Cardiology
The coughing dog with a heart murmur

Plus
ANIMAL WELFARE One health, one welfare / BREXIT Discussing the challenges of Brexit with Chris Tunnell / MENTAL HEALTH Fear of failure / EQUINE The pre-purchase examination / PRACTICE MANAGEMENT Switching to save / VDS Out with the old, in with the new
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Happy new year and welcome to the first issue of 2018 – *Veterinary Practice* magazine’s 50th anniversary year! The title was first published in 1968, in the year that Douglas Engelbart gave his famed 90-minute demonstration on how to use a computer mouse. *Veterinary Practice* has had several new looks in that time and has featured the work of hundreds of veterinary professionals, keeping practices up to date with the latest news and developments in all areas of the profession. We hope to continue to spark discussion among veterinarians everywhere as we look forward to another great year.

In an interview with Chris Tufnell, we consider what the next few years may hold with the UK’s exit from the EU. Recruitment and retention have already been flagged as issues in the veterinary profession, so the RCVS and BVA are faced with some considerable challenges if the profession is to remain stable through the coming years. I have no doubt that the new CVO, Christine Middlemiss, will have a demanding but stimulating start to her new role.

Welfare and ethics is a notable section this month; we discuss the concept of ‘One Health, One Welfare’, and open a new column by the Animal Welfare Science, Ethics and Law Veterinary Association (AWSVELVA), which considers common ethical dilemmas faced in veterinary practice. We also have an interview with Ruth Layton, winner of the BVA’s prestigious Chiron Award, where we hear about her fascinating journey to driving better farm animal welfare in the suppliers of large food companies like McDonald’s and Marks & Spencer.

For our cardiology focus, Jon Wray has written an excellent article on ‘the coughing dog with a heart murmur’ and we have two small animal dermatology articles this month; David Grant’s ‘dermatology brief’ is on symmetrical lupoid onychodystrophy, and otitis externa is the subject of a new series by Virbac. In equine, Kieran O’Brien asks two experts about issues encountered when completing pre-purchase examinations. And Madeleine Campbell kicks off a series of articles on equine reproduction with advice on starting a stallion in an artificial insemination programme. Elsewhere, the Veterinary Defence Society offers advice on how to start the new year on a positive note and make resolutions that you can keep. You will spot several suggestions for New Year’s resolutions in this issue, including for getting your personal and business finances in order and improving relationships within your team.

**EDITOR’S WELCOME**

“*We hope to continue to spark discussion among veterinarians everywhere*”

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**JENNIFER PARKER EDITOR**

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Pet owner power boosts personalised medicine

Veterinary specials manufacturer Nova Laboratories says ‘pet owner power’ has driven an increased interest from vets in prescribing ‘personalised pet medicine’ – drugs made to order when no licensed medicines exist. Treating small animals comes with its own set of unique challenges – restrictive formulations, estimated doses and stressful administration all make giving an accurate dose of medication a struggle for any vet or pet owner.

There has been rapid growth in drug reformulation orders since 2011 due to a growing need for a more tailored approach to animal care. Nova’s customer service team receive an average of 30 enquiries a week from vets about the reformulation service. It has seen great interest in its cytotoxic medicines required by vets for the treatment of cancer cases.

Easing the challenge of medicating animals

Vets often seek more accurate doses, specific to the individual need of each animal, as well as wanting to empower and make life easier for pet owners in administering drugs to their animals. Karen Cole, Group Sales and Marketing Manager at Nova, says: “Vets and pet owners do daily battle with animals when it comes to ensuring they take their medicine. Large capsules and chalky tablets are hard to hide in food and difficult to swallow for smaller breeds. Additionally, owners who administer medication on the advice of their vet will struggle to know if a course of medication has been successfully completed at home.

“Medication fed to a pet before dashing out to work can sometimes get left behind in a food bowl or spat out by pets who cannot, or do not want to swallow it. In some cases, unsuccessful attempts to medicate can prolong illness in small animals and pets as the course is either not completed successfully, or the optimum dosage levels have not been reached.

“Like humans, animals can also have allergies, intolerances and sensitivities to things like lactose. Other applications for Specials include addressing dosage (a 30kg Labrador and a 6kg Bichon Frise cannot be treated with the same dosage), and finding solutions where an animal needs a drug that is no longer commercially available.”

Personalised pet medicine is available for all animals, from lizards to horses. A veterinary ‘special’ can help alleviate worries by moving from a tablet or capsule into a liquid formulation that can be squirted directly into the inside of the animal’s mouth, thereby improving pet compliance. Topical solutions, creams and ointments can be produced in strengths as required by the individual.

Vets welcome ‘sensible’ measures to increase frequency of TB testing

Defra has announced that bovine TB testing in cattle in the High Risk Area (HRA) of England will increase in frequency to once every six months. The announcement comes in an effort to more quickly identify and eradicate bTB in England’s cattle herds. In the announcement, Defra also stated that testing can remain on an annual basis for those herds that have gone five or more years without disease or for farms that have been accredited under the industry-led Cattle Herd Certification Standards (CHeCS) scheme, which requires a raft of biosecurity measures to be in place.

Measures have also been announced on compensation arrangements for infected animals (pigs, sheep, goats, deer and camels) that have to be slaughtered.

BVA president, John Fishwick, comments: “We believe increasing the frequency of testing to every six months in the High Risk Area is a very sensible measure, enabling earlier identification of bTB, which will not only provide farmers more certainty on the disease status of a herd but should help in the eradication of this devastating disease.

“The compensation for the slaughter of infected animals is necessary, and we support the move to reduce this compensation for animals that are unclean when brought for slaughter. However, we cannot support the delayed slaughter of pregnant cattle that test positive for bTB, as retaining an infected animal on a farm would introduce a significant risk of transmission of disease to healthy livestock. We continue to support a comprehensive and evidence-based approach to tackling bTB and welcome the re-commencement of the Badger Edge Vaccination Scheme, particularly if used as a ‘firebreak’ to mitigate the spread of the disease into the low-risk areas.”

In order to increase vaccination of badgers, the government is offering grants under the Badger Edge Vaccination Scheme. This will re-commence this year and aims to create a buffer zone between the highest and lowest risk areas of England.
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Government ‘makes good on its promises’ with draft Bill on animal sentience

Responding to the campaign to enshrine Article 13 of the Lisbon Treaty into UK law, the government has published a draft Bill, which sets out that the government “must have regard to the welfare needs of animals as sentient beings in formulating and implementing government policy”.

The draft Bill goes further than Article 13 as it applies to all areas of government policy, rather than specified areas. If passed, the law would apply to the whole of the UK.

Responding to Michael Gove’s announcement, BVA president John Fishwick said: “Vets have been clear in our calls that the duty on the state to have due regard for animal welfare – as captured in Article 13 of the EU Lisbon Treaty – must be enshrined in UK law. This Bill captures the substantive obligation that Article 13 currently puts on the national government to consider animal welfare, as well as explicitly recognising animals as sentient beings.

“Today’s draft Bill lays out in black and white the government making good on its promises, to ensure the UK remains a global leader in animal welfare post-Brexit.”

The new law will also increase the maximum prison sentence for animal cruelty tenfold, from six months to five years, in England and Wales. Subject to consultation on the draft Bill, the government will legislate to deliver both aims.

Novel tool to monitor and reduce antibiotic use on dairy farms

Veterinary researchers at the University of Nottingham have produced a new tool to help UK dairy vets and farmers monitor and reduce use of antibiotics in their dairy herds to help combat antimicrobial resistance in the farming industry and beyond.

It follows a new study by the Nottingham Vet School, published in Veterinary Record, showing that, in a large sample of dairy farms, 25% of farms used 50% of the total antibiotics used across all farms in a year – with antibiotic footbaths accounting for the biggest volume dispersed into the food chain. The school’s Ruminant Population Health Group has designed a new online tool – the Nottingham University Dairy Antimicrobial Usage (AMU) Calculator – that farmers and vets can use ‘in the field’ to measure and monitor their prescribing and use of antibiotics in dairy cattle. It is a free download on the AHDB Dairy website.

This work is part of a series of practical, peer-reviewed research and accompanying tools provided by the group to help vets and farmers understand where they can really make a difference to antibiotic use on farms. This is the first peer-reviewed paper evaluating AMU in dairy herds.

Around 50 practices have begun using the calculator, but the researchers say that antimicrobial benchmarking needs to happen at a national level for the system to have maximum impact on antibiotic use in the cattle sector.

Alabama Rot cases continue to rise

The deadly disease Alabama Rot has claimed the lives of three more dogs, taking the total of confirmed cases to 112 since it was first detected in the UK in 2012. The new cases, in Cannock (Staffordshire), Alsager (Cheshire) and Edgbaston (West Midlands), have been confirmed following tests by Anderson Moores Veterinary Specialists.

It’s been only two weeks since six other cases were confirmed, adding support to the theory from vets and researchers that seasonality may be a factor in the spread of the mysterious condition – most cases occur from November to April.

