnostics were being completed.

What diagnostic testing is necessary?
In this case with such a small amount of blood obtained, the clinical diagnostic included a PCV/TP, blood gas (H-STAT EC-8), a blood film, and blood pressure. Further diagnostic testing would be completed once the patient was more stable. The clinical data obtained are shown in the Table.

Sarah’s blood film revealed no obvious agglutination, changes in the red blood cell population, no obvious spike in white blood cell type or number, and a normal platelet count was appreciated.

What is the patient’s problem list? What is the next treatment course?
Sarah responded slowly to her initial bolus of fluids in the first 10 minutes. Based on blood work, the problem list included hypoglycaemia, hyponatraemia, hypochloraemia, hyperkalaemia, and azotaemia. Further, based on the blood gas, her blood pH suggested a moderate to severe acidosis (pH < 7.35); the low pCO2 supported a metabolic acidosis. The elevation of the anion gap supported an additional charged ion or toxin that was helping produce the acidosis. Based on these concerns, Sarah was immediately given a bolus of 25% dextrose – 1cc/pound per hour (0.45cc/kg/hr); she was given 6cc of 25% dextrose. Further, 5% dextrose was added to the fluid; emergency fluid bolusing was maintained at the same rate.

What is the differential? What is the continued treatment plan?
Disease differentials included toxin, juvenile hypoglycaemia, sepsis, liver disease (i.e. porto-caval shunt) and endocrine disease. Based on the presence of a moderate metabolic acidosis with an elevated anion gap, hyperkalaemia and hypoglycaemia, and a Na/K ratio of 22:1, primary hypoadrenocorticism (Addison’s disease) was the primary concern.

After the dextrose bolus, Sarah’s pupils began to respond to light and her respiration began to brighten. On her next recheck, her blood pressure was 80/35 MAP 55; her fluids were slowed to 2x maintenance (360cc/hr or 15cc/hr). A blood glucose rechecked within the next 20 minutes showed a level of 80mg/dl. Sarah was continued on 5% dextrose and was given a (0.25mg/kg) dose of dexamethasone IV. Her azotaemia and acidosis returned to normal within the first 12 to 24 hours. Her electrolytes began to normalize and Na/K levels slowly returned to normal ratios. Her ACTH response test showed low cortisol levels pre- and post-ACTH injection.

Sarah was diagnosed as having a primary hypoadrenocorticism and started on oral prednisone and DOCP injections. Patients that come in lateral recumbent, hypotensive, in shock, and with no indications on medical history of the cause of the disease process can be very challenging for the medical team and difficult for the client to understand. Medical teams must have the tools and protocols in place to help them gain control of an emergency situation. Although every emergency is different, some basic tips for this type of emergency are:

1. Oxygen is never contraindicated – nothing will die from oxygen supplementation as long as administering the oxygen does not further stress the patient. Oxygen masks, cages, e-collars or even placing anaesthetic tubing near the patient’s face may be sufficient.

2. Set the catheter – in most cases, the medical team may only have a small window of success with an intravenous catheter. If there is any doubt, set the catheter. At points a catheter becomes an excellent port for a smooth euthanasia.

3. Clinical diagnostics – do a lot with a little – with today’s technology, a small blood sample can give you a great deal of information. A PCV/TP, blood gas, glucose, electrolytes, and blood film can show a variety of concerns.

4. When in doubt, always suspect hypoglycaemia – although occasionally the severely depressed, lethargic patients can be diabetic ketoacidotic patients, always be suspicious of low blood sugar. Be ready to give an emergency bolus of dextrose – 1cc/pound/hr (0.45cc/kg/hr) of 25% hourly while the patient is on a 5% dextrose drip.

5. Understand blood gas – the presence of a metabolic or respiratory acidosis can quickly help point the medical team to the cause of the problem, the potential prognosis and through serial blood work evaluate the patient’s response to treatment. A few
Guidelines to help understand acidosis are:

(a) Blood pH < 7.35 = acidotic patient
(b) A low to normal pCO₂ = metabolic acidosis/a high pCO₂ = respiratory acidosis
(c) Respiratory acidosis is treated with oxygen and increasing gas exchange in the lungs
(d) If there is a metabolic acidosis, look at the anion gap (AG), which is a collection of unmeasured electrolytes in the body. Elevations of AG suggest an added toxin or electrolyte in the brew. Elevations of AG can suggest:
   i. Diabetes ketoacidosis
   ii. Lactic acidosis
   iii. Hypoaldosteronism
   iv. Uremia/kidney Dz
   v. Toxic (e.g., antifreeze, ethanol, paraldehyde [snail bait]…)
(e) As the patient’s blood gas improves, this can suggest a positive response to treatment.

6. Respect the patient’s blood pressure – since hypotension is a large concern in these cases, blood pressure is going to be the indicator of stabilisation. Until systolic pressure > 60mmHG, the patient’s organs are not adequately being perfused. These patients also must have aggressive fluid therapy until normal pressure is restored.

7. Lastly, make sure you get a thorough medical data base when the patient stabilises – many of these cases have severe metabolic upsets that secondary complications of disseminated intravascular haemolysis (DIC), organ dysfunction, or rebound hypertension can occur.

With proper preparation, developing emergency clinical and treatment protocols and fully evaluating the emergency patient, many lateral recumbent patients can be stabilised and restored.

Andrew J. Rosenfeld, DVM, ABVP, is medical director of Abaxis Global Diagnostics. He has spoken on numerous occasions on topics in emergency medicine, small animal anatomy and physiology, and cardiology. Dr Rosenfeld has been medical director of many facilities, his last position being medical director of VCA Boston Road Animal Hospital, a specialty, emergency and wellness hospital. He was director of technical education for the Pet’s Choice family of veterinary hospitals and specialty practices. He has practised small animal critical care and emergency medicine for 25 years.
Veterinary telemedicine consulting: the future of in-practice collaboration

**Specialty Veterinary Consulting**, also known as veterinary telemedicine, continues to grow at a rapid pace in the field of animal healthcare. Technology-enhanced collaboration is welcomed as more and more general practitioners recognize the value of collaborating not just on difficult cases, but on any case in which diagnostic images were taken for a patient.

**Benefits to general practitioners**
From the perspective of the general practitioner, remote collaboration with a veterinary specialist frees up valuable resources and energy within the practice. A telemedicine consultant’s review provides a veterinarian with an objective, fresh set of eyes. Because the specialist is remote, they are less likely to be distracted by the demands of clients and patients. Moreover, a robust veterinary education exposes general practitioners to diagnostic interpretation, but the interpreted results from a specialist are crafted with many additional years of highly-focused education and practice. In addition to increasing confidence in the diagnosis, a telemedicine report offers the practice valuable continuing education.

**Leveraging technology to deliver best medicine**
Telemedicine specialists read a diverse variety of cases, and because of the near limitless possibilities enabled by case submission platforms like the one IDEXX uses, we can impact more patients in a variety of settings and conditions. Image viewing software, in conjunction with communication software, ensures our team is optimised for the best work environment possible – and for delivering the best results to our clients.

In addition to radiology and cardiology diagnostic modality interpretation, we have the capabilities to interpret dental radiographs and their corresponding digital photographic images, and offer written dermatological interpretation. We also have teams dedicated to CT images, MRIs, exotics/zoo medicine, and equine.

Thanks to investments in the right technology, we are able to serve the vast majority of veterinary practices.

**Technology-enabled collaboration**
One may think that a veterinary specialist working remotely could feel isolated, but thanks to technology, colleagues can engage in frequent discussions. This communication and collaboration spans not only continents but disciplines: cardiologists collaborate with radiologists and vice versa; medicine specialists collaborate with internal medicine specialists; and so on.

And at IDEXX, this spirit of collaboration extends not just to our team: we welcome veterinarian collaboration when possible. In fact, at times we are reliant on the submitting clinician’s patient history to make the correct diagnosis. Practitioners are encouraged, when necessary, to communicate with the radiologist who read the report.

From the specialist perspective, the teamwork and collaboration that is possible when working with a team of remote specialists is limitless. Together, the team has access to the best minds in veterinary healthcare, and thus, so do our veterinary clinic partners.

Technology-assisted specialty consulting services is the future of specialist veterinary healthcare, and IDEXX’s investments in technology continue to ensure that we will be at the forefront of the new frontier of innovation.

---

**Case study**
This case study is based on a consultation and diagnosis by IDEXX Telemedicine Consultants. Kaya, 4.5 years old, FeS, Chihuahua

**Presenting:** History of vomiting and lethargy for one week. A CBC and chemistry profile were within normal limits.

**Lateral and ventrodorsal projections**

**On the left lateral projection of the abdomen, there is a small gas-filled structure in the pylorus (smaller circle) and smaller, irregular gas foci in the proximal duodenum consistent with plication (larger red circle). The rest of the small intestines are fluid-filled, but not distended (red arrows).**

---

**Society reaches membership milestone**
**International Cat Care**
reports that the nurse and technician membership of its veterinary division, the International Society of Feline Medicine (ISFM), has reached 10,000 nurses from 72 countries across the globe.

Membership is free and provides nurses with the monthly online *Feline Focus* journal and a monthly webinar which can be watched live or viewed as a recording.

Internationally-known authors and speakers contribute to both webinars and the journal and articles range from “Back to Basics” to “State of the Art” topics – ISFM’s usual selection of educational material written or presented especially for veterinary nurses and technicians. The 34 webinars delivered so far have been watched over 33,000 times.

Veterinary nurses and technicians are vital to good cat care and their knowledge and enthusiasm can help to develop cat awareness and friendliness in clinics, ICC states; many have been instrumental in helping their clinics to achieve Cat Friendly Clinic status and many have commented that the knowledge they have gained has given them confidence in dealing with cats and in helping clients.

To sign up for free ISFM nurse and technician membership, visit [https://icatcare.org/nurses-membership](https://icatcare.org/nurses-membership).
WHO LET THE 
DOGS OUT?...

(Turn over to find out!)

Whether you’re a springy spaniel or a wise whippet, the London Vet Show has got everything you need in one place over two days:

- Hand pick from over 150 hours of world-class clinical and veterinary business lectures
- Listen to and interact with the very best speakers selected by the Royal Veterinary College and the British Veterinary Association
- Visit over 450+ exhibiting companies with all the latest products and services

Secure your pass for just £239+VAT if you book before the 28th July!
(BVA members pay £203 + VAT and BEVA members pay £215 + VAT)

TO BOOK, VISIT WWW.LONDONVETSHOW.CO.UK OR CALL US ON 02476 719 687 USING CODE VP1
HYPEROESTROGENISM IN DOGS occurs in three distinctive ways. In the intact female dog, the dermatosis is caused either by cystic ovaries or a functional ovarian tumour (Barsanti and others, 2013). The disease can also be iatrogenic as the result of treatment with oestrogen, for example in the treatment of urinary incontinence following ovariohysterectomy (Barsanti and others, 1985). The disorder as seen in the intact female dog is described here.

Clinical features

- Most commonly occurs in middle-aged intact female dogs.
- Cases associated with functional ovarian tumours usually occur in older dogs. The most common oestrogen-producing tumour is the granulosa-theca cell tumour, reportedly 10-20% of which are malignant (Miller and others, 2013).
- Bilaterally symmetrical alopecia beginning in the perineal (Figure 1), inguinal, ventral (Figure 2) and flank regions (Miller and others, 2013).
- Enlargement of the vulva (Figures 1 and 2).
- Enlargement of nipples.
- Comedones on ventral alopecic skin.
- Mammary hypertrophy may occur in some ovarian tumour-induced cases if the tumour secretes progesterone in addition to oestrogen.
- Abnormalities of the oestrus cycle (irregular cycles, prolonged oestrus and associated abnormal sexual behaviour) are possible.
- Secondary seborrheic.
- Increased risk of pyometra or endometritis.
- Hyperpigmentation of all affected regions (Figures 1 and 2) in chronic cases.

Diagnosis

- History and physical examination is sufficient in uncomplicated cases such as the one illustrated.
- Ultrasonographic examination.
- Exploratory laparoscopy.
- Elevated blood oestrogen levels may support the diagnosis although some dogs have normal blood oestrogen levels owing to increased numbers of cutaneous oestrogen receptors (Miller and others, 2013). Care must be taken with the interpretation of individual oestrogen levels as variability has been reported in normal dogs (Frank and others, 2011).
- Rule-out of other endocrine dermatoses such as hypothyroidism, hyperadrenocorticism, hair cycle arrest and follicular dysplasia may be considered in rare cases without typical signs of hyperoestrogenism.
- Histopathological examination will support the diagnosis of an endocrine disorder, but is not specific for hyperoestrogenism.

Clinical management

- Ovariohysterectomy.
- Chest radiographs are indicated if an ovarian tumour is suspected.
- Full blood count if aplastic anaemia or thrombocytopaenia is suspected on blood smears.
- Histopathological examination will support the diagnosis of an endocrine disorder, but is not specific for hyperoestrogenism.

Prognosis

The prognosis is good if no ovarian malignancy is found.
THE LEADING THINKERS AT THE CUTTING EDGE OF VETERINARY MEDICINE.
ALL AT THE LONDON VET SHOW!

Covering the worlds of COMPANION, EQUINE, FARM and BUSINESS in one place over two jam-packed days.
The London Vet Show’s seven clinical streams of world-class CPD is programmed to enhance, develop and support your personal performance.

Book NOW for £239+VAT with code VP1
(BVA members pay £203 + VAT and BEVA members pay £215 + VAT)
Call: 02476 719 687
Or Email: lvs@closerstillmedia.com

Adrian Boswood
Carolin Gerdes
Celia Marr
Craig Griffin
Clinician
Animal Dermatology Group
Charly Pignon
Andy Torrance
Chris Pearce
Elizabeth Chan
Senior Lecturer in Veterinary Education
Royal Veterinary College
Josh Slater
Professor of Equine Clinical Studies
Royal Veterinary College
David Church
Duncan Tannahill
Holger Volk
Jill Maddison
Joanna Hedley
Nick Bexfield
Kim Morgan
International Coach Federation
Master Certified Coach, MA Coaching and Coaching Development, Managing Director
Barefoot Coaching Limited
Philip Ivens
James Barnett

Philip Ivens
Carolin Gerdes
Celia Marr
Adrian Boswood
Andy Torrance
Craig Griffin
Clinician
Animal Dermatology Group
Charly Pignon
Josh Slater
Professor of Equine Clinical Studies
Royal Veterinary College
David Church
Duncan Tannahill
Holger Volk
Jill Maddison
Joanna Hedley
Nick Bexfield
Kim Morgan
International Coach Federation
Master Certified Coach, MA Coaching and Coaching Development, Managing Director
Barefoot Coaching Limited
Philip Ivens
James Barnett

THE LEADING THINKERS AT THE CUTTING EDGE OF VETERINARY MEDICINE.
ALL AT THE LONDON VET SHOW!
Heart disease in cats: case studies (part 2) – arterial thromboembolism

A four-year-old, male neutered, Siamese cat was referred to the cardiology service following an acute hind limb paresis. The owners reported a sudden weakness of the hind limbs associated with vocalisation that occurred earlier that morning while going down the stairs in the house.

Physical examination
On presentation, the patient appeared sedated but responsive following administration of 0.2mg/kg methadone intramuscularly (IM) at the referring vet. Oral mucous membranes were pink and capillary refill time was less than two seconds.

There was a bilateral hind limb paresis and reflexes were reduced (consistent with lower motor neuron signs). The limbs felt cold and the paw pads’ colour was mildly cyanotic.

Femoral and peripheral pulses were absent. The patient was tachypnoeic with a respiratory rate of 56 breaths per minute, with normal respiratory effort. Pulmonary auscultation was unremarkable. The heart rate was 220 beats per minute with regular rhythm. Cardiac auscultation revealed obvious gallop sounds but no audible murmur. Rectal temperature was 37.5°C.

Problem list and differential diagnoses
- Hind limb paresis, pain, cold distal limbs, pale paw pads and absence of femoral pulses although hind limb paresis can be seen with various neurological conditions and the presentation can often mimic a road traffic accident (RTA) injury, a detailed physical examination in this case revealed the “5 Ps”:
  - Pain
  - Paresis
  - Pulselessness
  - Pneumothorax
  - Petechiae

Demonstration of these characteristic clinical findings is sufficient for the diagnosis of feline arterial thromboembolism (FATE) affecting the aorta (Volk, 2011). Aortic thromboembolism is predominantly secondary to feline cardiomyopathy; however, other underlying causes such as congenital heart disease, neoplastic emboli or a hypercoagulable state are also rarely reported (Laste, 1995; Smith, 2003).

Gallop sounds: gallop sounds are more specific for the presence of heart disease and are generally associated with diastolic dysfunction secondary to cardiomyopathy.

Tachypnoea: ischaemic injuries are associated with pain, especially during the initial 24 to 48 hours and tachypnoea is often the cause of the tachypnoea. However, between 44% to 66% of cats presented with FATE have a concurrent congestive heart failure (CHF) (Borger, 2014; Smith, 2003) and it is therefore vital to assess for the presence of CHF as additional treatment may be required.

Pulmonary auscultation is not sensitive enough to rule out the presence of CHF and therefore thoracic radiography is indicated, even in the absence of pulmonary crackles.

Tachyarrhythmia: several differentials for tachycardia exist. Physiological sinus tachycardia can occur due to pain, fear or excitement or may be related to increased sympathetic drive in cats with CHF. Concurrent hyperthyroidism is also an important differential for sinus tachycardia with suspected cardiomyopathy.

Tachyarrhythmia such as paroxysmal focal atrial tachycardia, atrial fibrillation or flutter and ventricular tachycardia can also be seen in cats presented with FATE. Although atrial fibrillation is typically a chaotic rhythm on auscultation, it may occasionally be difficult to differentiate this rhythm from sinus or other forms of tachycardia on the basis of auscultation alone, as it may sound surprisingly regular at very fast heart rates.

Initial approach and further diagnostic investigations
A rapid point-of-care echocardiographic assessment was performed, demonstrating an enlarged left atrium with spontaneous echo contrast (Figure 1). This finding supported the clinical suspicion of FATE, secondary to an underlying cardiac disease. Thoracic radiographs were obtained once the patient was deemed stable enough to tolerate this procedure. Dorsolateral and right lateral views showed an enlarged cardiac silhouette and normal to mildly enlarged pulmonary veins (Figure 2).

The pulmonary pattern appeared normal, indicating a well-compensated cardiac disease. ECG paper trace was recorded and was consistent with sinus tachycardia. The tachycardia was therefore believed to be secondary to pain and an additional 0.1mg/kg of methadone was given IV. Clopidogrel 18.75mg and aspirin 18.75mg were administered orally and the patient was hospitalised in a calm and quiet environment.

A comprehensive echocardiographic examination was performed later on the same day and revealed an advanced stage hypertrophic cardiomyopathy (HCM) with a moderate degree of systolic dysfunction. A thrombus was identified in the left auricular appendage (Figure 1).

Non-invasive systolic blood pressure was measured using Doppler sphygmomanometry from the right foreleg and was 110mmHg. In light of the reduced systolic function and slightly low blood pressure, pimobendan 0.25mg/kg orally every 12 hours was added to the treatment regime. For further information regarding treatment with pimobendane, readers are referred to the first case study published here in May 2017.

Biochemistry showed a 100-fold elevation of CK and 10-fold elevation of ALT, consistent with the ischaemic muscle injury. Renal parameters and electrolytes were within reference ranges. Thyroid function was not evaluated since hyperthyroidism is very uncommon in cats under the age of six (Stephens, 2014).

Management
The patient remained in hospital for 72 hours. Analgesia was adjusted based on serial pain assessments, commencing with methadone 0.1-0.3mg/kg every four to six hours for the first 24 hours and later substituted for buprenorphine 0.01-0.02mg/kg every six to eight hours. By the time of discharge, the patient was comfortable and no longer required analgesia.

During the time in hospital, renal parameters, electrolytes, serum calcium and acid-base status were closely monitored with repeated blood samples every eight to 12 hours in order to identify potential signs of reperfusion injury. No significant abnormalities were noted.

Early signs of improved perfusion were noted on day two, as indicated by improved (pinkier) colour of hind limb paw pads, increased warmth of distal limbs and evidence of arterial flow in the lateral plantar artery on Doppler interrogation. Improvement in motor function was seen on day three.

Following discussion with the cat’s owners, he was subsequently discharged despite having only regained a very limited use of the hind limbs, as the home was considered to provide a less stressful environment.

Outpatient treatment was prescribed with clopidogrel 18.75mg once-daily and aspirin 18.75mg every third day. Pimobendan was given as outlined above. The owners were asked to monitor the patient’s resting respiratory rates, and to assess hind limbs’ temperature and function.

It was made clear that the patient is dependent and would require nursing and help with toileting. Physiotherapy was recommended and passive movement exercises were demonstrated. A re-assessment appointment was scheduled for four days’ time.

Outcome
The patient regained motor function within seven days of presentation, although reduced hind limb reflexes were present at the re-assessment appointment, consistent with ischaemic nerve damage. No signs of reperfusion injury were noted at any point.

After initial re-assessment, the patient remained asymptomatic for a period of four months but subsequently developed signs of CHF, which was medically managed with
Investing in the future: introducing the super surgery

**ROOM AT THE TOP** and *The Longest Day* may sit rather uncomfortably together as a cinematic double bill, but the titles of those two Oscar winning 1960s films combine rather better to tell the story of the Milton Keynes Vets4Pets veterinary clinic.

The practice run by Vets4Pets joint venture partner Huw Morgan-Jones has undergone some dramatic changes over the past year or so, all aimed at providing a better service for pet owners in the fastest-growing city in the UK. They involve both an upward extension of the clinic’s working space and an expansion in the time that it is open for business.

Huw, a 1996 graduate of the Bristol veterinary school, has been at the practice since 2007, eight years after it opened within the Pets at Home store close by Milton Keynes Central station. Then owned by the Companion Care group, the surgery employed just two full-time veterinary surgeons.

Now the clinical team has grown to five full-time and two part-time vets, three qualified and two student veterinary nurses, one animal care assistant and five part-time receptionists.

Alison Sweeting, who joined the practice as a part-time receptionist just before Huw’s arrival, is now practice manager and is helped in her administrative duties by the owner’s other half, Steph Morgan-Jones.

Huw holds a Royal College certificate in small animal surgery and has always been keen to improve the quality of professional services provided at the clinic. That opportunity arrived when Vets4Pets selected the Milton Keynes surgery, together with those in Norwich and Romford, to become the first in the 438-site group to be designated “super surgeries”.

**What do they mean by super surgery?**

In essence, it means providing increased space and equipment and more space for the clients and their pets. The company helped Huw arrange funding for the investment needed to take a practice providing a good GP service up to a higher level.

Huw says he had autonomy to develop the practice in the way he wanted and to focus on any aspect of the surgery and any clinical discipline, but he saw it as an opportunity to offer a better general practice service, for which the first requirement was more breathing space.

A suggestion that the workload could be split between two separate sites was briefly considered before it was realised that a much simpler solution was to erect another floor on top of the existing premises. That was eminently feasible with the single storey nestling at the back of the cavernous Pets at Home warehouse.

Indeed, the clinical work continued for most of the project and only the absence of a ceiling on the operating theatre meant that for three weeks, surgical cases had to be sent to neighbouring Vets4Pets practices in Buckingham or Bletchley.

When the project was completed in December 2015, the number of operating theatres doubled to two and the number of consult rooms went up from two to six. Five of those rooms lie off the waiting area on the first floor where there are separate areas for cat- and dog-owning clients. The reception desk is reached either by a small flight of stairs or a lift, which is a legal requirement for any new public building.

Along with the prep area, kennels and one theatre, there is a sixth consult room on the ground floor. This is used for the occasional client or patient who is unable to climb the stairs or unwilling to travel in a lift.

The extra room is also used for those clients whose pets have died or been euthanised to spend some unhurried time alone with their thoughts. When they are ready to leave, they can be escorted out of the back of the building and don’t have to carry their animal through the shop area, if they are taking it away for a home burial, Huw points out.

**Significant investments**

Since the opening, Huw has also been able to make significant investments in diagnostic technology, bringing in new digital radiography, a dental x-ray system, a human hospital-quality ultrasound unit and additional rigid endoscopy equipment.

“We now have a 2.7mm diameter scope which is really versatile; it’s being used in arthroscopy, rhinoscopy and cystoscopy,” he says. “The other 4mm scope is also regularly used for laparoscopic procedures such as liver biopsies, lap spays and cryptorchid castrations.”

“I wouldn’t be without an endoscope now; it is so useful. I have trained in keyhole surgery and I’m helping to train one of my assistant vets, Matt Link, who has a strong interest in this area. The basic unit cost about £12,000, but when the kit is getting more use, it is easy to justify that investment.”