David Walker, a leading expert on the condition, from Anderson Moores, said: “Although we are working hard to find out the cause of Alabama Rot, it is currently still unknown, which makes the reappearance of the disease concerning. It’s always desperately sad when we confirm new cases; however, it’s important that dog owners remain calm, but vigilant, particularly during the next few months.”

These are the second set of new cases of the disease since the first ever Alabama Rot conference in May 2017, where specialists from across the UK gathered to discuss ongoing research and set up a steering committee to share and collate any new findings. Following the conference, the first stage of research was planned, with funding from the New Forest Dog Owners Group and the charity Stop Alabama Rot. This work is nearing completion.

Dr Huw Stacey, vet and director of clinical services at Vets4Pets, has been supporting research on the condition for a number of years, and is advising dog owners to contact their vet if they have any concerns. He said: “Unlike the Alabama Rot that affected greyhounds in America, the disease in the UK does not seem to target any specific breed, age, sex or weight of dog.

“Treatment is supportive, but is only successful in around 20% of cases, which is why we’re encouraging all dog owners to use the online interactive guide to help them understand the clinical signs and confirmed locations of the condition.”
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New CVO appointed

Christine Middlemiss has been appointed as the UK’s next Chief Veterinary Officer (CVO), taking over from Nigel Gibbens, who will step down at the end of February following 10 years in the post.

Christine joins Defra from her current position in Australia, where she has been CVO in New South Wales since August 2016. During her time there, she led major improvements to biosecurity across many farming sectors.

Christine will be returning to Defra where she was deputy director for Animal Traceability and Public Health in 2016. She is an experienced veterinarian and worked for a number of years in private practice in Scotland and the north of England, prior to joining the Animal Health Agency (now part of the Animal and Plant Health Agency) in 2008 as a divisional veterinary manager in Scotland.

During a decade as Chief Vet, Nigel Gibbens has been instrumental in driving animal welfare improvements both at a national and international level, and Christine will now build on that work. The government has recently made a number of announcements on improving animal welfare and has said it is committed to further reforms as the UK leaves the EU.

Christine will take up her new role on 1st March.

Award for BEVA Trust

The BEVA has won an award for its contribution to equine welfare. The award was presented at the British Horse Society’s (BHS) annual awards ceremony, held at Saddlers’ Hall in London, on Friday 24th November.

The BEVA Trust, which is the association’s volunteering arm, was presented with the BHS Welfare Award ‘for excellent service in the cause of equine welfare’. It was received by Julian Samuelson, chair of the BEVA Trust and Fiona Cunnington, BEVA Trust secretariat, from BHS president, Martin Clunes.

The BEVA Trust provides opportunities, support and funding to allow members of the veterinary team to volunteer for projects that enhance equine welfare both locally and globally. Through the support of the BEVA Trust, volunteers have supported the BHS healthcare campaign and have castrated 342 horses over the past two years. All this support has come in the form of vets, nurses, students and farriers volunteering their expertise for the day. A total of 729 horses have now attended the healthcare clinics.

Even the boxes keep moving
Book your January and February courses today!

8-28 January 2018: Emergency and Critical Care Part 1 for Veterinary Nurses
Louise O’Dwyer MBA BSc (Hons), VTS (Anesthesia, Analgesia & ECC), Dip AVN (Medical & Surgical) RVN
This course will look at dealing with the presentation of emergency patients and how we can accurately assess and prioritise treatment for patients, along with looking at some common organ system presentations and specific indications for treatment, including the placement of tubes and drains. Aimed at nurses.

8-28 January 2018: Anaesthetic monitoring for Veterinary Nurses
Denise Prisk DipAVN (Surgical), VTS (Anesthesia & Analgesia), LTCL, LCGI, 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 want 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.

8-28 January 2018: Ophthalmology in dogs & cats
Natasha Mitchell MVB DVOphthal MRCVS, Veterinary Council of Ireland Recognised Specialist in Veterinary Ophthalmology
Ophthalmic conditions are a common presentation in small animal practice. There is a tendency to fear the unknown, so it is important to keep your university knowledge refreshed and updated. The aim of this course is to increase your knowledge, skills and confidence in approaching these cases. It is important to perform a thorough examination to achieve a diagnosis and outline the available treatment options. Aimed at vets.

5th-25th February 2018: Parasite prevention and disease detection in the travelling and imported pet
Ian Wright BVMS BSc MSc MRCVS
Increasing numbers of pets are travelling on the pet travel scheme (PETS) and being imported from abroad. This in combination with the expanding distribution of parasites and vectors across Europe is making it increasingly likely that vets and nurses will encounter foreign parasites and be required to give preventative advice. This course considers exotic and emerging diseases, their diagnosis and treatment, and will consider principals of control and safe pet travel.

5th-25th February 2018: How to Handle End-of-Life Discussions
Caroline Hewson MVB PhD MRCVS
Euthanasia is the final common pathway of many diseases. But what can you do when a client disputes the need for euthanasia? And how can you more accurately judge when exactly euthanasia is now in this animal’s best interests? The course will give you an understanding of the different responses to loss, and knowing how to manage the different client touchpoints during animals’ end-of-life with maximum peace of mind, no matter the situation. Aimed at vets, vet nurses and reception staff.

5th-25th February 2018: Diabetes in cats and dogs
Dr Kit Sturgess MA VetMB PhD CertVR DSAM
The course will give you an understanding of the most crucial aspects of a veterinary nurse’s role. This course will be suitable for nurses who want 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.

5th-25th February 2018: Skin Cytology for General Practice
Francesco Cian, DVM, DipECVCP, FRCPath, MRCVS, European Specialist in Veterinary Clinical Pathology, Aimed at vets & nurses
This course explores the following topics: Module 1: Sampling techniques, slide staining and submission of cytological samples to external laboratories. Module 2: Approach to slide examination and how to write a cytological report. Module 3: Inflammatory skin lesions and response to tissue injury. Module 4: Round cell tumours (skin). Module 5: Epithelial tumours (skin). Module 6: Mesenchymal tumours (skin). Module 7: Clinical cases. Module 8: Final MCQ exam to gain your CPD certificate.
London feline practice wins 2017 design competition

Flair and imagination feature prominently in entries to the latest biennial BVHA-Veterinary Practice competition

The results of the 2017 Practice Design Awards, organised by the British Veterinary Hospitals Association in association with Veterinary Practice, were announced on 1st December. The president of the BVHA, Martin Smith, handed out the awards at a ceremony attended by, among others, the president of the Royal College, Professor Stephen May, and president of the BSAVA, John Chitty. Other guests included the founder and first president of the BVHA, John Tandy, and guest speaker Professor John Cooper who gave a lively address on issues facing the veterinary profession in various parts of Africa as well as the UK.

The overall winning practice was the winner of the ‘conversion’ category, the London Cat Clinic, with Jeremy Campbell and three of his team there to collect the prizes, which included an engraved trophy as well as vouchers from the competition sponsors, Securos Surgical and Gratnells. The ‘new build’ category was won by Camelid Veterinary Services of Goring Heath in Berkshire, with its founder Claire Whitehead collecting the award, while the ‘refurbishment’ category went to Hungerford Vets, with practice principal Jonathan Green and the architect Jon Hole stepping forward.

The BVHA president made two special awards for outstanding design features: the first to the Pets’n’Vets Roundhouse Veterinary Hospital in Glasgow for outstanding front-of-house design, appearance and facilities; the second to Lumbry Park Veterinary Specialists in Alton, Hampshire, for design of an outstanding working environment. Practice principal Oliver Jackson collected the former; and Ray Girotti, hospital director, and three senior staff members accepted the latter.

The BVHA and Veterinary Practice thank the many practices that entered the awards for the time and effort taken. The next competition will take place in 2019.

Wide spread of entries from across UK

The number of entries received was among the highest since the competition launched in 1995, with representation from many parts of the UK. Included were well-thought-out and visually attractive new builds, some remarkable conversions – this category attracted the highest number of entries – and some superb refurbishments. All the entries had outstanding features with a substantial number of highly imaginative and colourful premises; particularly notable this time was the increase in the number of ‘green’ features incorporated – from solar panels to infra-red heaters and LED lighting.

There were small practices, occupying a few hundred square feet, and very large ones, the biggest having a floor area of more than 21,500 square feet; costs ranged from just over £100,000 to more than £7.5 million.

Entrants to the refurbishment category increasingly

The roll of honour

Overall winner
The London Cat Clinic
82-86 Spa Road, Bermondsey, London SE16 3QT

Category 1 – new build
Winner
Camelid Veterinary Services
The Old Barracks, Lady Grove, Goring Heath, Reading RG8 7RU
Runner-up
Fitzpatrick Referrals Oncology and Soft Tissue
70 Priestley Road, Guildford, Surrey GU2 7AJ

Category 2 – conversion
Winner
The London Cat Clinic
Runner-up
Lumbry Park Veterinary Specialists
Lumbry Park, Selborne Road, Alton, Hampshire GU34 3HL

Category 3 – refurbishment
Winner
Hungerford Vets
The Veterinary Hospital, 4 Bath Road, Hungerford RG17 0HE
Runner-up
The George Veterinary Group Hospital
18-20 High Street, Malmesbury SN16 9AU

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of the front-of-house areas were eye-catching, with one deemed worthy of one of the President's Awards, while behind the more public areas, the judges found that flowlines for staff and patients had, in the main, been carefully planned with highly practical and efficient layouts being a feature of most of the entries.