Huw accepts referrals from colleagues working in neighbouring Vets4Pets practices and has plans to increase the number of cases referred locally within the company.

“Of course, we also refer cases to the big tertiary referral centres in the south-east, but whenever possible I do like to treat our own patients. Not all our clients have insurance cover and it also saves them the emotional costs of travelling a long distance with their animal when it is already sick,” he says.

**Huw Morgan-Jones at work.**

**Commuter belt clientele**

The population of Milton Keynes has now grown to more than 260,000 and will continue to expand with a new development going up close by the surgery. But the city is very much part of the London commuter belt and a high proportion of its pet owners will be working away during the day.

“We often get calls from clients saying, ‘Sorry, I’m running late. I will have to cancel my appointment for this evening.’ That is no longer a problem for us. From May 2017, we have been open every weekday right up to 10pm with the last appointments available at 9.30pm,” says Alison.

“We are also open all day at the weekend – on Saturday from 8 to 6 and on Sunday from 10.30 to 4.30. So we are open whenever the store is open. There are a number of clinics in the group that are open 24 hours a day. That is something that we may consider in the long-term if it looks as though it would work.”

With weekday mornings starting at 8am, that is an awful lot of hours per week that need to be filled, she says. “But one of the helpful trends that we have been seeing over recent years has been the number of veterinary surgeons, both male and female, who want to do part-time work, which gives more flexibility for the rotas. At the moment, we have Sandra Martin and Louise Collins working part-time, while another surgeon, Delia Hewitt, who is off until October on maternity leave, will have the same flexible working opportunities when she returns,” Alison says.

“This makes it much less of a headache to fill the rotas and it is better for the client, as it means that their veterinary surgeon is fresh and rested rather than having to cover an extra shift when they have already been working all day on the previous day.”

**Practice manager Alison Sweeting.**

**Profile**

Vet 4Pets visits Vets4Pets’ clinic in Milton Keynes, which has received substantial investment to expand as the city around it grows too.
Talking techniques to cope with stress

THE 2017 VETERINARY EDUCATION FOR TOMORROW (VET) Festival celebrated a record turnout this year, opening its gates to over 1,400 delegates. The 36 speakers, chosen by Professor Noel Fitzpatrick, educated and enthused delegates in the themed tents for two days at Loseley Park, Guildford.

On Friday, the CPD tents were full to the brim with delegates all through the day, not just by people seeking refuge during the morning’s torrential rain.

Wellness was the theme for this third event and a whole stream was dedicated to the topic. Dr. Laura Woodward, a veterinary surgeon and therapeutic counsellor, attracted a large crowd to her talks on mindfulness, emotional intelligence and coping with stress in the veterinary workplace.

Dr Woodward opened by explaining the need for counselling in the veterinary profession – a profession where the suicide rate is four times that of the general public, and a high percentage of individuals often seriously consider quitting for good.

Mindfulness

Dr Woodward reiterated that we need to get rid of the “blame culture” and work more as a team; we need to be more open about the issues we face, and more support must be made available to veterinary professionals.

She highlighted the benefits of mindfulness, a stress-reducing exercise described by its father, Jon Kabat-Zinn, as “paying attention on purpose in the present moment, as if your life depends on it.” Mindfulness can be practised in several different ways to help you work more efficiently and save time in the long-term.

The first means is through formal meditation; for example, meditating for an hour, movement meditations (like yoga), or group exchanges. Dr. Woodward is more of an advocate for informal meditation. “Any activity can be mindful if you focus on it in a mindful way,” she said. Suggestions included playing mindful tennis, doing mindful poem-reading, or even trying your hand at mindful tooth-brushing. The point is that you take a few minutes out of your day to remove all work distractions and focus wholly on the activity at hand.

These shorter, simpler mindfulness exercises are more realistic for people in the veterinary profession; they can be performed in just a few minutes, or even achieved while undertaking necessary tasks like washing and cleaning. Mindfulness takes practice and staying focused even for five minutes is harder than you might think; Dr. Woodward suggests starting with shorter periods – a minute or two – and working your way up to longer, more regular mindful practice.

Emotional intelligence

Being emotionally intelligent in the workplace can help reduce feelings of stress and anxiety on a personal level as well as helping to maintain a relaxed work environment for those around you. Dr Woodward quoted the pioneering endocrinologist Hans Selye: “It’s not stress that kills us, it’s our reaction to it.” She described five key components to emotional intelligence:

1. Self-awareness – being aware of how you feel in a particular moment and knowing how you would feel in different situations; knowing your strengths and your limitations.
2. Self-regulation – controlling your emotions and not allowing yourself to be reactionary.
3. Motivation – thinking about what you can achieve from a situation and how you can achieve it.
4. Empathy – seeing things from another person’s perspective.
5. Social skills – tolerating your own weaknesses and those of other people; being compassionate, resilient, and actively listening to others.

CBT to cope

Dr. Woodward’s final talk focused on cognitive behavioural therapy (CBT) – another method to cope with stress in the workplace. This technique is about changing the way you view a situation so you can change the way you feel about it and react to it.

CBT isn’t about suppressing your feelings, Dr. Woodward says, but is about stopping you from “awfulising” them. Using CBT should help a person to put things in proportion; it can be used to rationalise anxieties and work to overcome them.

There are several steps to overcoming anxiety (like a fear of failure in performing a certain surgical procedure). Firstly, Dr. Woodward recommends disputing the irrational belief by “doing your homework” – in other words, looking to see how likely it really is that the bad situation you’re envisaging is going to be the outcome. It is also suggested that you change your language to put a positive spin on your thoughts (think “I will do it, but I’ll do it with a more experienced surgeon on call in case of any problems”).

Role play, Dr. Woodward says, is a great exercise for reducing anxiety; take yourself to a quiet place and work through the whole situation, from start to finish, in your head. Think about what you would do if the worse were to happen and make sure that when you enter the real situation, you have everything to hand to deal with it efficiently.

Perform shame-attacking exercises – know that you are not a terrible person and it’s OK to be cautious; the very fact that you’re thinking about these CBT methods means that you are being proactive and trying to tackle the issue. Again, think about your motivation – why do you want to overcome the anxiety? What benefits will you get from being able to perform that procedure confidently? Try to desensitise yourself to the situation – don’t just do it once, keep agreeing to do the activity you are anxious of, perhaps with somebody on hand to help.

Skills training and assertiveness training can also be beneficial. Dr Woodward recommends signing up to some relevant CPD to help you better understand the situation and strengthen your knowledge. Once you have successfully come through the situation, think that you can deal with it and you have overcome the anxieties. The more you practice these exercises, the more efficient you will be at tackling your ever-growing to-do list. Paradoxically, taking the time to not think about work will help you to function more efficiently and work through the list more swiftly, leading ultimately to a less stressful work day and a happier workplace.
**Manuka honey – is it still the bee’s knees?**

**AROUND 10 YEARS AGO** the Acticon range of medical-grade manuka honey was launched into the UK veterinary market to follow the success of many years of successful use in human wound management.

Since then, a range of other brands have joined them, all offering the antimicrobial and debridement properties that are a feature of honey. From honey-impregnated seaweed to ribbons, foam and gauze there is a dressing available for just about every kind of wound.

With many practices now accustomed to using manuka honey for wound management, it seems timely to review its applications and its role in veterinary practice.

**From wives’ tales to modern day**

Using honey for wounds is nothing new, with its properties extolled over many centuries as an aid to healing and decontamination. From modern day wound management, it seems timely to acknowledge its many uses and properties extolled over many centuries as an aid to healing and decontamination.

**Risk and reward**

Despite its potent and evidenced antimicrobial effect, even manuka honey is not immune to contamination by bacterial spores. Pasteurisation is ineffective at inhibiting spores of potentially pathogenic bacteria such as Clostridium botulinum.

**Benefits**

- May be used to aid debridement where surgical/anaesthetic risk presents.
- May be used to decontaminate alongside debridement (e.g. with wet to dry).
- May be used to aid removal of foreign body/debris.

**Warnings**

- Extensive wounds coupled with shock and high exudate (e.g. severe burns).

**Contraindications**

- Bleeding wounds.
- Healthy granulating wounds.
- Epithelialising wounds.

**Considerations**

Due to the osmotic action of honey, the exudate level in the wound will likely increase during use and an absorbent secondary dressing is required.

Use of a barrier cream such as Cavilon (3M) around the wound will help to prevent excoriation to the surrounding skin if exudate levels are high.

Manuka honey can be used in wounds with post-surgical dehiscence although it should be considered that dissolvable sutures may break down more rapidly as a result. It is a decision for the clinician based on each wound they are facing and the role the sutures play.

If the sutures are achieving little but a foreign body effect, it may be better to remove them and explore what is going on beneath and any application of manuka honey can have maximum contact with the wound bed.

**Presentations**

- Tube: for application into cavities and abscesses.
- Dressings: presentations include gauze, alginite sheets and ribbon, hydrocolloid, and impregnated polyurethane foam.

**Some DIY tips**

Most brands of manuka honey can be diluted by up to 50% while maintaining an antimicrobial effect. This means continued on page 28

---

**Components of honey**

<table>
<thead>
<tr>
<th>Derived from</th>
<th>Process</th>
<th>Action in the wound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugars</td>
<td>Nectar</td>
<td>Bees collect nectar and pass from bee to bee to reach the comb. As the bees pass on the nectar, each will absorb moisture for hydration and the nectar solution becomes concentrated. When placed in the comb, bees will “fan” the area with their wings to achieve further evaporation of moisture. A standard honey will become around 84% sugar.</td>
</tr>
<tr>
<td>Enzymes</td>
<td>Bees</td>
<td>The bees will carry the nectar back to the hive in one of two stomachs. As they do, they pass on glucose oxidase to the solution. As they pass the honey from bee to bee, glucose oxidase concentration increases and functions as an “antimicrobial-in-waiting” to protect the honey from bacterial proliferation while stored in the hive.</td>
</tr>
<tr>
<td>pH</td>
<td>Amino and organic acids</td>
<td>The pH of honey can range from 3.4 to 6.1 depending upon its components and the source of nectar. Gluconic acid is released during the breakdown of glucose by glucose oxidase.</td>
</tr>
</tbody>
</table>

**The “Manuka” Factor**

- **Plant phytochemicals derived from the manuka bush (Leptospermum scoparium)**

| Nectar will hold many plant chemicals alongside sugars. Methylglyoxal isolated from manuka honey has been identified as a key component which gives manuka honey its exceptional antimicrobial profile. | Honey containing methylglyoxal maintains an antimicrobial effect under greater dilution than standard honey independent of the action of glucose oxidase. This is referred to as a non-peroxide activity (NPA). |

---

**Georgie Hollis**, BSc, MVWHA, qualified as a podiatrist in Edinburgh in 1997 and is now an independent specialist in wound management and dressing technologies. In 2006 she decided to work independently to help bridge the gap between human advances and potential veterinary applications in wound technologies; now, under the heading of “Intelligent Wound Care”, she lectures nationally on the subject. Georgie founded the Veterinary Wound Library (www.vetwoundlibrary.com) in 2008 to offer an independent platform for both veterinary surgeons and nurses to access expert help for challenging wounds as well as free dressings which can be used in return for a shared case study. Her aim is to develop a resource that supports clinicians while enabling them to access the very latest in modern wound technologies.
J.A.K Marketing, MPS and Advancis Veterinary are proud sponsors of the Intelligent Wound Library and the Bandaging Angels.

We’ve got wounds covered!

Advazorb®
Hydrophilic foam dressings with excellent fluid handling properties.
- Bacteria proof backing.
- Soft and conformable.

Eclypse®
Super absorbent dressing range designed to absorb fluid, reduce potential leaks and reduce risk of maceration.

Algivon® Dressing Range
100% Medical Grade Manuka honey - nature’s own wound healing agent.
Algivon® Plus provides slow release of honey.
Algivon® Plus Ribbon is anatomically shaped.
- Can be cut to the shape of the wound.
- Osmotic effect.

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
there are some additional ways it can be used for specific wounds.

- Manuka honey solution – medical-grade manuka honey squeezed into a syringe with up to 50% warm saline added and shaken to make a solution. This solution can be used to flush into pockering wounds or beneath areas of dehiscence, or to moisten gauze intended for wet-to-dry application giving a level of antimicrobial and osmotic action.
- Manuka honey gel – medical-grade manuka honey can be mixed up to 50:50 with a hydrogel to create an osmotic gel. This may be particularly helpful for cases of burns or where tissue loss is extensive.

**Wear time**

Manuka honey dressings can be left on a wound for around five days, assuming there is honey still available on a wound for around five days, to which point a healthy granulation bed is achieved. If there is honey left on the dressing on removal, you may have gone a little too long.

Examples:

- Small animal: antimicrobial, for foreign body removal.
- Equine: hoof abcess, and autolytic debridement of wounds.
- Farm: even goats, cows and sheep!

**Secondary dressings**

- Tie-over dressings.
- Foam.
- Superabsorbent dressings.
- Medical pet shirts.

**Why not use it for everything?**

Wound healing is a cycle that is optimised through the phases of healing firstly by aiding debridement during the inflammatory phase (days one to four) and then by maintaining a moist environment to support angiogenesis and fibroplasia that will fill the deficit and enable wound contraction (day four onwards).

The high-sugar, low pH environment provided by honey will have a negative impact on fibroblast activity and may contribute to the formation of exuberant granulation.

This certainly seems to be the case anecdotally. Once honey has helped to achieve the aims of debridement, it is ideally replaced with a hydrogel that is more sympathetic to the proliferative phase.

**Conclusion**

The benefits of manuka honey may appear to be miraculous, but it is simply that it does its job of aiding debridement and decontamination very well indeed.

As a tool, and not a cure-all, it offers the clinician a way of achieving a less aggressive form of debridement than wet-to-dry or surgical techniques albeit over a longer time frame.

---

**Flat-faced dogs ‘have highest risk when giving birth’**

THE RCVS’s VetCompass research project has revealed that flat-faced brachycephalic dogs are the most likely breed types to encounter problems when giving birth.

VetCompass collects anonymised clinical information on over six million companion animals under veterinary care in the UK. This paper is the latest of over 25 VetCompass studies published so far and was a collaboration with clinicians from the Vets Now nationwide network of emergency veterinary clinics.

The study investigated bitches presented with difficulty giving birth from among almost 20,000 bitches attending 50 Vets Now surgeries. Researchers found that out of 20,000 bitches receiving emergency veterinary care, 3.7% of these were treated because of difficulties encountered giving birth.

The most commonly affected breeds were the French Bulldog (15.9 times more likely), Boston Terrier (12.9 times more likely), Chihuahua (10.4 times more likely) and Pug (11.3 times more likely).

---

**Comprehensive Wound Management Products**

Pioneer offers dressings and support to match the wound’s stage of healing.

---

Call today to claim your FREE Wound Management Chart

T. 01304 831 831 E. sales@pioneervet.co.uk www.pioneervet.co.uk
REMAINING OPTIMISTIC ABOUT WEIGHT MANAGEMENT

As in human populations, obesity is increasingly prevalent in our pet animals. Even though veterinarians are aware of the health consequences, it has been shown that they may not communicate enough about the pet’s weight status with its owner.1

In order to successfully recommend a weight reduction programme, it is important that a practice protocol is designed for every staff member in the practice to understand and follow.

This includes how to recognise and discuss obesity with owners, how to make a referral from the veterinarian to the nurse clinic, how to make the appointment and how the nurse clinic is conducted.

Recognising obesity

It is essential that the veterinarian and owner both recognise the animal is overweight. Body weight and nine-point body condition scores (BCS) are simple to perform and a useful tool to assess the animal’s health assessment, a point body condition scores (BCS) are used to

Simply asking them questions such as “how easily can you feel the pet’s ribs?” and “how obvious can you feel the tuck under the abdomen?” – can help an owner to understand and accept if their pet is ideal, overweight or obese.

Once agreed on a BCS and when the owner accepts their pet is overweight, a referral to the nurse clinic can be made.

This can be done by walking an owner to reception and advising an appointment is made or a code on a computer that the receptionist recognises and makes the appointment.

Support and understanding from the entire practice team is vital to help an owner understand about the upcoming appointment with the nurse; support materials may be offered at this point.

From making such a positive difference comes strong client loyalty and trust, and encourages a bond that leads to more frequent and regular visits to the practice.

Weight management strategies usually require the owner to make fundamental changes in their pet’s lifestyle, including controlling feeding practices, requiring support from the nurse.

It is important that nurses are given the time and space to offer this gold standard advice and support and this usually requires an initial appointment time of 30 minutes.

Nutrition changes

In recommending a weight reduction programme, it is important to understand that calorie-restricted diets are necessary as part of the treatment. Owner compliance can be improved by recommending a weight management diet that is specifically formulated to induce safe weight loss by decreasing calories and which contains all the nutrients a patient needs.2,3 Simply reducing the amount of food a pet is currently fed can lead to an imbalance of nutrients and hunger which could result in deficiencies, health issues and non-compliance.

Weight loss in obese dogs generally involves feeding a purpose-formulated diet over a long period of time, but the cost of starting a purpose-formulated diet may deter some owners from starting a weight management programme.

One study looked at the average daily cost of the diet fed prior to weight loss, including the main meal and extras (treats, table scraps, etc.) compared with feeding Royal Canin’s Satiety. This study demonstrated that, on average, this weight management diet is cost-neutral. This information is of great interest to help veterinarians to reassure owners before starting a weight loss programme.

It is essential the practice maintains a consistent approach and everybody works as a team to achieve success.

References


Shelley Holden, RVN, CertSAN, is an advanced pet health counsellor. She completed the BVNA Certificate in Companion Animal Behaviour and in 2009 gained her Certificate in Small Animal Nutrition. Shelley moved to the University of Liverpool as the clinic nurse for the Royal Canin Weight Management Referral Clinic in 2004 and in 2014 joined the company as a specialist adviser for the Weight Management Team. As part of this role, she continues to educate and support veterinary practices and raise public awareness of animal obesity.

New president for BVA Welsh Branch

THE BVA Welsh Branch elected Sarah Carr as its new president at its AGM, held at Cardiff City Hall on 13th June.

After graduating from Liverpool Veterinary School in 2004, Sarah went on to spend some time as a locum vet in her native Somerset before heading out to Morocco to volunteer for a charity that works with donkeys and mules. Once back in the UK, she joined a rural mixed veterinary practice in Monmouthshire, where she gained experience in farm animal practice, before moving to Abbey Equine Clinic in 2009 to further develop her skills as an equine vet. Sarah also has a particular interest in modern equine dentistry and in 2014 passed her BEVA/BVDA exams.

Outside of work, Sarah runs her own flock of crossbred commercial ewes, which keeps her in touch with the agricultural sector in Wales.

Sarah has represented the BEVA on the BVA’s Welsh Branch Committees and has been an active member of the BVA’s Young Vet Network, organising social events and CPD for members. She succeeds Neil Paton and will serve a two-year term.

Coincidentally, the appointment sees four female BVA presidents across the UK for the first time.
Why vets we meet choose DR over CR for their dental radiographs

OVER MANY YEARS OF OFFERING both CR and DR in veterinary dental treatment, the vets we are associated with invariably choose the DR dental radiography system. We visit, demonstrate and train with both DR and CR systems on live animals in dental procedures and have found it is very rare for a vet to prefer the CR system. Why is this?

Admittedly the financial outlay is somewhat higher with some manufacturers of CR, but we believe it is the speed of the CR system.

Looking at the workflow, the CR system has approximately 10 steps and can take up to 20 minutes. The DR system has approximately seven steps and in experienced hands a total examination can be completed in just three to five minutes.

With a CR dental system, the process is as follows:

1. Prepare the flexible imaging plates by placing each plate in a single-use clear sleeve.

2. Be careful that you are not allowing blood/fur/dust to enter the CR scanner. Unlike large CR scanners for general full body radiography, dental plates are removed from their protective covering. Make sure you have plenty of gloves and wipes to hand.

3. Feed each plate into the scanner one by one. Each one will take 20 to 32 seconds before the image appears on screen, depending on resolution. So several plates could take several minutes just to feed plates through and see on the monitor. This time does not include the time taken to position and take the images.

4. If your angles are incorrect and you did not capture the area of interest, it is difficult to ascertain where the plate was in the animal’s mouth – in which case another attempt is necessary.

5. The plates must be clean, ready to use for the next animal and you must make sure you have plenty of consumable sleeves. Be careful when handling the plates as they can scratch and will deteriorate over time (from our experience, approximately a year).

6. Some vets like the idea that plates are flexible, but bent plates mean distorted images and all manufacturers have “do not bend” warnings in their literature.

7. If is difficult to ascertain where the plate was in the animal’s mouth – in which case another attempt is necessary.

8. The plates must be clean, ready to use for the next animal and you must make sure you have plenty of consumable sleeves. Be careful when handling the plates as they can scratch and will deteriorate over time (from our experience, approximately a year).

9. Some vets like the idea that plates are flexible, but bent plates mean distorted images and all manufacturers have “do not bend” warnings in their literature.

The DR dental system process is far simpler:

1. Place the DR sensor in a plastic sheath that you can use for as many images as you need to on that patient.

2. Position the animal in lateral recumbency. Radiograph the maxilla and mandible, then turn the patient to repeat the process on the other side.

3. Position your x-ray generator in a bisection angle technique (this is simple and we can show you how) to take a view of the incisors and fire. Four seconds later, your image will be on the monitor with no manual processing required. The software does everything.

Just three minutes
By following the details listed above you can capture 10 images on a cat, for example, start to finish in three minutes.

If you should miss the region you were trying to capture, the DR sensor is still in situ and the x-ray generator – whether wall-mounted, trolley or Nomad handheld – has not moved so you can adjust slightly and fire again.

Because you are using a DR sensor, you will never see a scratch or “feathering” on the image as you will over time with CR plates. Once you see an image on the monitor, four seconds after firing, the sensor is immediately ready to take the next image.

The particular DR system that we supply is the Fona Stellaris/Schick system. The sensor has two years’ warranty and is supplied with a spare, user-changeable sensor cable.

The perception can be that DR is expensive if it fails, but actually the Fona/Schick system is extremely robust and you are unlikely to need to change a cable for many years; in any case, you have a spare cable supplied with the system and could buy another if ever required.

Full body CR scanners don’t work for dental
We are often called in by vet practices who have CR dental plates included with their general full body CR scanners and they tell us that because of the time wasted fiddling around with plates and envelopes, the slow, laborious work flow and the frustration of re-takes, these are rarely used and they are interested in dental DR – often having been recommended our Fona Stellaris/Schick system by colleagues who already use it.

DR is fast and convenient
Vets always comment on how quick and easy the DR system is to use and invariably that is what they purchase – even though we do also promote and demonstrate quality dental CR systems.

If I was a vet, I would use CR for my large images and I would definitely use DR for my dental images. As the well-known Specialist Martha Cannon states: “I have a specialist cat clinic and although smaller sizes were available for purchase, I chose the Fona Stellaris/Schick DR size 2 sensor, which is perfect for our dental radiographs. I have been using the system for three years and it is excellent for taking feline dental radiographs quickly, diagnosing effectively and communicating with owners.”

Matthew Oxford of New Forest Veterinary Dental Service Ltd has been using the Fona Stellaris DR system for many years. “Image quality, speed and simplicity are important in my work and the Fona Stellaris/Schick system is superb in my opinion,” he says.

“The software is simple to use and the support from Clark Dental has been excellent.”

The financials
A Clark Dental veterinary imaging specialist can visit to demonstrate both DR and CR systems and then we install, train and support our customers. It is very simple for the equipment to pay for itself as customers typically charge between £50 and £70 for a set of dental radiographs.

The Fona Stellaris/Schick dental DR system, purchased with the Nomad handheld x-ray – the perfect partner to get the dental angles that you need (as well as taking radiographs in theatre and more) – costs around £50 per week total on finance over five years, so you can see that one paying customer per week covers the cost of the equipment.

Add an opt-out clause on the consent form and you will find the majority of owners accept the extra cost for radiographs as you explain to them that without quality digital dental radiographs you are, in effect, working blind.

Resorption is common in cats. Being able to see if the periodontal ligament is clearly visible or not before considering extraction minimises wasted time and avoids unnecessary trauma.

RAINE LEARY of Clark Dental explains why you are working blind if you don’t take quality digital radiographs of your patients

The Fona Stellaris size 2 sensor – perfect for fast, simple dental radiographs. Below – the sensor attaches to the USB port of a PC or laptop.
Nomad Pro 2
The hand held x-ray that provides a simple solution for achieving clear dental radiographs.