Judges commented that it was fascinating to see, particularly in the conversions category, how practices managed to incorporate immovable pillars into their designs, several making them an attractive interior feature. Such was the high standard this year that the judges decided on a second President's Award, this one for the outstanding working environment provided by one of the referral practices.

There were a variety of responses to the question, “What advice would you give to others considering such a project?” One entrant said, “Plan, plan, plan, and then allocate time, time, time.” Another said, “Go for it,” while a third said, “Enjoy it!”

**Overall winner and top conversion**

The London Cat Clinic, winner of the conversion category and overall winner of the 2017 Practice Design Awards, is the brainchild of Jeremy Campbell, a New Zealander who graduated from Massey University in 1997 and now has RCVS advanced practitioner status.

Having worked in various places, he decided to go it alone and eventually found a suitable location in Bermondsey in south-east London and set about converting an empty shell on the ground floor of a block of flats into his dream of a cat-only clinic. Aiming to develop “a light, well-ventilated, free-moving and calm space in what is often a potentially stressful environment for clients and colleagues”, he had a number of objectives, including to “create a place to allow exceptional medical care for feline patients which exceeds the International Society of Feline Medicine (ISFM) Gold Standard Cat Friendly Clinic requirements, with effective workflow for staff”, and to “design a space for staff that was light, comfortable to work in and with adequate work and quiet areas enabling them to perform to the very best of their abilities and grow with the practice”.

The completed clinic was opened officially in June 2017 and that same month received accreditation as an ISFM Gold Standard Cat Friendly Clinic. There were a number of obstacles to be overcome in establishing the clinic, such as obtaining planning consent for a change of use in an urban area and additional planning permission for a sizeable roof-top air handling unit in the middle of a residential area.

Pre-existing load-bearing pillars restricted the design; and the sheer volume of intricate ducting required to ensure provision for the separate air filters in sterile areas also proved a challenge.

The thought and care that has gone into the design of the practice is evident, said judges, as soon as you walk in the door. “It oozes ‘wow’ factor,” said one; “Everything is so neat and in its right place,” commented another.

The consultation rooms have a number of eye-catching features, including the ‘cat cubby’, consisting of three staggered and ‘perchable’ steps which lead up to a cat-sized cut-out in the wall. “Our patients are free to roam around but then have the opportunity to get up high, survey their environment, get used to their surroundings and take some control of the situation,” says Jeremy. In the largest consult room, a built-in pull-down bed converts into a comfortable couch designed for use by clients if their cat is hospitalised – they can even snuggle up with the pet. This room is also used to provide end-of-life privacy.

Another feature of which the clinic is proud is the ‘I See You’ (ICU): a large window into the isolation ward from the comfortable staff room. This, says Jeremy, has been the biggest hit with the staff “as there is no need to disturb our most unwell patients or emergency cases. The provision of integrated piped oxygen into the cages means there is no need to transport these patients and we can keep stress to a minimum”.

The judges found it difficult to find fault with any aspect of the design and layout of this 2,605-square-foot clinic. With professional and other fees included, it cost close to £815,000 to construct, fit out and decorate.

For more information on the winning practices, visit the [Veterinary Practice website](#)
Returning to Sandy Park in Exeter, VetsSouth will be held on 7th and 8th February this year. The conference provides leading CPD for all members of the veterinary team, with a lecture programme that runs over the two days alongside a selection of workshops and a large exhibition showcasing the latest veterinary products and services. As well as providing hours of CPD on a wide range of topics, VetsSouth offers a great opportunity for networking with colleagues from all over the UK.

The lecture programme is divided into four streams: small animal medicine, small animal surgery, nursing and practice management. On the Wednesday, there is a feline focus, with a session on TB in cats by Rachel Dean, one on how to treat vaccine-associated fibrosarcoma by Ana Marquez, and a lesson on dealing with common joint conditions. Delegates can also join Stephen Barabas for an update on the use of platelet therapy in veterinary medicine and learn about dealing with neurologic cases on a limited budget in Pip Boydell’s session. The surgery stream further covers thyroidectomy, dealing with the emergency respiratory patient, and repairing a ruptured cruciate. For veterinary nurses, there are several talks on anaesthesia, and topics like blood transfusion and dealing with shock will be available.

Abdominal medicine and surgery is a focus of the clinical programme on Thursday, with lectures by Jimmy Simpson on managing chronic vomiting in the dog, Jon Hall on performing the perfect TECA procedure and surgical treatment of ureteric obstruction, and Rachel Burrow on gastropexy and endoscopic spay. Delegates can also determine how to measure acute pain using behavioural observations in a session with Jacky Reid, and how to perform basic surgical techniques in birds with avian expert Neil Forbes.

Join the practice management stream for top tips in pet health clubs, using social media, certification, and client communication, among other useful topics. The workshops cover a great variety of subjects, from dentistry to neurology and ophthalmology. There are also some non-clinical workshops available on postgraduate certification options and using mindfulness in practice.

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Discussing the challenges of Brexit with Chris Tufnell

We interviewed the RCVS senior vice-president to find out what he thinks lies ahead for the veterinary profession in the UK.

How has the RCVS been preparing for the UK’s exit from the EU?

The RCVS and the BVA have been working on Brexit since just after the referendum result. In early summer, Defra expressed an interest in having a joint project with RCVS and BVA – the Veterinary Capability and Capacity Project (VCCP). The main element of the work so far has been forming the response to the Migratory Advisory Committee.

The project is split into three workstreams; the first is on resourcing. We need to emphasise the need to get resourcing right – this is the most important stream at this stage. Of the practising vets on our register, 23% are non-UK EU and 50% of the new vets we register each year are non-UK EU vets. Those figures alone give you an idea that, were we to lose the immigrant vets, we would have problems recruiting.

Some sectors are at much greater risk from a reduction in non-UK EU vets – the meat industry, for example, where 95% of the vets are non-UK EU. Around 30% of Official Vets are non-UK EU, and this figure is considerably higher in government roles. In academia, around 22% of vets are non-UK EU. In our last survey, about 65% of all vets were working full-time, and 87% of EU vets were full-time. Vets from non-UK EU countries may therefore have an even higher contribution than the numbers initially suggest.

How are you calculating what the UK’s workforce needs will be after Brexit?

Recruitment was becoming a problem before Brexit, and there are elements of this project that were there before the Brexit vote. A recent survey showed that about 20% of practices were finding it much harder to recruit, and no practices at all told us it was getting easier.

It’s really difficult to know exactly what the shortfall is, but we’re trying our hardest to survey and get a good idea. Since 2009, EU-graduated vet registrations have been growing year on year. And there’s a suggestion that things are plateauing, if not dropping off.

You could say “we need to make sure the expectations are realistic”, but we probably need to make the reality more favourable too. That sort of thing is going to take a long time.

We already needed more vets; with Brexit, are you confident we will be able to meet the demand?

I’m not remotely confident we’ll meet the demand.

What can be done to reduce the impact of potential shortfalls?

In terms of the three streams of the VCCP, the resourcing stream is number one, and we’ve asked the Home Office to put vets back on the occupation shortages list. This would make it easier to recruit from abroad – it would smooth regulatory barriers. In the short to medium term, we’re asking that we can retain the current level of veterinary
immigration. The Vet Futures Project reported in November 2015 and we realised that, possibly not uniquely, we had a retention issue in the profession – after five years in practice, 50% of people said they were disillusioned. Retaining people in the roles they’re in could help with the shortfall. We must also ensure we’re recruiting the right people into the profession in terms of their expectations being matched with the realities. You could say “we need to make sure the expectations are realistic”, but we probably need to make the reality more favourable too. That sort of thing is going to take a long time.

The final workstream is on legislation. This is looking at potentially expanding the role of veterinary nurses so they can do some of the jobs currently being done by veterinary surgeons. Also as part of this stream, we’re aware that with rapid change and development of innovative technologies, there are ways of delivering veterinary health and welfare solutions, potentially remotely, that are not currently permitted in our legislative framework.

Have there been discussions about ways to help over-stretched vets during the in-between period of uncertainty, where retention of vets may not improve and recruitment of vets from non-UK EU countries may fall?

Pre-dating the vote, we put a lot of resource into Vet Life and our Mind Matters initiative; we’re very aware of the stresses vets are under and wish to support them in every way possible. We look at our regulation very carefully to ensure that we are responding as best we can to reduce pressure on vets.

Obviously, protecting the public and animal health and welfare are incredibly important, so we can’t lower those standards, but if there are areas where we can maintain the standards and relax regulation to allow vets to bring other people in to assist, then we would do so.