- Reduce procedural times and patient discomfort while maintaining a sterile environment with this convenient cordless x-ray.
- No more waiting for the x-ray room to become available! You can take x-rays wherever the patient is located. Every table is now potentially an x-ray exam table.
- This small and compact handheld unit needs no installation, no wall mounting, no custom cabinetry, no custom electrical, no rolling tripods, and no special rooms or remodeling.
- The NOMAD Pro Veterinary handheld x-ray works right out of the box. Just charge the battery, point and take the x-ray!

Call Clark Dental on 01270 613750
or email: sales@clarkdentalsales.co.uk
www.clarkdentalveterinary.co.uk
You can also follow us on Facebook & Twitter
Brexit and the veterinary profession

MANY PEOPLE WILL NOW HAVE READ the comprehensive report from the BVA containing 54 pages of Brexit assessment.

The list of contributors is impressive and the content of the eight sections (veterinary workforce, animal health, animal welfare, food hygiene and safety, veterinary medicines, research and development, trade, devolution and Northern Ireland) provides much to consider.

The basic thrust is that future standards should at least be the equivalent of current EU standards and that any public money that is used to replace existing support from the EU Common Agricultural Policy should at least encompass animal welfare, disease surveillance, biodiversity and environmental stewardship.

The report highlights strengths and weaknesses with current activities and arrangements. For example, the future role of EU-qualified veterinary surgeons to maintain current veterinary activity will require veterinary surgeons to be added to the “shortage occupation list” or its equivalent. The need for maintaining the availability of trained veterinary nurses from the EU is also sought.

The aim of the recommendations is for the current volume of veterinary surgeons, carrying out various functions, to be maintained beyond Brexit. The question immediately arises: what is the alternative?

There are non-EU and non-UK registrations each year. If continuation of working arrangements for EU citizens were abandoned, then presumably veterinary surgeons and nurses from other parts of the world would be offered the opportunities currently enjoyed by the EU intake. Or, and this is not considered in the report, veterinary roles would be re-assessed and carried out by para-professionals.

There could be an opportunity here to really understand the current roles of the profession. The report highlights the need to review veterinary roles in food hygiene and public health and to make these roles more attractive to UK graduates.

A practical solution

The current high standards of veterinary education and the expectations of UK graduates would appear to indicate that a shrinkage of vets and an increase in para-professionals would offer a practical solution. Within large animal practice the role of the trained para-vet, under veterinary supervision, appears to work well for the benefit of farmer clients and the application of veterinary skills where they are most effective.

The trend of working more and more with healthy animals and improvement programmes, rather than sick beasts, is giving better veterinary job satisfaction. Consultation and review of the veterinary role is called for in the report. It may be that it is necessary to change the expectations of graduates to match the work or change the work to meet the expectations of graduates.

Disease transference

There are major issues with transference of disease from outside the UK. Outbreaks of infection linked to migrating birds and insects are examples of threats shared with Europe. It is clearly sensible to maintain and enhance information alert sharing and the disease control behaviour by linked countries.

In addition to maintaining surveillance and health standards, the report identifies the need to enhance UK disease prevention and highlights tick and tapeworm treatments for travelling pets and equine microchipping.

UK-wide controls require a veterinary input linked to partnership working between industry and government, particularly relating to endemic diseases and animal health challenges. This would appear to require existing EU guidance to be moulded and enhanced to incorporate specific UK risks and threats. Clearly the early recognition of legislation would benefit trade negotiations.

Strong standards

Animal welfare standards are seen as a strength for the UK and high standards are seen as a major selling point for UK production. The report indicates that imported goods are expected to be clearly labelled with equivalent welfare standards. This will be a very difficult area if overseas goods are imported from countries and producers applying lower animal welfare practices.

Veterinary surgeon input into on-farm production standards in the UK is variable between species and within species. Although it is absolutely right to insist on high standards, there are many gaps between intention and delivery.

The assertion that higher standards relate to higher profits is difficult to accurately quantify despite the many surveys of the top quartile compared to the bottom. Many producers still equate high veterinary fees with reduced margins.

If the BVA recommendations on UK animal welfare are to be realised then considerable work is needed to collate best practice. An annual veterinary visit in order to maintain the supply of prescription medicines and a visit from a Red Tractor assessor does not guarantee high welfare standards, but it is a start.

UK veterinary surgeons have considerable experience of food safety and hygiene leading to food scares, with direct impacts on producers.

Encouraging veterinary careers in food issues is seen as important, together with making sure that any future legislative framework is based on risk.

Looking at the veterinary medicine section of the report, the UK government is expected to maintain the current regulations so that UK registered products can be sold in Europe and EU-manufactured products made available in the UK. Issues arising from the use of medicines are to be tackled regardless of borders and antimicrobial resistance is highlighted as one area of veterinary action.

It does seem that the need for veterinary prescription is enhanced and the UK can set a standard over and above that of other countries. New product research and development of veterinary medicines in the UK, for sale worldwide, is identified as an attractive opportunity. Ongoing funding for collaborative veterinary research and development with EU institutions is requested, with an identified need to attract talent from outside the UK.

Veterinary certification is seen as an important part of future international risk-based trading. It is seen that the application of standards is best done at the place of production rather than at a border.

A single standard would replace multiple standards, which lead to confusion and avoidance.

Understanding the requirements and issuing certificates is a headache for many in practice and a single source of advice would be welcomed.

The report does not mention standards applied by produce purchasers and retailers; this requires a mirroring of production standards between the commercial and the legislative would be of benefit in the field. If the production environment within the UK has to be considered alone, then there are enough specialist practical veterinary surgeons able to advise and make a real difference to future rules and regulations.

Regardless of independence issues, it is seen as important that animal welfare applies throughout the four administrations of the UK. Additionally, it is intended that the production of veterinary services and trade across existing and future borders would not be disrupted after Brexit.

On page 12 of the report, the main areas for veterinary employment in the UK are listed as clinical practice 75.5%, academia/research 8.0%, government/policy 6.2%, industry 4.1% and charity 2.8%. It will be interesting to see how this structure changes.

There is a phrase within the report that many will feel should be an overarching principle of post-Brexit planning and something to look forward to: “minimising complexity and cost”.

The report, Brexit and the veterinary profession, can be downloaded from the BVA website.

Veterinary hospital expands team

NORTHWEST Veterinary Specialists has appointed three specialists to join the expanding teams at the Cheshire-based specialist referral centre.

Nick Macdonald and Turlough O’Neill have joined the orthopaedic specialist team, while Perrine Bennmansour has joined the anaesthetic and pain management team to support major expansion of the services being offered.

The referral centre has recently undergone significant expansion; these appointments continue the “major investment” into the veterinary hospital’s facilities and people.

Liz Cousins, hospital manager at Northwest Veterinary Specialists, comments: “It’s brilliant to be able to attract Nick, Turlough and Perrine, who have all achieved a wealth of clinical experience in the UK and internationally.

“Nick and Turlough are both particularly interested in arthroscopy and how technology is used for orthopaedic treatment, while Perrine has particular interests in cardiovascular physiology, pain management and workflow efficiency.”
A spring in the step for wild animals

AS ANOTHER SERIES of Springwatch draws to an end, it is fitting to reflect on how a programme that features wild animals and birds going about their mainly “routine” business can command prime time viewing on a mainstream channel – and for four nights in a row in three consecutive weeks.

The conclusion must be that there are a huge number of people out there who are genuinely interested in UK wildlife and are almost certainly keen to conserve it. That thought is of huge comfort to me and gives me real hope for the future of Britain’s diverse flora and fauna, if not for that of the world as a whole.

One of the things I like about the way Springwatch has evolved over the years is that it is increasingly banning the drum for active measures to support UK wildlife rather than just putting it on our screens. It seeks to explain some of the harsh realities of natural selection and pulls no punches on the effect that man is having on the environment for both good and bad.

Much of that push for telling it how it must be accredited to the forthright presentation of one of its lead presenters, Chris Packham. And while his style is probably not to everyone’s taste, his enthusiasm for and his knowledge of his subject is both impressive and infectious.

Earlier this week he drew attention to the fact that the number of birds in Britain has declined by 44 million individuals since 1970. That decline has affected seabirds, woodland birds and most significantly of all, farmland birds, which have dropped in number by an astonishing 51%.

Species like the linnet (down 57%); the corncrake (down 90%); and the yellowhammer (down 55%). Much of this decline is blamed on the intensification of agriculture and the switch from spring-sown to autumn- and winter-sown cereal crops. It is not all bad news, however.

This year’s Springwatch has been based on an estate in the Cotswolds where some of the farmers have taken advantage of the Countryside Stewardship Schemes on offer. They have already seen an increase in the number of some of the birds mentioned above, which demonstrates that it is not too late to reverse the situation if the right action is taken.

Mustelid movements

For me, one of the highlights of the camera footage shown was of the young stoats playing in that way that only young mustelids can: movements that simply flow like quicksilver with beady black eyes full of mischief and life.

It is many years since I’ve seen a stoat near where I live, but I remember it well. I was out with my kids close to our house when we heard a rabbit squelching and soon located it to find a stoat solidly attached to the nape of its neck. As we watched, the stoat became aware of our presence and dropped the now lifeless form before sprinting to the shelter of a nearby rabbit hole.

Within minutes though it re-appeared at the burrow entrance, allowing me to take some pictures, before it raced to the carcass of the rabbit and, taking firm hold, dragged it back to the burrow and down out of sight.

Catching sight of any wild mustelid is a real thrill, let it be glimpsed dash of a weasel crossing a busy road or the more dramatic account described above. Knowing that such animals continue to exist despite the pressures put on them by our own activities helps demonstrate what could really be achieved if just a little more thought and effort was given over to preserving them and their habitats.

Our conservation correspondent looks at how the BBC’s Springwatch is helping to enhance awareness of the wild

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

“...is how you said last year (oh no! It’s him! Him! What’s-His-Face glasses off his face and into his hair into Susie and suddenly swipes the knife...”

Susie should have known better than to pop to the shops at this time of day. The High Street is crawling with clients. They’re practically breeding before her eyes.

As she spots Who’s-Her-Name from Last Week’s Surgery From Hell with the Dog that Died in Recovery, Susie dives into Tight-Nots (surely a wool shop at midday represents a safe haven from clients, the elderly cat-eating-compulsive-knitting-fraternity being safely tucked up for their post-dinner naps?) only to spy Mr I-Never-Pay-My-Bill On-Time buying three balls of Rainbow-In-Lite (what for? So he can stitch up Larry the Lurcher’s next wire)

Susie scuttles from the wool shop and trains her eyes on her lunchtime goal: Beany’s Burgers – they do the best burgers in the world and Susie is already fantasising about their mainly “routine” business

“Kiss My Buns. Pretending she’s invisible, Susie bulldozes her way through the ambling shoppers who’ve clearly never been acquainted with the gastronomic urgency spawned from a five-minute-lunchbreak-while-on-call.

“Ah, Susie the vet!” A giant hand descends on her shoulder and grips her assailant’s face: the man’s eyes are hidden behind mirror glasses in whose lenses Susie’s own alarmed reaction dances with a sort of Save-Me-Who-the-Hell-Are-You look.

“I’ve got one thing to say about that burger, and quite frankly, even What’s-It-A-Noma no longer.”

Susie nods. Fatal error.

But Mirror-Lenses hasn’t finished yet. The giant fingers knead Susie’s shoulder, and Susie is aware that the passing crowds, ebbing from the current of Mirror-Lenses’ voice as they are, are also wagging their ears as they pass.

“Yes, right, great, vomiting,” Susie says. Can she picture the burger – possibly the last of its kind on offer that day – being bought at that precise moment by one of the ambling shoppers. “I really must go.”

But Mirror-Lenses hasn’t finished yet. The giant fingers knead Susie’s delitoid with brutal intent.

“Of course, what I’ll never understand...” Mirror-Lenses leans into Susie and suddenly sweeps the glasses off his face and into his hair (oh no! It’s him! Him! What’s-His-Face with the What-Not-Dog that’s almost but not quite dead with What’s-It-A-Noma) “...is how you said last year that Barney had weeks if not days to live, and he’s still going strong.”

By now No-Longer-Mirror-Lenses with the What-Not-Dog that’s almost but not quite dead with What’s-It-A-Noma is shouting. “Barney went on to live, and he’s still going strong.”

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.
Groups of 15; below – groups of five.

and moving on to service groups of up to 40 animals. This larger group stays together until calving and lactation.

Initially there were still pneumonia cases later in the production chain but, as the baby individually managed calves moved on, the incidence fell until two years later the herd use of antibiotics for pneumonia had fallen dramatically. One set of figures, following groups throughout, shows a fall of 80% in antibiotic treatments.