You mentioned increasing the role of the veterinary nurse in the profession – has there been any discussion about using paraprofessionals to reduce pressure on veterinary surgeons?

I’m aware that there’s been talk around TB testing. For product certification, that’s pretty much off the table because the international standard for trading animals and meat products requires veterinary surgeon certification. If you change that standard, you can no longer export meat to other countries.

Under our new Royal Charter, we can potentially regulate groups of paraprofessionals in the same way as the veterinary nursing profession. The inspectors working for the Meat Hygiene Service were some of the first to approach us and ask if there were ways that could be done. If that progresses, and we’re able to regulate them so we know the level of their standards, there’s no reason they couldn’t be brought in to do certain roles, so long as it meets our legislation and international requirements.
Is it time to shake up the Veterinary Surgeons Act?

More than 50 years on, is the 1966 Veterinary Surgeons Act still fit for purpose?

Re-opening the Veterinary Surgeons Act might have serious unintended consequences for both practitioners and animal welfare. It could force many practices to withdraw from much of their pro bono work because it would no longer be economically sustainable, BVA members were told at their annual meeting in London on 17th November.

Iain Richards of the Lakesvet Consultancy in Cumbria, and a former SPVS president, argued that the Royal College might be better advised to adopt the ‘if it ain’t broke, don’t fix it’ approach to the primary legislation affecting the UK profession. He said that he was not persuaded by any of the arguments put forward by those seeking to replace the 1966 Act. He feared that this process would involve veterinary surgeons giving up some of the tasks covered by the Act’s monopoly powers to paraprofessionals and that this would further undermine the economic viability of practice, particularly those in low population density areas like the Lake District.

“We should leave things as they are – as soon as you open up this work to fringe groups, you provide them validity and that will not help animal welfare. If that reduces the profitability of practices any further, then it will mean that we will have to give up free treatment of wildlife casualties and we won’t be able to offer out-of-hours emergency care without payment in advance as we do now,” he said, going on to emphasise that his concerns were not about veterinary nurses and those paraprofessional groups that already work closely with the profession. There was no need for new rules to cover those such as farriers and equine dental technicians as they were already covered by existing legislation. But he warned that there is a lot of ‘fringe nonsense’ out there with people claiming to provide services for animals when they have no logic or evidence base to support their claims. “I don’t care about accusations of being elitist – I don’t see many people out there that I would want to be part of our club,” he said.

Views from the RCVS and BVNA

Professor Stephen May, RCVS president and chairman of its legislation working party, insisted that changes in the Act were inevitable. The Royal College has progressed as far as it can through using its charter powers and secondary measures such as legislative reform orders to update the legal framework under which the profession currently operates. There were some changes that needed to happen, such as rules to create protection for the title ‘veterinary nurse’ that would require primary legislation. At the same time, it would be appropriate to establish rules that would allow new groups to come under the veterinary umbrella and to operate with appropriate veterinary supervision.

Samantha Morgan, senior vice-president of the BVNA, said a protected title was the next logical step in the evolution of the nursing profession and would be a vital safeguard for animal welfare and the interests of animal owners. She also felt it would help to ease the frustrations that many RVNs feel about the lack of opportunity for career development and better financial rewards in their profession. “We are not asking for a dramatic increase in the range of surgical procedures that we are allowed to perform – we don’t want to be minivets; we are just wanting scope for career progress while retaining our nursing focus,” she said.

Professor May added: “I am very proud of the Veterinary Surgeons Act and the way that it protects animal welfare and the public. But if that act didn’t exist and we went to government now saying we would like to establish a self-regulating profession which decides what tasks it carries out, then I don’t think they would listen. But the Act does exist and we have that monopoly on providing treatment for animals and that is because we have the public’s support. However, the world is changing, and this creates challenges for us. We need to be thinking about how we can reassure the public that we are a responsible profession by ensuring that we conduct CPD and through the quality of the service we offer. These are the things that are expected of the various other health professions and we should be considering our own arrangements.”
Periodic scares about the safety of vaccination have emerged ever since such treatments were first introduced 200 years ago.

As a result, children went untreated and the area started exporting polio cases around the world.

“People talk about this incident as though it was a sudden irrational explosion of idiocy in primitive people, in a way I find deeply offensive. The truth is that around three years earlier in the same region, children had been damaged in a trial of a new antibiotic drug, Trovan. When the vaccine campaign began, people were hearing news of the prosecution of those local officials who authorised that first trial and were responsible for dealing with the consequences. Just because people get some of the details wrong doesn’t mean that people are wrong to be suspicious,” he said.

Dr Goldacre outlined the various ways that scientific information is consciously or unconsciously manipulated by policymakers, industry, journalists and campaign groups. These varied from simple manipulation of powerful visual data by truncating the Y axis in a graph, through blurring the lines between causation and correlation, and to the drawing of wilfully inaccurate conclusions from a legitimate study. The Daily Mail was a regular offender in this respect, frequently using its pages to push conclusions that promoted its own political agenda. He noted that publication’s obsession with factors that are supposed either to cause or protect against cancer.

Dr Goldacre’s writings are also noted for their tireless pursuit of charlatans. He made a particular target of the self-styled television nutritionist Gillian McKeith, noting that the qualifications that ‘Dr’ McKeith claims to have earned may be bought on the internet.

To demonstrate the limited value of membership of the American Association of Nutritional Consultants, he mischievously signed up a new member for that body. On receipt of the sum of $60, it provided a certificate of membership to Hetty, who was a cat with no recognised training in nutritional science. Moreover, she had been dead for several years.
Using robots to improve dental care

How can robots be used to advance the research and testing stages of veterinary product development?

Robotics could help to shape the future of veterinary practice in many different areas, from the classroom to the operating theatre. Researching and testing new products in the development stages is one way that robots are already being used to help advance animal healthcare. We asked Mars PetCare about their ‘chewing robot’, which was created in a bid to further improve canine oral care.

What is the key use?
The robot is a new generation of testing capability for oral care and is used to provide unique insights into how potential new products or prototypes are performing when it comes to plaque removal.

What problem does it solve?
Using a scan of a real canine mouth and jaw, the 3D-printed model replicates the normal mastication action of a dog and the pressures it might exert on a dental chew, such as Pedigree Dentastix.

This allows the Mars scientists to comprehensively and rapidly test the effectiveness of different product materials and shapes. The team can hone and refine products at a much earlier stage in the research and development process. The extensive research and development process helps vets recommend with confidence – something that many vets say they find a challenge when it comes to dental products.

How does it work?
By using the ‘chewing robot’ mechanism, we can analyse in detail how dental products work in a dog’s mouth. We do this by applying a plaque mimic to the robot’s teeth so we can observe its removal as the products are chewed. We then quantify the plaque removal to provide a measure of effectiveness; this is achieved by digitally analysing the plaque-mimic coverage and comparing before and after images. This new step means a product will be extensively tested for safety and efficacy before it reaches clinical trial, and most importantly, real dogs.

What do vets say about the product?
“A great standard of oral care can only be achieved if we vets can engage clients in a negotiation to achieve an outcome which is acceptable and realistic to vet, client and pet. In cases of poor compliance, other methods of preventive care can be successful for certain clients. Many vets will avoid directly recommending a specialist dental chew because of pre-conceived concerns, but with clear research and evidence showing the benefits, there is a place for products such as Pedigree Dentastix Twice Weekly chews, when used correctly as part of a dental home care programme.” – Dr Rachel Perry, BSc, BVM&S, MANZCVS, DiplEVDC, MRCVS

Learn more about the Chewing Robot and the research and development process at Mars: https://www.waltham.com/waltham-research/oral-health-research/oral-health-r-d/
Should dogs bitten by European adders be given antivenom?

Evidence for the need to treat dogs bitten by the European adder with antivenom is weak, despite its widespread use, states a new Knowledge Summary.

In dogs with a European adder bite, does the use of antivenom with supportive treatment compared to supportive treatment alone improve time to recovery?, published in November, discovered no available studies directly comparing treatment with or without antiserum, meaning it remains uncertain whether it is genuinely effective in dogs.

Among the evidence, which amounted to three studies between 2011 and 2015, no significant difference in mortality rate was found between dogs treated or not treated with antiserum. Although one study did report a faster improvement to local swelling around the site of envenomation, this finding was contradicted elsewhere. As such, there is no clear evidence base to recommend the use of antivenom in practice.

However, this doesn’t mean that antiserum should not be used to treat a dog likely to have been bitten by a European adder – also known as the common adder or European viper – particularly if clinical signs are severe.

Does weak evidence mean antivenom does not work?

Even though the available evidence is low-quality and has limitations, there was a suggestion that the administration of antivenom within 24 hours of being bitten improved the mental status of dogs. Furthermore, dogs treated with antiserum had lower concentrations of proteins in their urine two weeks after treatment.

But despite this potential efficacy, the fact that the vast majority of dogs recover from adder bites – combined with an antiserum-adverse reaction rate similar to that of humans – means that antivenom is unlikely to be necessary in most cases. The practitioner should judge whether clinical signs are severe enough to warrant treatment with antivenom rather than just supportive treatment such as antihistamines.

Sourcing issues

There is currently no licensed antiserum for the treatment of adder envenomation in dogs (or any other animals) in the UK, so the human product has to be imported from elsewhere. It is recommended that practices obtain a Special Treatment Certificate from the Veterinary Medicines Directorate and keep an emergency stock of antivenom.

Getting hold of an immediate source of European adder antiserum is very difficult, but there are 16 clinics across the country that stock it as part of the ToxBox 24-Hour Service, a joint venture between Vets Now and the Veterinary Poisons Information Service (VPIS).

If you are faced with a dog in emergency need of antivenom, call VPIS on 020 7188 0200.

One health, one welfare

Veterniary teams have a wide role within society that impacts not just animals, but also humans and the environment.

Members of the profession work at many different levels, in small animal, equine or farm animal practice; animal welfare charities; farm animal inspection services; working animal care; food safety and hygiene inspection services; animal disease surveillance systems; animal nutrition; research and development of pharmaceutical drugs; scientific research; government policy and delivery and global policy-making, sport, recreational and conservation work involving animals, among others. All these roles have one common theme – they all help support animals and humans (individuals, local communities and global development). Through the concepts of ‘One Health’ and ‘One Welfare’, we can increase the efficiency of how this is done and better understand the role and impact of the veterinary profession, working alongside others, in a multi-disciplinary fashion.

‘One World, One Health’ was developed as a concept to achieve fully-comprehensive approaches in support of global sustainable development. The Manhattan principles were agreed following an event in 2004 to help establish a more holistic approach to preventing epidemic/epizootic disease and for maintaining ecosystem integrity for the benefit of humans, their domesticated animals, and the foundational biodiversity that supports us all.

More recently, the concept of ‘One Welfare’ has emerged, emphasising the connections between animal welfare, human well-being, conservation and the environment. Integrating ‘One Welfare’ with ‘One World, One Health’ helps strengthen and better integrate stakeholder liaison by capturing all relevant issues involving animals and our society in a holistic way.

Recognising the interconnections

It is important to recognise the interconnections between animal welfare and other disciplines in support of global sustainable development. The role of veterinary teams in society by using a ‘One Health, One Welfare’ approach is consistent with the United Nations Sustainable Development Goals in animal-related areas by helping to “build economic growth and address a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection” (United Nations, 2016).

By expanding One Health into One Welfare, veterinary professionals can make more explicit the recognition between the interconnections of animal welfare, human well-being and the environment.

This represents a step forward in the implementation of animal welfare standards and policies, with the aim of integrating animal welfare with other relevant areas for the benefit of all.

The One Welfare Framework has been developing over the past two years and will be published in the first quarter of 2018. The Framework includes five key sections, which include, for example the interconnections between animal abuse, human abuse and neglect; socio-economical aspects that link with animal welfare; the connection between farm animal welfare and farmer well-being; conservation and sustainability or the interconnection of animal and human welfare at the time of war or disasters.

The role of working animals supporting developing communities, and how improvements in their welfare supports local economies, individuals and families, is one example highlighting the indirect impacts of veterinary professionals in different societies.

Overall, the role and impact of the veterinary profession at local, national and global level should not be underestimated. We should all take part in reminding everyone of both the direct and indirect impact that those working in veterinary teams have in the wider society.

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Why the fuss about ethics?

AWSELVA’s new column begins with an introduction to ethics. The column will provide analyses of issues facing the profession and consider various approaches to ethical reasoning.

Philosophers have been developing and proffering different ethical stances for centuries and the applicability of these ethical positions to society and to different sectors within society continues to raise dissension and argument. Ethical consideration of issues is an important tool for society to use and focuses on what is acceptable and what is not within a particular framework. Ethical theory is very varied and when the term is used in the veterinary context, it usually refers to a consequentialist, deontological or value-driven base. Ethical theory covers a much wider arc, but for this article, let’s just consider these.

Deontological arguments are rule-based (tell the truth with no exceptions), whereas consequentialists base their analysis on what brings the greatest benefit to the largest number (tell the truth, but not if it lessens the benefit to the most) and value-based ethics consider ethics from a particular value stance (tell the truth, but exceptions can be made if this might cause other values to be undermined). These ideas can complement each other and can help to provide a broader and potentially deeper understanding of the issues considered.

Why is ethical analysis important for vets?

Ethical analysis is there to help provide us with a way of considering our actions and the impact these may have not only on our patients, but also on their owners and on society. Ethical considerations help us to explore how we should treat different species.

Ethics can provide a framework within which we can consider the views of each interest group or stakeholder and where these views can be weighted. This matrix has the potential to provide a way to approach the development of a consensual outcome.

In human medicine, there exists a wealth of literature on professional ethics. The veterinary field lags behind, but is engaging in this developing area and including opportunities for exploring ethical issues during veterinary training. Our guide to professional conduct has now moved from the consideration of professional etiquette toward a code of professional ethics, and so it becomes important for us all to engage in the discussions this engenders.

The RCVS has instituted an ethics review process for those in practice wishing to carry out clinical research and universities, research institutes and other organisations where animal investigations or animals are used in science are now all subject to animal welfare and ethical review boards (AWERBs).

These boards champion an ethical stance and challenge protocols where there may be suggested actions that compromise animal welfare and where, for example, the mantra of the ‘three Rs’ (refinement, replacement, reduction) have not been adequately applied.

Effective welfare legislation

As this introduction is being written, the spectre of reducing our effective welfare legislation by failing to incorporate Article 13 of the treaty of Lisbon into UK legislation has arisen. This Article places a responsibility on government to consider the impact of policy or policy development on sentient animals. This legislation is important as under our animal welfare act, the duty of care is on the owner or keeper of the animal and although the government may choose to extend the animal population protected under Section 1(3) of the AWA (2006), there is no element of duty to do this in consideration of other legislative impact.

There are opportunities to explore ethical issues in all areas of veterinary practice from disease control (e.g. bovine TB and control of disease in wildlife), in the correct usage and application of drugs (e.g. anthelmintic resistance and dispensing of anthelmintics; antimicrobial resistance and the use of antimicrobials in production and companion animals), through to understanding the environmental impact of rewilding (the introduction of lynx, wolves or beavers into UK habitats).

Ethical reasoning allows us to navigate the different interests and enables at least a consideration of the views of all parties to problems we face. In this column, we will explore these issues and encourage wider discussion of some of the problems we currently face.
Setting a new benchmark for farm animal welfare

We interviewed Ruth Layton, Group Sustainability Director of Benchmark Holdings plc, who was awarded the BVA Chiron Award for her contributions to improving farm animal welfare within the supply chains of globally influential food brands.

How did you get to where you are today? I knew from a very early age that I wanted to do something with animals and I came to being a veterinary surgeon quickly. As soon as I qualified, I realised I was in the wrong place. It took me until I was 40 to find the right work; I didn’t want to treat sick animals, I wanted to help develop systems where animals didn’t get sick.

I was among the first group to take the RCVS certificate and diploma in animal welfare, in 1996. I wrote to all the retailers, hoping to best make use of it, and eventually got some work with Tesco as a consultant. I was going to tell [Tesco’s] suppliers what to do and they were going to do it. Of course, it doesn’t work like that at all. But it started a process!

Roland [Bonney], Malcolm [Pye] and I set up Benchmark Holdings in 2001, which was another step forward on that journey to having more influence. I had to come to terms with the fact that I wasn’t going to change the world overnight – it was going to take a lifetime and a lot more. Although things still move far too slowly for my liking, they do move. Things that would not seem possible, like cage-free eggs across the world, are starting to happen.

What was the greatest lesson you learnt along the way? You can have all the knowledge in the world, but if you don’t know how to bring people with you, you can’t put it into action. My life for the best part of the last 10 years has been understanding people – how they work and how we can take them with us. And not being so ‘finger-waggy’ and judgemental about things, like I was in the early days of my career.

Should vets be doing more to improve animal welfare? That’s the oath we take. I don’t mind if we change the oath, but let’s live up to our oath. I used to take claws off dairy cows for farmers so they could get another six weeks’ milk out of them because I felt the pressure as a young veterinary surgeon. I wouldn’t even begin to do that now. People feel pressure to do things that go against their oath. There’s a tension between what we know we should be doing and what we end up doing on a day-to-day basis.

I’m really glad the veterinary profession has the BVA strategy on animal welfare. It gives people something to gather round. Let’s keep talking about it openly so people can voice their concerns. We’re not bad people feeling those pressures, we’re just human beings and the pressures can dissipate if we all talk about them.