With pneumonia no longer a problem, the farmer extended the weaning period for an extra two weeks. Individually fed, with £20 extra milk powder, the larger calves then moved to a group of five and then into the established system. The target weight for servicing is 360 to 380 kilos bodyweight.

Heifers that received the extra duration of milk were served at 10/11 months of age and considered to be leaner and fitter. The younger weaned calves used to achieve service weight later and were at risk from being too fat. Furthermore, the heifers served earlier and calved earlier had better first lactation yields and a better conception rate to service for the second lactation. In parallel, the bull calves were reared in hutches in groups of five from the outset. Pneumonia in these animals also fell dramatically, but these calves suffer more from scour. “If one gets it, they all get it” is the observation of the farmer.

Individual management

Consideration is being given to introducing individual calf management for all calves. One of the issues with the groups of five is that there is competition between the calves for food and weak or unhealthy calves can be badly disadvantaged. The bigger and stronger the calf, the less likely this happens and so the extra milk fed to the heifer calves also allows them to compete better when mixed. All calves benefit from a strict colostrum management and pasteurisation system. Quite a success story until along comes the farm inspector. She recognises that, while recording ear tag numbers, not a single calf was heard to cough. The management of the feed, colostrum and condition of the animals was very good and the reduction of antibiotic use complies with the general approach to antimicrobial resistance targets; but she notes that calves were in individual

The rules state: No calf may be confined in an individual stall or pen after the age of eight weeks unless a veterinary surgeon certifies that its health or behaviour requires it to be isolated in order to receive treatment. The farmer was fined 1% of the Single Farm Payment for the year and warned that it could be 5% with a repeat infringement. There is an additional rule that is relevant: Individual stalls or pens for calves (except for those isolating sick animals) must have perforated walls which allow calves to have direct visual and tactile contact.

The two rules have been law in England since 2007 and are included in: The Welfare of Farmed Animals Regulations; the DEFRA guidelines for cross-compliance 2017; the Red Tractor Assurance for Dairy Farms; the AHDB Dairy Best Practice Guide; and the RSPCA welfare standards for dairy cattle.

The farmer is forced to abandon the extra two weeks of milk feed and forego the early servicing and health benefits that are attributed to that detail of individual calf management. Disadvantaged calves within the groups of five are likely to require careful attention so that each calf receives the desired level of feeding.

It is of concern that the incidence of scour will rise through cross-infection. Also of concern is the need to allow young, pre-weaned calves to be able to touch one another.

Compliance issues

Speaking to the people who manufacture and supply hutches, the problems of compliance issues are well-known. A partial solution is to place two individual hutches together side by side, with adjacent pens linked with tie wraps, to comply with socialisation rules.

When the calves are grouped, the hutches and pens need to be easily dismantled, cleansed and made ready for the next calves. At busy calving periods, the removal of bedding and cleansing is seen as an essential part of disease control. There are differences between manufacturers that allow individual feeding within the hutch as well as in the pen and there are issues of ventilation and sunlight protection.

The hutch system is well-used in the USA where, it is understood, there is no eight-week rule and individual calf management up to 15 weeks of age is being applied on some farms. It seems that justification is required for the eight-week rule. Is there some science that indicates the need for such a restriction?

The hutch system is well-used in the USA.

It would be interesting to know whether there is hard information on the impact of individual calf management hutches and the incidence of pneumonia and other diseases. With the demand for increasing levels of recording, it may be that veterinary practices are able to comment authoritatively from their experiences.

Dr Nick Bell (BOS International Ltd) is concerned about the issue of conflict between disease control best practice and existing legislation and would welcome observations. E-mail herdhealth@gmail.com.
As a number of our early studies into the limits of human perception of lameness showed, you might be surprised how difficult it is to detect small movement asymmetries with the untrained eye, and how much goes into the mechanics of horse movements that we can barely see.

Considering my academic background in computer science, it was a natural next step to bring technology to bear where the eye fails. We sought to scientifically investigate the biomechanics of movement of healthy and lame horses, to better understand the underlying mechanisms in every movement.

Using six degrees of freedom inertia sensors (that detect movement on all three axes) as well as more classic 3D motion cameras, and even the sensors found in mobile phones, we have been able to construct the most precise analysis yet of the interactions between different anatomical parts in lame horses, ranging from almost imperceptible asymmetries to extreme limps.

More recently, a collaboration with like-minded researchers at the Swedish University of Agricultural Sciences in Uppsala has allowed us to significantly increase the sample sizes of some of our studies.

Recently-published research into lameness in sport horses has suggested that many racehorse owners do not consider their horses lame despite experts being able to spot, by eye, movement deficits that are consistent with lameness.

Fuelled by this observation, we have set about providing measurable evidence about movement asymmetry parameters in “normal” horses — so horse owners can compare movements to what they “should” be.

This, we believe, is an essential step towards evidence-based assessment of movement deficits in horses and has formed the basis of other studies at other research facilities relating to diagnostics and treatment of lameness, such as a study quantifying the effect of administering non-steroidal anti-inflammatory drugs. We have also conducted studies into methods that might allow horse owners to improve their lameness detection skills, and have found that a simple video-based approach can help.

Removing the bias

A crucial element of our research in these areas is to remove the bias inherent in human decision-making. By putting into numbers what can be observed by the naked eye, we aim to remove the subjective element that can lead to disagreement between experts as well as giving tools to those who are not experts.

But the effects of our research can go so much further than that. It can provide essential progress towards evidence-based decision-making — helping clinicians to diagnose and treat lameness effectively by isolating specific causes and effects.

Observing phenomena

During a lameness examination, we observe lots of phenomena in horse movement — head nod, hip hike, movements of the withers, length of stride, etc. — all of different magnitudes and intensities, and all affected by the horse’s pain. It is clear that people struggle with conscious optimal decision-making when faced with so many parameters.

Increasingly, we are conducting research using technical aids and keeping parameters limited in number, to work out the exact impact of certain clinical interventions (e.g. numbing the pain — known as diagnostic analgesia) on a limited number of parameters (e.g. quantifying head nod and hip hike only).

We are also measuring other parameters that go beyond those currently understood as the main criteria for lameness and can relate to things sometimes more difficult to perceive by eye. Measuring more than just the head nod and hip hike can be useful.

For example, we have recently found that by measuring movement asymmetry in the withers, we can detect a difference between horses with induced forelimb lameness and horses with induced hind limb lameness.

Encouraged by this finding, a large-scale study in racing thoroughbreds — funded by the Horserace Levy Board at the Singapore Turf Club — showed that this new parameter provided new quantitative information in support of the “rule of sides”.

This rule helps veterinarians to determine the affected limb in multi-limb lame horses. Vets will now have another tool at their disposal to detect this by measuring movement in the withers.

Complete transformation

In time, this research could lead to a complete transformation of lameness diagnostic examination — where a specific effect will very precisely and confidently be linked to a specific cause — due to our expanded collective body of knowledge in this area and our deeper understanding of all related causal relationships.

My scientific journey over the last 10 years has been a transformative one, allowing me, significantly helped by the undergraduate and postgraduate students and in collaboration with clinicians and researchers both at the RVC and elsewhere, to apply my background and skills in computer science to the complex, real-life task of detecting and quantifying lameness in horses.

There are still many questions left unanswered; however, I am optimistic that continuing progress will be made and that the work of researchers around the globe in this fascinating area is helping veterinarians to make confident decisions, particularly when faced with “tricky” horses presenting with subtle lameness and performance issues.

Dr Thilo Pfau, PhD, is a senior lecturer in bio-engineering in the Department of Clinical Science and Services, working in the Gait Analysis clinical group and based in the Structure and Motion Laboratory research centre. He graduated in Information Technology from the Technical University of Munich and did a PhD in the field of pattern recognition at the Institute of Human-Machine Communication at Munich, followed by a two-year post-doctorate at the International Institute of Computer Science, Berkeley, California.

He then joined the Structure and Motion Lab at the RVC as a post-doctoral fellow and worked on BBSCR, HBLB and DEFRA-funded projects investigating locomotion on compliant limbs, horse-surface interaction and automated lameness detection in dairy cattle.

Research found elastic bands are successful in rehabilitation programmes to treat lameness and back problems in horses.
Are vets failing our horses?

The Animal Welfare Foundation Discussion Forum met on 5th June to ask some of the difficult welfare questions facing the veterinary profession. One of the key topics up for discussion was equine welfare, with speakers discussing the overarching question: “Are vets failing our horses?”

Where might vets be failing?

Roly Owers, chief executive of World Horse Welfare, kicked off discussions by asking what areas we might be failing in. The public view of welfare has changed significantly over the past few decades – what was common practice 20 years ago may now be deemed widely unacceptable.

Welfare is no longer just ensuring the five freedoms, but is now much more about the concept of a life worth living – looking for positive outcomes too. If an animal is shut in a stable 24/7, it may be receiving much of what is required for living. But, Roly asks, “Is it a life worth living?”

Listing weight management, disease prevention, lameness, breeding, insurance, end-of-life care and sporting performance as some of the biggest areas of importance in equine welfare, Roly dotted around statistics like “between 30 and 50% of the UK equine population is obese or grossly overweight”, “the national equine herd has a vaccine rate for influenza of 30%”, and “46% of sport horses in normal work are lame or have a stiff, stilted canter”.

He asked if vets always prioritise the welfare of horses over all other considerations, stating that while the responsibility ultimately lies with the owner, the equine vet has an important role to play in changing owner behaviour in the long-term.

End of life issues

Roly highlighted end-of-life issues as one of the biggest challenges to the veterinary profession and animal welfare, and this was the focus of the proceeding talk by Lesley Barwise-Munro, a former BEVA president.

Geriatric medicine in the equine field is increasing with growth in the geriatric horse population. Around 30% of the UK horse population is aged 15 years or above, and this accounts for around 300,000 horses, Lesley tells us.

The care available to geriatric horses is more sophisticated and training in geriatric medicine is more widely available. The question to be posed, then, is are we overtreating geriatric horses? Are the benefits of the treatment going to outweigh the stress associated with the procedure?

Horses are no longer just work animals, they are pets and members of the family – if we are overtreating horses, is it for the benefit of the horse or the owner? Lesley stated that the vast majority of horses aged 15 or above have dental disease – the treatment of which can be very stressful for the animal. When considering whether we’re increasing their longevity or compromising their welfare with treatment, Lesley notes the importance of remembering that the term “geriatric” encompasses horses aged 15 to 40 – each case must be considered individually.

Euthanasia is another area of concern. It is important for vets and owners to consider quality of life, not prolongation of life, but there is no accurate quantitative tool available to assess quality of a horse’s life, Lesley says.

She recommends considering several markers, such as: interest in food, changes in weight, normal behaviour when going into the field, changes in the amount of time spent lying down, and whether the horse gets down low and back up again. If a horse is struggling to get up from the ground, “there are usually worse times to come”, Lesley says.

Lesley recommends talking about euthanasia with the horse owner ahead of the time and setting a timeline, perhaps deciding together that the horse should be left to enjoy the summer and be put down before the more challenging winter conditions start to set in.

Many vets find the topic of euthanasia difficult, so Lesley suggests that vets be aware of this – that they explore it with their colleagues and try to help where possible, perhaps by retraining them in the techniques involved. “It’s important for the vet and the owner to remember that delaying euthanasia can compromise the welfare of the animal.

Are we pushing horses too far in sport?

The final topic up for discussion in the equine session was welfare in equestrian sport. Equine surgeon Tim Greet asked, “Are we pushing horses too far, even beyond their physical limits?”

The characteristics we harness in horses to improve performance in different disciplines are often unnatural and so may impact the horse’s welfare. “It has to be admitted from the outset that the major difference between horse and human sport is that horses have little choice in the matter,” Tim said. Risks of competition are well-recognised – from tendon and soft tissue injuries to repetitive strain injuries causing osteoarthritis.

Tim emphasised the recent modifications in equestrian sport, driven by both public outcry and risk assessment from the authorities. There is no doubt that equestrian welfare has been improved over the years in response to these demands (take, for example, modifications to fences on racetracks and the improved design of the whip).

There is also the risk that the horse owner, riders and trainers may not be able to identify lameness in a horse, or may decide to medicate the horse rather than allowing it to rest. These issues can be resolved by improving the relationship between owner, rider, trainer and veterinary surgeon; keeping this relationship honest and transparent could ensure that the welfare of the horse is at the heart of veterinary decisions, Tim says.