What are the most notable changes Benchmark has steered within big food brands? We’ve been working with McDonald’s for the best part of 20 years. We’d made a change with McDonald’s from caged...
Setting a new benchmark for farm animal welfare

to free range and thought ‘job done’. That was not the case; arguably, sometimes the conditions of free range birds can be worse than for cages. But the welfare potential is much better. The last 20 years have been about improving that. The good producers in the UK now have good systems that are operated really well. Another big change with McDonald’s was moving all their pig supply to RSPCA-Assured label.

The big changes are around the areas of close confinement; I would say one of the biggest drivers at the moment is the antimicrobials resistance discussion. We have come under pressure as a veterinary profession because we are propping up some agriculture with antimicrobials. If you’ve got a system, for instance, where an animal needs antibiotics to see it through the weaning period, that tells you that the system is inherently flawed.

We’re moving to improving animal husbandry and genetics so that animals have better-developed immune systems and can look after themselves.

What is the role of the vet in areas of welfare besides antimicrobial resistance?
Things like getting animals out of crates and cages and not beak-trimming and tail-docking. As a profession, I’m afraid we don’t always stand up with our clients to support them out of those systems.

The law in Europe states clearly that we shouldn’t be tail-docking pigs unless there is a good reason; we know how not to tail-dock pigs, but we often can’t do it in the current system. The system needs a fundamental change; it’s a different system that costs more money and a lot of people with the existing systems haven’t got enough land, or big enough buildings, or they don’t know the system – it would affect their livelihood. We need to help each other move.

Will Brexit bring any opportunities for improving animal welfare?
It’s entirely up to us. As a business, we’re treating it as an opportunity. I think the biggest danger we’ve got in the UK is thinking we’re already the best in the world and we don’t need to do anything extra.

There are systems all over the world that are brilliant – in many countries which we have found through our work. We’ve got baseline legislation in Europe that stops the worst, but it’s not always implemented.

Do you think there’s enough communication to the consumer?
I think we can always improve that. One of the best pieces of work I’ve seen recently, which we’re involved in, is the ‘citizenshift’ – part of the New Citizenship Project.

Deep down in all of us, there’s a citizen rather than a consumer. Research shows, for example, that if you ask people ‘will you be willing to take a shorter shower?’ they might say no, but if you contextualise it in saving water, energy, and things like that, and talk to them as a citizen, the evidence shows we make different decisions.

We’ve done a lot of work around language in our consultancy with our clients and it seems to be paying off.
MENTAL HEALTH

Fear of failure

It is healthy for those in the veterinary profession to have some fear of failure, but can that fear prevent progress?

Laura Woodward has been the surgeon at Village Vet Hampstead for over 10 years. Laura is also a qualified therapeutic counsellor and is affiliated with the ACPNL and the ISPC. She runs Laurawoodward.co.uk – a counselling service for vets and nurses.

When the word ‘fail’ changes from being a verb (“I might fail at that”) to a noun (“I am a failure”), then we are verging on ‘atychiphobia’ – a phobia of failure. In the veterinary profession, a healthy fear of failure makes us strive for the best clinical outcome.

However, when we are so gripped with this fear that we lose sleep, avoid bitch spays, and procrastinate about interventional treatments, we are doing our patients and ourselves a disservice.

When researching the various self-help guides on how to overcome fear of failure, many advise us to ‘give it a go’, ‘believe in yourself’, and remark that ‘only through failure can we gain knowledge’.

The Dalai Lama advises: “If you are afraid because you have no self-confidence and feel that nothing you do will ever succeed, stop a while to think it over. Try to see why you imagine you are a loser before you have even started. The problem stems from your way of thinking, not from real ineptitude.”

Given that the Dalai Lama isn’t referring to vets or doctors here, where failure can be catastrophic, it can be hard to apply this insight to our situation. Having said that, often the problem does stem from our way of thinking more than from past failures. By changing the way we think, we can change the way we feel and in turn, change our actions.

Fear has been described as a ‘mind killer’, an ‘eradicator of potential’ and an ‘eraser of personal progress’. So how do we stop fearing fear? And then, how do we stop fearing failure?

Approaches to tackling fear of failure

Some counsellors use acceptance and commitment therapy (ACT) with mindfulness. Instead of repressing or avoiding the procedures or interventions that we fear, in ACT the focus is placed on accepting the feeling of being fearful, but still taking action. In other words, tackling the fear head-on. Fear is a conception. It is a valid feeling, but it is an emotion nonetheless.

Others will use cognitive behavioural therapy (CBT) to relieve the anxiety associated with fear of failure in a particular situation. For example, if spaying an overweight Labrador is a procedure you would never tackle for fear of failing, and supposing that fear is paralysing you, you can apply a few basic CBT concepts to the situation:

1 and 2 Disputing irrational beliefs and doing your cognitive homework

Instead of believing that if you spay that bitch, she will bleed out and die, try to be rational about the chances of that patient actually bleeding out and dying. Yes, there is that risk. However, it is minimal.

3 Change your language in order to change your thought process

Instead of “I’m not spaying that bitch because she will bleed to death”, try saying “I will spay that bitch. However, I may need help if she starts to bleed.” In this way, you are changing from a ‘can’t do’ attitude to a ‘can do’ attitude and putting a strategy in place in case your fears are realised.

4 Shame attacking exercises

There is little to be gained from feeling shameful because you aren’t ‘up to the job’. Steer away from self-flagellation.

5 Imagery and role play

I, and many other surgeons, will play out a procedure in my mind before the actual event. It helps to plan and to focus. It might be useful, prior to the bitch spay, to imagine the procedure from incision to closure. Then imagine it including the ligature slip and bleeding, and visualise yourself finding the vessel and ligating it.

6 Desensitisation

It may be stating the obvious, but the more often you spay large bitches (albeit with someone more experienced available to scrub in if necessary), the less it will frighten you. Of course, the more often you tackle a bleeding pedicle, the easier it will become also.

7 Skills training

This is a good way to boost your confidence and could involve CPD opportunities, such as training with wet labs.
Symmetrical lupoid onychodystrophy

David Grant continues his series of dermatology briefs

Symmetrical lupoid onychodystrophy, or symmetric lupoid onychitis, is a rare disease suspected to be immune-mediated (Miller et al., 2013; Hnilica and Patterson, 2017). Studies in Gordon Setters also suggest a genetic predisposition as DLA class 11 alleles associated with the diseases have been found in this breed (Wilbe et al., 2010). The disease was first described by Scott and others (1995) and these authors suggested the term symmetrical lupoid onychodystrophy.

Clinical features
Young to middle-aged dogs are predisposed to the condition. German shepherd and Rottweiler dogs are predisposed, but the condition can occur in any breed of dog. The principal feature of this disease is claw loss (onychomadesis; Figures 1 and 2), initially involving one or two claws but within a few months, all claws may be lost. Affected feet are frequently painful.

All four feet are affected but often the front feet more severely (Paterson, 2008). Claws will grow back, but will be misshapen, brittle, discoloured and friable and usually slough subsequently (Hnilica and Patterson, 2017). Paronychia is not a common feature and apart from claw lesions affected, dogs are healthy.

Differential diagnosis
(Hnilica and Patterson, 2017)
- Bacterial claw infection.
- Fungal claw infection.
- Autoimmune skin disorders such as the pemphigus group, systemic lupus erythematosus, or vasculitis (in these conditions, other cutaneous signs are usual).
- Vasculitis.
- Drug eruption.

Diagnosis
To diagnose the condition, you should rule out differentials. History and clinical signs are very typical and it is suggested that they are, in many cases, sufficient to make a diagnosis (Hnilica and Paterson, 2017). Diagnostic histopathological lesions have been described (Scott et al., 1995). This requires P3 amputation and one authority (Hnilica and Patterson, 2017) does not recommend the procedure unless necessary to rule out neoplasia.

Histopathological findings include basal cell hydropic degeneration, apoptosis of individual basal cell keratinocytes, pigmentary incontinence and lichenoid interface dermatitis. These findings are not specific, however, and therefore cannot be completely relied on to make a diagnosis. It has been suggested that they may represent a reaction pattern of the claw to several potential causes (Miller et al., 2013).

Treatment
Removal of all the nails under general anaesthesia has been recommended (Paterson, 2008). It is important to remove the entire nail; sterile dressings are required for 24 to 48 hours. In recurrent or severe cases, P3 amputation may be necessary. Nail trimming should be performed every two weeks.

A variety of medical treatments have been described in the veterinary literature with variable success and are included below. All medical treatments require a minimum of three months to show a beneficial response, but none have been shown to be completely reliable.
testing can still be effective when used topically. Cytological examination of ear exudate is one of the most important steps. It can easily be performed in-house and gives quick results, allowing the identification of cocci, rods and fungal organisms such as *Malassezia* spp. Knowing what is present in the ear is invaluable when deciding which antibiotic to use.