Tim concluded the equine welfare talks by stating that veterinarians as a profession have a huge responsibility to bear in being “the interpreter of the well-being of horses”. The equestrian industry in the UK, he says, is the third largest rural activity (after farming and tourism).

“If you believe that equine competition is acceptable, then you must accept that athletic injuries are inevitable,” Tim says. By working more closely with clients, veterinarians can ensure the well-being of these horses, which are used in competition for our pleasure.

Photo courtesy of the Animal Welfare Foundation.

Healthy horses campaign starts with ‘foals in focus’

The Keeping Britain’s Horses Healthy campaign for 2017, MSD Animal Health reports, is supporting vets through the main equine life stages, starting with a focus on foals. The campaign, it says, will provide vets and owners with new support and resources in its aim of improving the quality of information on preventive healthcare and its practices among Britain’s equine herd.

“Foals in Focus” resources aim to support the education of owners on the basics of preventive healthcare, putting vets at the centre of the process. They include a concise and informative presentation for vets’ use at client events, available from MSD, creators of the campaign.

There is also a foal worming protocol for vets and SQPs to use, using up-to-date technical information and taking into account current resistance patterns. It aims to ensure effective parasite control in foals and avoid the overuse of wormers, which increases the likelihood of parasite resistance developing.

Other resources include newsletter and Facebook content for vet practices to use and educational materials for horse owners that promote a proactive approach to the care of the broodmare and foal. The resources offer guidance on parasite control, equine influenza and tetanus vaccination. They also include information on foaling, care of the mare in late pregnancy and the newborn foal.

Peter Young, equine business manager at MSD, comments: “We understand that vets often see the foal in its first days of life, or perhaps at foaling, and then often not until their first vaccination at around six months old. These resources have been designed to encourage proactive discussion on preventive healthcare between vets and clients. The aim is to provide materials that support vets talking to clients about the gold standard for routine healthcare of mares and foals before the birth to ensure an effective healthcare plan is in place.”

For full details, visit www.healthyhorses.co.uk.
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
Small animal practice enters the 20th century

THE LATE 19TH CENTURY WAS DOMINATED by the incredible advances in all technologies made during the industrial revolution. Medicine began to move ahead. General anaesthesia and aseptic technique revolutionised surgery. Hygiene practices and preventive medicine concepts evolved, the first vaccines appeared, nutrition was studied and research was beginning to show which therapies actually worked, and why. This surge of medical knowledge was being absorbed by veterinarians, and in particular those in canine practice. Veterinary authors began to write: The Management and Diseases of the Dog (1878) by John Woodruffe Hill provided both a comprehensive text and a section on surgery including instruction on the use of general anaesthesia, with chloroform.

In 1888, J. H. Steel published Diseases of the Dog, a similar text, but with a noticeable use of literature sources from France and Germany. The uptake and application of the new knowledge was significant. Both authors paid tribute to Blaine, Youatt and Mayhew as being the pioneers of canine studies. A developing understanding of the use and action of therapeutics produced two important books. In 1837, W. J. H. Morton, a teacher at the London veterinary school, published A Manual of Pharmacy. This small, concise book was clear in its text, embraced all species and provided a valuable practitioner reference, in eight editions up to 1880. Finlay Dun, lecturer at the Edinburgh (Dick) veterinary school, published Veterinary Medicine in 1854. This was the first British attempt to present a rational and scientific approach to veterinary medicine – a well-structured text covering the actions and uses of pharmaceuticals, with an extensive appendix which included all the important canine diseases, but nothing on the cat. At least 12 editions appeared into the 1900s.

The formation of the National Veterinary Association in 1881 started to unify the profession, eventually becoming the British Veterinary Association. The Association gained importance when it acquired The Veterinary Record in 1920. Founded in 1888 by William Hunting, an exceptional clinician, it was devoted to clinical reports from the regional associations. It gave the readers the opportunity to learn from the experiences of their colleagues; the small animal reports, mainly related to dogs, provided an added impetus to practice growth. By 1900 all the veterinary schools, including the new Dublin College, were teaching something of the diseases of the dog.

The introduction of choleraeum bark (quinine) for the treatment of malaria in humans had created the concept of a “specific” therapeutic. At the time, medication was essentially symptomatic and for a while choleraeum was used (hopefully) in most common diseases of animals and humans. Many substances in use were actually toxic – there was no real clinical evaluation, empiricism and one’s personal belief ruled the day.

**Money-making medicine**

People have always sought a “cure”; medicines are good money-makers and the patent medicine market reached its apogee. These manufacturers became a prime source of information and advice for animal owners. Medications for dogs and cats developed a momentum of their own: one company – Elliman, Sons & Co. – which sold a widely-used embrocation for all species, produced a quite well-written illustrated book on animal treatment; published in 1899, it was still being reprinted in the 1930s. The 18th edition, in 1904 of the Day, Son and Hewitt book Veterinary Practice at Home even included a plate “By Special Royal Appointment to His Majesty the King” and emblazoned with the Royal Arms. The book had a canine section which was reasonably well written (for the times) but only covered diseases where the company sold a medicine. Ear mites as a cause of oritis (recognised by A. J. Lovatt in 1894), parasitic mange, lice, ticks and fleas were all discussed. The product listing also included valueless products such as distemper pills “for Preventing and Curing this troublesome and often fatal disease”, priced at 1/6d per box. The book was still in print in the 1930s.

**Cats and dogs**

Specific dog and cat books on treatment and care were produced by the Bob Martin and Sherleys companies early in the century and have been updated to the present day, now with reliable information for the pet owner. A book by James Moore, published in 1863, promoted the use of homoeopathic treatment of dog diseases, specifically distemper. For the next 150 years, a variety of so-called alternative therapies have been proposed for use by pet owners. While these have been almost universally challenged by the profession, it should be noted that in 1863 many medicines being sold were potentially toxic and dangerous. If the homoeopathic remedy did not cure, neither was it toxic.

Small animal practitioners had found their place in the 1920s, but an ever-darkening cloud hung over their daily work – canine distemper. The disease had been recognised by Delabere Blaine in 1800, when he published A Concise Description of Distemper in Dogs; it had probably existed in Britain for some time, but confused with rabies, then the major canine problem. In the early 1900s there was much interest in so-called vaccine and zero-therapy and these technologies were quite widely used in veterinary medicine. The virus cause of distemper had been identified by Carré in France in 1905, but a variety of vaccines continued to be produced based on claimed immunogens. An organism termed Bacillus bronchisepticus was thought to be either the cause of, or involved in, the disease. Vaccines were produced and misleading claims and promises were made. Anti-distemper sera were produced, but these were probably polyvalent antibacterial products, of little value.

By the 1920s the urban situation was bad – distemper had reached epidemic proportions. Finally, The Field magazine started to raise funds to study the disease. The Medical Research Council provided facilities and in 1923 Patrick Laidlaw, a medical virologist, with George Dunkin – a research-oriented veterinarian – started work. They first confirmed the observations of Carré and then, using the ferret, developed an immunisation system.

Effective vaccines were introduced which eventually aided the virtual eradication of the disease, enabling the growth of small animal practice in cities and towns.

---

**BRUCE VIVASH JONES** continues his series on the history of the profession, this time looking at the transition into the 1900s and how, in particular, medicines began to inform the texts available.

---

**J. H. Steel (1855–1900).**

---

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

---

William Hunting (1846-1913).
The road to Palma, the first town in Mozambique.

THE END OF AN AMAZING JOURNEY

SO JUST BEFORE CHRISTMAS 2016, I said goodbye to many good friends in Nairobi and set off on my own. I had thousands of miles of Africa to bicycle before I would reach Cape Town. I decided my route would mainly cover new ground for me, but that I would take in some of the highlights of my eight-year career working in Kenya when I travelled extensively by road and as a private pilot.

First I had to get out of Nairobi on to the main Mombasa road. The place has changed, but luckily for me there is now a southern bypass which takes you very near to Nairobi Game Park, where there are plenty of lions. They might have seen me, but I didn’t see them! I managed to get to a delightful game lodge in the Ulu Hills for the night. There was a wonderful abundance of plains game including a large number of giraffes. One of the attractions of this part of East Africa is that the game is totally wild. It is not ranched.

On New Year’s Eve I met friends in Nairobi and set off on my own. I had to climb during the journey to the main Mombasa road. The place has changed, but luckily for me there is now a southern bypass which takes you very near to Nairobi Game Park, where there are plenty of lions. They might have seen me, but I didn’t see them! I managed to get to a delightful game lodge in the Ulu Hills for the night. There was a wonderful abundance of plains game including a large number of giraffes. One of the attractions of this part of East Africa is that the game is totally wild. It is not ranched.

I stayed in Mombasa for a party and made the little villages hard to find. I could not face the journey again on my own. I turned right at Emali on another new road which heads directly towards Kilimanjaro. Emali brought back some scary memories. In 1974 I was living in Nairobi and I decided to have a weekend away in Mombasa. I knew I was cutting it a little tight to get to work on time on Monday morning, but I stayed down in Mombasa for a party on the Sunday night. I got up at 5am and was airborne at first light.

As always in the tropics the dawn comes quickly and I could see the ground as I turned left out of the circuit leaving the runway lights behind, setting a course for Nairobi. I had to climb during the journey to the main Mombasa road. The place has changed, but luckily for me there is now a southern bypass which takes you very near to Nairobi Game Park, where there are plenty of lions. They might have seen me, but I didn’t see them! I managed to get to a delightful game lodge in the Ulu Hills for the night. There was a wonderful abundance of plains game including a large number of giraffes. One of the attractions of this part of East Africa is that the game is totally wild. It is not ranched.

I rode to the east of the mountain and stayed at Marangu Lodge from where I successfully climbed the mountain in 1967.

I would like to say it was downhill from there all the way to Dar es Salaam. Certainly I did drop 6,000 feet, but there were some uphill bits! Although I have visited Dar es Salaam many times, including in 2010, I have never really got to know the city. This time I found it noisy and busy and hence I only stayed there for a single night. This was a major error. I should have called into the Mozambican Embassy for a visa.

Instead I continued on a gruelling ride south, down the coast to spend Christmas at Kilwa. The new road was excellent, but because it was new it often went straight through the bush and made the little villages hard to find. So, accommodation became a problem.

The Peace Corp teachers were extremely friendly and very helpful, but occasionally I had to resort to sleeping under broken-down buses and trucks.

I knew I had an advantage in speaking Swahili, but I would like to stress that everyone I met was extremely friendly.

One night a lady must have heard me slapping the mosquitoes. The next thing she arrived with an old-fashioned “fly-gun” and covered me in some insecticide. I hate to think what that was doing to the environment!

Eventually I arrived at the Rovuma River, which is the border between Tanzania and Mozambique. Here I discovered my error in Dar es Salaam. I could not face the journey again on the bike so at 6am I got on a bus back to Dar. I eventually arrived at 11pm.

Three days later and 100 dollars lighter, I completed the same journey again in the proud possession of a visa.

Now the international community in their wisdom have constructed a bridge several hundred miles inland from the mouth of the Rovuma River. I could not face such a journey on mainly deep sand roads, so I opted for the ferry. Sadly the ferry broke down four months ago and has yet to be fixed. I then met Joseph, who is the local fixer! For £13 he would get me across the Rovuma, which I might point out is full of both crocodiles and hippos. He suggested that, as this journey was slightly hazardous, we should attempt it at dawn. I wondered if the crocodiles are less hungry at dawn.

To my wonderment, the Tanzanian authorities were open this early and I left Tanzania and rode the few hundred yards to the river. There was Joseph and the broken-down ferry. He assured me that a boat would be arriving soon to take me part of the way across the river to a two-mile-wide island where another boat would collect me. Oh yes, he would be coming with me. What he failed to tell me was that eight ladies and innumerable children would also be coming.

The boat arrived and with some trepidation we all waded out a few yards and clambered aboard. My £13 included Joseph carrying my bike. Needless to say the boat was very low in the water. However, we made the crossing and set off across the island, which is a bird watcher’s paradise. Sadly there was no boat on the other side, so we all patiently sat on the sand and waited. My heart sank when the second boat chugged into view. It was smaller than the first boat. Joseph’s reassurance that it would be fine as he had no need to come and therefore the cargo would be lighter was not really what I wanted to hear. However, once again we all got on board. He got my bike on board and accepted my payment. We then set off, me with two children on my knees, clutching my precious bike.