The antimicrobials available in licensed topical preparations in the UK are: florfenicol, framycetin, fucidic acid, gentamicin, marbofloxacin, orbifloxacin and polymixin B. They have differing profiles for which bacteria they would be expected to be effective against depending on their classification. There are studies showing synergy between some ear-cleaning preparations and these antimicrobials, increasing the antibiotic susceptibility of certain bacteria. The likely resistance profiles of certain organisms against these antimicrobials has been researched. Orbifloxacin and marbofloxacin are fluoroquinolones and should not usually be used as first-line treatments, typically being reserved for if bacterial culture and sensitivity results indicate they would be the most appropriate antibiotics to use due to resistance of the first-line options. Your choice of antimicrobial to instil topically into the ear canal should be based on history-taking, clinical examination, cytological findings, and good antibiotic stewardship.

### References


### Prognosis

The prognosis for nail growth is good once an effective therapy is established from the list above, although some regrown nails may still be deformed. Further nail loss and its painful sequelae will be avoided by successful therapy. Treatment may be needed throughout the dog’s life.

### Treating otitis externa

**How should the current focus on antimicrobial resistance affect our approach in treating otitis externa?**

Otitis externa is a very common clinical presentation and the management of cases is reliant on identification and treatment of the underlying cause, be it predisposing, primary or perpetuating. As well as treating the infection presented in the clinic, it is often necessary to control secondary factors using topical polypharmacy ear preparations to combat infections with bacteria and yeasts, and inflammatory processes within the ear canal. Topical preparations are ideal for this type of infection, as the antibiotic chosen can be given in much higher concentrations than when dosing systemically. Therefore, antibiotics that the bacteria have shown apparent resistance to in *in vitro* culture and sensitivity testing can still be effective when used topically. Cytological examination of ear exudate is one of the most important steps. It can easily be performed in-house and gives quick results, allowing the identification of cocci, rods and fungal organisms such as *Malassezia* spp. Knowing what is present in the ear is invaluable when deciding which antibiotic to use.

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The coughing dog with a heart murmur

Coughing is a frequent clinical problem in small animal practice and may be an important indicator of disease, an innate defence mechanism and a perpetuating feature of disease.

The initiating cause of coughing is the activation of sensory receptors, which may be rapidly adapting (stretch) receptors (RARs) and augmented by bronchial C-fibres. These receptors are primarily found in the large and transitional airways and are predominantly sensitive to mechanical stimulation, but also to chemical stimuli. Pulmonary C-fibres are considered sparse in small animal species.

The main cause of coughing therefore tends to be pathologies that either perform a mechanical or chemical irritant effect within the airways, though cough may also occur with parenchymal and pleural space disorders.

Cardiogenic pulmonary oedema is often cited as a cause of cough, and indeed in those dogs presenting with fulminating pulmonary oedema with accumulation of large amounts of pink-tinged oedema fluid within larger airways, this may be a prominent clinical feature. However, in the majority of dogs with pulmonary oedema causing alveolar flooding, cough receptor excitation would not be an expected feature, with tachypnoea/hyperpnoea (‘breathlessness’) being a more consistent feature.

Myxomatous mitral valve disease
The most common acquired cardiac disease associated with development of pulmonary oedema is myxomatous mitral valve disease (MMVD). Heart murmurs consistent with MMVD may be identified in 3.54% of all dogs examined in UK first opinion clinics (Mattrin et al., 2015), and the prevalence of heart murmurs in dogs, especially in small breed dogs, increases with age.

In one study, 24% of dogs aged nine to 12, and 37% of dogs aged 13 and over, were found to have murmurs consistent with MMVD (Detweiler and Patterson, 1965) and in some breeds, notably the Cavalier King Charles spaniel, prevalence in dogs older than eight years of age may become very high indeed.

However, mitral valve disease is typically characterised by a very long pre-clinical period, and only a minority of patients with asymptomatic MMVD in most longitudinal studies progress to a point where symptoms of congestive heart failure develop. Thus, the typical busy small animal clinician will encounter many dogs with heart murmurs consistent with MMVD who will not be (and might never be within their lifetimes) in congestive heart failure. When patients with such murmurs present with cough, clinicians are presented with a diagnostic dilemma as to how relevant the finding of a heart murmur typical of MMVD may be.

Studies have shown that the presence of congestive heart failure is not significantly associated with coughing in dogs with MMVD, but that radiographic evidence of airway disease and left atrial enlargement is (Ferasin et al., 2013). Might some dogs cough, not due to presence of...
pulmonary oedema, but due to the effects of left atrial enlargement as a result of mitral regurgitation compressing the bronchi (and thus exciting mechanoreceptor-mediated coughing)? One study specifically examining this failed to show an association between left atrial enlargement and bronchial collapse, and many dogs with bronchial collapse and left atrial enlargement have collapse (Singh et al., 2012) that is not just confined to the left-sided bronchi, suggesting more wide-spread bronchomalacia (Figure 1).

**Distinguishing between potential causes of a cough**

Cough may have many potential inciting causes. The history and the physical examination are the most important features in helping distinguish between them.

The timing of coughing may be important and it should always be ascertained whether cough occurs in association with eating and drinking (which may implicate aspiration due to failure of effective laryngeal guarding), or whether cough is associated with excitement/exercise.

The latter is a hallmark of dynamic airway collapse, not heart disease. Loud, harsh coughs are most typical of large airway disease, and if accompanied by honking sounds, typify dynamic large airway collapse (Figure 2). Softer, wetter coughs are more consistently reported with lower airway disorders.

Exercise tolerance should always be specifically questioned, because while there are many potential non-cardiac causes of exercise intolerance, it would not be expected for an animal with heart failure to be able to exercise normally.

Exercise tolerance should always be specifically questioned, because while there are many potential non-cardiac causes of exercise intolerance, it would not be expected for an animal with heart failure to be able to exercise normally. Most dogs with primarily inflammatory or dynamic airway disorders will be able to exercise quite normally, the principal exception being those patients with laryngeal paralysis.

Dysphonia, exercise intolerance, audible stridor with exercise and heat intolerance are all useful historical clues to the possibility of laryngeal paralysis.

Sudden onset of cough associated with field exercise (and often showing partial response to antibiotic therapy with relapse on cessation) typifies airway foreign bodies. However, infectious tracheobronchitis also occurs with sudden onset, and health status of in-contact dogs should always be ascertained.

Physical examination should be preceded by observation of the patient's respiratory rate and effort, paying particular attention to whether (assuming alteration in respiratory pattern is seen) breathing is rapid and shallow (so-called ‘choppy’ or ‘restrictive’ respiratory pattern) or is slow and forceful (‘obstructive’ respiratory pattern). For the latter, determination should be made whether most effort occurs during inspiration or expiration.

Respiratory sounds audible without the aid of a stethoscope include stridor (high-pitched due to fixed upper airway obstructive lesions) and stertor (low-pitched/snores due to oscillating softer tissues in the upper airways), which are compatible with obstructive upper airway disease.

Auscultation should proceed in a systematic fashion, with the cardiac precordial pulse being palpated prior to application of the stethoscope in order to appreciate distribution and shifting of position, as well as precordial thrills associated with grade V and VI heart murmurs.

Assessment of cardiac-origin sounds should always be accompanied by interpretative palpation of the peripheral pulse rate, rhythm, quality and pressure needed to occlude and the clinical questions of ‘what is the heart rate and rhythm?’, ‘does it alter with respiration and if so, does it do this cyclically?’ and ‘are there additional cardiac sounds (such as murmurs) and what is their intensity, position, timing and duration?’

Of particular importance is the finding of a respiratory sinus arrhythmia. This normal acceleration of rate during
The coughing dog with a heart murmur

Inspiration and deceleration during expiration, being mediated by parasympathetic (vagal) tone, is absent in patients with congestive heart failure (since sympathetic nervous system activation is provoked), and its presence excludes congestive heart failure (though not all clinically-relevant heart disease) at the time of examination. Furthermore, a potent cause of enhanced vagal tone (and thus of a respiratory sinus arrhythmia) are primary respiratory diseases, especially those that are obstructive in nature. A sinus arrhythmia, if present, is a very important clinical ‘clue’ in distinguishing between cardiogenic and respiratory causes of respiratory signs in patients who may also have a heart murmur detected (provided that the clinician auscultates for long enough and with observation of the patient’s respiration to appreciate it).

Cardiac apex and base should be auscultated bilaterally. The respiratory structures should be auscultated in their entirety, bearing in mind that normal laminar airflow in the small respiratory airways should be silent and normal ‘bronchovesicular’ sounds auscultated over the thoracic wall are really ‘pseudosounds’ originating from larger airways whose transmission through lung parenchyma, pleural space and thoracic wall dictates their audibility or lack of. Attenuation of such sounds should prompt percussion to distinguish between fluid/tissue and air as an interrupting interface, for example in pleural effusion or pneumothorax. Crackles and wheezes are truly lower-airway origin adventitial lung sounds, the former having a low sensitivity for detection of congestive heart failure. Provocation of harsh/honking cough with palpation of the trachea or with excitement suggests inflammatory tracheal disease or dynamic large airway collapse.