We rounded a bend in the river and there was a large amount of splashing as 30-odd hippos took fright and leapt off a sandbank into the river. The children clutched me and I clutched my bike.

We made it to the bank. The ladies and the children set off down a deep sand track. I trailed behind, pushing my bike for about four miles to the border where they were really helpful and stamped my passport without worrying about looking in the saddlebags. Sadly, the last words I heard in Swahili were that I had a 28-mile trip on a soft sand road before I would get to Palma, my destination.

My road from Palma led me through thousands of miles of very wild country in Mozambique before gentler terrain in South Africa. Eventually I reached my goal of Table Mountain in Cape Town, having travelled 6,800 miles.

It was a fantastic trip and what was so amazing was that everyone was so kind to me and I never had anything but kindness. Please keep donating to AWF on my Just Giving page. It makes all the trials and tribulations worthwhile.

Cattle on the beach in Tanzania.

Farm vets challenged to walk 141 million steps for charity

REPRESENTATIVES from Merial Animal Health and a group of farm vets will walk a combined 70,500 miles (141 million steps), raising money for charity Farm Africa, as part of Merial’s #CALFMATTERS campaign to raise awareness of calf pneumonia and improve the health of beef and dairy calves by vaccinating against the disease.

Merial has given a FitBit Alta fitness tracker to the 100 farm vets who signed up to the challenge. Participants will work in virtual teams to achieve a weekly step goal which, over 20 weeks, will meet the 141 million-step target.

Weekly targets include distances for some iconic routes in the UK and abroad, from the South West Coastal path (630 miles, 1.26 million steps) to circumnavigation of the globe (24,874 miles, 49,748,000 steps).

Merial will log the steps and miles recorded by challengers, keeping a tally on the #CALFMATTERS campaign website, and updates will be posted on the Calmatters Facebook page (facebook.com/calmatters) and Twitter feed.

The challenge will finish at BCVA Congress on 19th to 21st October, where the money raised for Farm Africa will be handed across to the charity by Dale Templar, producer of the BBC documentary series The Human Planet.

Graham DuncaoN

concludes his report on his mammoth cycling trip to mark fifty years in practice

The road to Palma, the first town in Mozambique.
The time is now!

Have you been thinking about developing key skills necessary in practice with one of Improve International’s Small Animal Medicine or Small Animal Surgery Postgraduate Certificate (PgC) programmes?

It’s the perfect time to make that decision and achieve academic recognition along with RCVS Advanced Practitioner Status.

Our Medicine PgC is the only modular medicine programme which gives you practical hands-on experience. Take on more complex procedures and diagnostics in-house and reduce the need for referrals.

Visit our PgC website:
www.vetpgc.co.uk
info@vetpgc.co.uk • 01793 759 159

In partnership with ESVPS and Harper Adams University
HOW TO INVEST FOR INCOME

INVESTING FOR INCOME RATHER THAN CAPITAL GROWTH is often a common issue faced by individuals moving into retirement. They have worked hard building up cash, pension funds and investments during their working lives and, now employment income has ceased, wish to use these pension and investment resources to supplement their retirement income. This is an important area and one that is often overlooked so, in this article, I am attempting to provide some further insight into this particular subject.

One should be aware that taking an income from an investment means investing in a different way to being invested for all-out capital growth. To start, I think it’s important to look at the key things you need to know first if you’re thinking of investing this way.

1. Income is derived in three main ways

Income is a rather generic term. However, when it comes to investing, income is generated in three main ways:

- Interest – when you deposit money with a bank or building society, they get to use your money for their own ends: lending out to borrowers and investing in their own projects, etc. The bank pays you for the privilege and this payment is called interest. Also, if you hold gilts or corporate bonds, the income from these is interest. Gilts and corporate bonds can be bought directly or, more commonly, via a collective investment fund.
- Dividends – when you own a share in a company, and the company makes a profit, part of that profit is often distributed to the shareholders.
- Rental income – when you own a property which is rented out, the money your tenants pay you is called rental income.

That payment is called a dividend. It is not just shares that pay dividends, but also collective investment funds, which will own shares within the fund that create dividends.

Rental income – when you own a property which is rented out, the money your tenants pay you is called rental income.

It is worth recognising that each of these types of income is different, particularly from the point of view of the tax man. Each of the methods shown above has its uses, advantages and disadvantages, but the end result is the same – money is generated by the asset you hold, be it a cash deposit, a holding of bonds, shares or a bricks-and-mortar property, and that money ends up in your bank account to be spent as per your requirements.

2. Natural income and total return

Many people think that when investing, the only way to think about income is what financial advisers would call “natural income”. Income from a bank deposit is produced by the deposit and can either be added to the deposit holding or paid out to your bank account. Likewise, a dividend can be used to buy more shares or units or can be paid into your account.

The natural income is the income produced by the asset. Often, but not always, the natural income will fluctuate. For many people who are depending on that income to live, and the income fluctuates or goes down, then there is a potential problem as it is difficult to budget around a fluctuating income.

However, my preference is to educate investors to think about income as total return. Put simply, I would urge you to think of total return as the combination of both natural income and the increase in value of the asset itself.

Now, I should point out that this does not apply to bank accounts. The reason is that if you skim off the interest from a bank deposit at the end of the year, you will have exactly the same amount at the end of the year as you did at the start. The cash in the bank can’t grow in addition to the interest paid on it.

I should add that while the interest can be added to the balance, meaning that in year two you get interest on interest, each pound is only ever worth the same – money is generated by the asset you hold, be it a cash deposit, a holding of bonds, shares or a bricks-and-mortar property, and that money ends up in your bank account to be spent as per your requirements.

3. Safe withdrawal rate

This term refers to the rate at which you can draw money from an investment portfolio and never have the portfolio itself run out.

Thinking back to the share mentioned previously that provided a dividend and grew in value, you know that you could withdraw £50 from that portfolio in that year and you would still have the same amount of money in the pot that you had when you started. All you have done is siphon off the profit and the dividend.

But what if you needed £50 to live on next year, but in year 2 the value of the £1,000 dropped to £950 and the dividend was only £10? In this example, you have actually lost £40 on your capital and you have also withdrawn £50, so your pot of money is well down.

Dylan Jenkins is at RT 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.

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.

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

Modern Merchant Banking

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.
VAT is supposed to be a simple tax. It’s collected from clients on your sales (output tax) and is paid to your suppliers on your purchases (input tax).

All you need to do is keep track of what you’ve collected and what you’ve paid, and send (or reclaim) the difference to HMRC.

In theory it’s easy to understand, but Mike Thexton, a Chartered Tax Adviser specialising in VAT and a member of the Council of the Chartered Institute of Taxation, says in reality it’s not.

Why? Because some sales (purchases) may be exempt from VAT, some may be zero-rated, and some may be taxed at 5% instead of 20%. Worse, as Thexton points out, “all those expenses should be backed up with a proper VAT invoice, or you’re not supposed to claim. And if you get any of that wrong, you might be charged a penalty, even though you’re acting as an unpaid tax collector for the government”.

Big help
Now anything that makes VAT simpler has to be a good thing and one of Gordon Brown’s better innovations was the Flat Rate Scheme for small businesses (FRS). It’s open to businesses which expect their VATable turnover in the next year to be up to £150,000 excluding VAT.

Thexton considers it a boon “as it gets rid of two complications at once – distinguishing different types of sale, and complying with all the rules on expenses”.

Quite simply, in exchange for not claiming input tax (which means there is no need for VAT receipts or dealing with “partial exemption”) you’re allowed to keep some of your output tax as compensation.

How to apply
You can apply online to join the FRS at the same time as you register for VAT; or if you are already VAT-registered, and using the normal rules, you can mail a form (see www.gov.uk/vat-flat-rate-scheme). You will usually be allowed to use the FRS from the beginning of your current or next return period.

It’s clear that putting yourself in the right category makes a big difference. HMRC may disagree with your choice, but as Thexton points out, “as long as you can show reasonable grounds for believing it applied to you, they won’t make you change it retrospectively”.

He says that if they persuade you that you’ve got it wrong and you should change it, you can leave the FRS and go back to the normal rules if you will be better off.

There is one note of caution: you are supposed to reconsider your category each year on your anniversary of joining the FRS, based on your expectations of what your main business will be in the year to come.

If you think you will fall into a different category, you must change your rate.

Is it that simple?
Calculating FRS VAT is simple – total income, including VAT, multiplied by your rate. But if your clients are VAT-registered, they will want a VAT invoice so they can claim input tax. Your being on the FRS makes no difference to how your customers can reclaim the VAT you’ve charged.

For Thexton, input tax is the big simplification: “You treat all your general expenses as gross, VAT-inclusive costs. You don’t have to worry about whether they were VATable or not, or whether the invoice meets all the VAT regulations.

“You’ll still need an invoice in case HMRC wants you to justify a profit deduction for income or corporation tax, but there is less that can go wrong.

“And you don’t need to make fiddly accounting entries to claim back VAT on small expenses – if you can keep some of your output tax instead, it’s a relief not to bother.”

But it’s not all plain sailing…

Big change: the LCT
In November 2016, Philip Hammond made a surprise announcement – to “counteract aggressive abuse of the FRS”, he made a significant change to the rules that took effect from 1st April.

Thexton says it turns out that HMRC had received thousands of FRS applications from small companies set up to “supply” one or two individuals to VAT-registered large businesses – in effect, acting as employees – in order to exploit the difference between the input VAT the customer can claim and the FRS VAT those companies have to pay. HMRC was effectively giving extra money to the workers, who were not really running a “business” – they hardly had any accounting to simplify.

Thexton expands: “The only way
HMRC could catch all the abusers was to bring in a new category called ‘Limited Cost Trader’ (LCT).”

An LCT is someone who spends less than 2% of their turnover on goods, with a long list of exclusions. Services (such as rent, advertising, accountancy, software, phone and internet) don’t qualify.

This means that most businesses that sell services will be LCTs – stationery for use in the business is the only significant expense that counts towards the 2%.

On the other hand, businesses that buy and sell goods will not be LCTs – retailers, wholesalers, restaurants, builders who supply materials as well as labour.

For vets the calculation will turn on the volume of physical supplies they buy in compared to labour “sold”.

If you’re an LCT your rate is now 16.5% and in our example above you’ll be paying HMRC £24,750 and so will be £7,750 worse off.

Anyone who is likely to be an LCT should leave the scheme before they incur a significant amount of input tax, because they will be better off outside it.

Conclusion

The FRS has provided a relief from some of the intricacies of VAT for many small businesses. The LCT rule change is something that all FRS traders should think about.

If you will be worse off, you should take action now before filing your next VAT return. But if you spend enough on goods each quarter, you will still probably be better off – and enjoy simpler accounting – within the scheme.

---

**VetIndex**

**VetIndex A-Z DIRECTORY**

Whatever you are looking for, check out VetIndex A-Z Directory first!

- VetIndex 2017 contains 260 pages of useful practice information!
- Over 105 sections, covering everything from Accountancy Services to X-ray Equipment
- VetIndex is an indispensable source of information and the only classified directory of its kind in the UK
- Plus, with over 30 referral sections – it’s a great way to market your own referral service!
- Last but not least, you can also find us online at: vetindex.co.uk

Don’t forget to mention us when contacting advertisers!

---

**VetIndex Client Newsletters**

- Are you in the Practice Standards Scheme or the Cat Friendly Clinic scheme, run by the ISFM?
- Both these organisations encourage practices to have a newsletter to effectively communicate with their clients!
- You can change as much of the content as you like, add your own pictures and text, add vouchers, website pics and Facebook logos – pretty much anything is possible!
- Post, SMS Text and E-mail the newsletters to your clients.

**NEW!!!** Advanced e-mail options for your practice newsletter using MailChimp

---

**VP+**

Get your favourite monthly veterinary news-magazine delivered straight to your smart phone or tablet. Each issue in VP+ is enhanced with interactive features, enabling you to get even more out of the magazine – from linked ads and product sheets that take you straight to the relevant website to video and discussions. VP+ takes you deeper. Join us now to be in with a chance of winning some great prizes exclusive to VP+ app subscribers.

---

**ADVANCED E-MAIL**

- Design of visually rich email newsletters using MailChimp
- Share your seasonal newsletter
- Send your clients important news items, special offers
- We setup and manage a MailChimp account for your business
- Integrate with Facebook and Twitter
- E-mails can also be sent by SMS!

For further information: Tel: 01225 445561 E: vetindex@me.com | www.vetindex.co.uk
Having problems storing your important veterinary images?...

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

www.vethub.cloud