Further investigation

Investigation of coughing will usually necessitate some form of diagnostic imaging (of which radiography is the most accessible, useful and cost-effective) and where airway disorders are present, some form of direct visualisation of airway structures. If congestive heart failure is a possibility, good-quality and well-positioned orthogonal thoracic radiographs are the most useful diagnostic test to evaluate this.

Radiography of the large airways should always include the extrathoracic as well as intrathoracic structures, and sensitivity of detection of dynamic collapse is enhanced by taking exposures during both inspiration and expiration.

The upper airways are best radiographed under general anaesthesia once congestive heart failure is excluded, and consideration should be given to evaluation of laryngeal under a very light plane of anaesthesia at induction. Tracheobronchoscopy remains the best means of examining the airways and to collect material by bronchoalveolar lavage for cytology and culture (Figure 3). Examination should be rapid but thorough, based on a sound knowledge of the airway anatomy, to ensure no errors of omission arise.

The pharynx and trachea are not sterile and many commensal bacterial organisms from these regions may be cultures as contaminants if samples are not collected via bronchoscopic direction. Diagnosis by response to empirical treatment, other than parasiticides, is generally fraught with interpretive difficulty. Therapeutic trials for treatment of congestive heart failure are problematic since dogs with respiratory disorders may show apparent response and thoracic radiography is preferred.

References

A look through the latest literature

**Impact of cardiorespiratory disease on the lifespan of Irish wolfhounds**

Lovisa Orleifson and others, Uppsala University, Sweden

Irish wolfhounds have the highest probability of death before the age of 10 years of any dog breed, according to Swedish insurance data. The authors analysed the risk of premature death in the breed due to dilated cardiomyopathy and other cardiorespiratory conditions. Questionnaires were sent to the former owners of all Irish wolfhounds registered with the Swedish Kennel Club between 2006 and 2008, asking for details of their medical history and cause of death. Among 105 completed returns, there was evidence that the presence of dilated cardiomyopathy did not affect the dogs’ life expectancy but those with a history of one or more incidents of pneumonia had a shorter lifespan.

*Acta Veterinaria Scandinavica, 59*, 53 (Open access).

**Heritability of atrial fibrillation in Standardbred horses**

Megan Kraus and others, University of Guelph, Ontario

Atrial fibrillation is the most common clinically significant arrhythmia in the horse, with young Standardbred racehorses considered to be at particular risk. The authors investigated the heritability of the condition in a case-controlled study involving 204 affected horses and 1,017 healthy animals. The condition was calculated to have an overall heritability of 0.3 with a slightly higher frequency in males than females. These heritability estimates are considered modest, but they do support the hypothesis that atrial fibrillation is an inherited condition in Standardbred horses.


**Breed-specific vertebral heart scale for the Dachshund**

Ryan Birks and others, University of Missouri, Columbia

Thoracic radiography is the main method used to evaluate heart size in veterinary practice. However, due to natural variation in cardiac morphology in dogs, there may be a need for breed-specific heart scales, particularly for those breeds predisposed to conditions that alter the cardiac silhouette. The authors compared radiographs and echocardiogram findings in 51 normal Dachshunds. Their results indicate that this breed has a median vertebral heart scale measurement above the published generic canine reference range. The study also demonstrates that these measurements can be reliably performed by observers with varying degrees of clinical experience.


**Effects of heart disease on anaesthetic complications during routine dentistry**

Jennifer Carter and others, University of Melbourne, Australia

The presence of heart disease in dogs requiring a general anaesthetic for dental treatment is a major cause of anxiety for both the owners and their veterinary advisers. Fears that the patient may experience anaesthetic complications often mean they are referred to a specialist clinic. The authors compared the incidence of such complications in 100 dogs with cardiac conditions severe enough to be referred to a university hospital and 100 healthy dogs undergoing surgery at the same centre. There were no differences in the complication rate in the two groups, despite the cardiac patients being generally older and with higher risk scores. Therefore, dental procedures carried out on patients with heart conditions may not be significantly more dangerous than those involving healthy dogs when the anaesthetic is undertaken by trained personnel and monitored carefully during the procedure.


**Necrotic adipose tissue linked to pericardial effusion and cardiac tamponade**

Terence Krentz and others, Massachusetts Veterinary Referral Hospital, Woburn

A one-year-old castrated male German shepherd dog was presented because of acute onset lethargy, tachypnoea and inappetence. The dog had muffled heart sounds on auscultation, and thoracic echocardiography revealed focal intramural pericardial effusion and cardiac tamponade. The patient underwent pericardiocentesis and subtotal pericardiectomy, which led to the identification and removal of a 3 x 5cm mass located between the parietal and visceral layers of the pericardium. Histological analysis showed this to be necrotic adipose tissue. The patient recovered from surgery and experienced no subsequent cardiac signs.

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In partnership with ESVPS and Harper Adams University
Update on milking machines and mastitis

The 29th British Mastitis Conference included information on the control of disease and a peek into developments and potential future advances.

Richard Gard
Large Animal Correspondent

Ian Ohnstad (The Dairy Group) welcomed over 90 delegates to the British Mastitis Conference. All sponsors were warmly thanked by the chairman and it was noted that without their contributions the conference would be unable to function in its present format. Plans are already being laid for the 30th event this year.

Challenges with robotic milking systems

A detailed study of automatic milking systems, applied with robotic milking, was described by Torben Werner Bennedsgaard (Denmark), which included research carried out at the University of Aarhus.

The way that the different robots operate has indicated that the Lely design results in a higher incidence of Streptococcus agalactiae, whereas DeLaval-milked herds show greater problems with Staphylococci. These problems can be overcome by the farmer.

Utilising video, the speaker demonstrated the parts of the automation that touch the udder and teats during the milking process. These include mechanical arms, brushes and the sides of the washing cups that are not cleaned automatically and can grow bacteria if the manual cleaning is not rigorously carried out. High-pressure spraying with water is not effective in removing biofilm; alkaline soap applied as foam and manually removed with water and brushing is advised as a daily routine. If the automatic cleaning solutions are allowed to run out, or not correctly applied, bacteria levels increase and a rise in somatic cell count, total bacterial count and clinical mastitis follows.

Few robotic milking systems are understood to be working as intended. Different teat spray products have different viscosities and it is necessary to adjust spray nozzles for pressure, spray duration and volume. Poor teat coverage is a common finding. The operation of the automated systems means there can be a carry-over of milk from one cow to another, which gives false cell count readings. This is a problem for investigators looking into mastitis-related incidences. Tests to check the concentration of the disinfectants used during the automatic process can prove worthwhile, to educate farmers and indicate the source of disease spread. Where high and low cell count cows are milked through the same robot, the need for attention to detail is more acute.

Dairy business

Ian Powell (The Dairy Group) presented an interesting review of the difficulties with the business aspects of milk, the needs of the milk buyer and the needs of a sustainable dairy farm business. Over the past three years, the cost of dairy production has decreased, but so has profitability with the dairy farmer exposed to price volatility. The speaker concludes that “whilst Brexit will present new challenges, they are unlikely to be anything worse than has been experienced by dairy farmers in the past two years”.

There are approximately 200 milk buyers (processors
and brokers) and some 10,000 milk sellers (dairy farmers). Around 14 billion litres of whole milk are produced in the UK with 50% going into liquid milk, 25% cheese, 15% yoghurt, fresh desserts, etc., and 10% ‘commodity’ butter and milk powder. The liquid buyer mainly pays for volume, with some payment for fat and usually little or no payment for protein, whereas the milk buyer for cheese pays a high price for fat and protein with little or nil for volume.

Examples from October 2017 for a standard litre of milk show a variation in basic milk price from 23.63 to 30p with a total price received of 29.62 to 31.59p.

Penalties and bonuses include the milk hygienic quality, volume, transport, spring or autumn production, level and accuracy of supply.

Farmers producing milk for supermarkets received 5.8ppl above the UK average over the past two years. Such milk contracts are highly valued in a market downturn. Looking ahead, the milk price moving forward is a greater business risk for the farmer than for the milk buyer. The buyer can adjust the price paid to maintain an operating profit. The recent introduction of a forward fixed price by some buyers offers the farmer some certainty.

The UK is a major importer of dairy produce and a weaker pound and import tariffs would be beneficial to the milk price. Ian Powell summarises that "dairy farmers have little option other than to improve efficiency and to reduce the cost of production”.

**Advances in milking machine liners**

Ongoing work on milking machine liner development was presented by John Upton (Teagasc Moorepark), reviewing the effect of pulsation rest phase duration on teat end congestion. A combined study with Aarhus University and Wisconsin-Madison quantified the effect of the rest phase duration of pulsation on the teat canal cross-sectional area during the period of peak milk flow. An understanding of the influence of milking machine settings on the flow rate of milk is seen as important for the development of best practice and for appropriate sizing of milking facilities.

The more accurately milk flow can be measured, the more closely the effect of vacuum level, pulsation settings, liner compression and other conditions on the physiology of the udder and teat during milking can be measured. A quarter milking analyses device (Mi4) was used to implement experimental treatments involving 18 cows. The details are contained within the proceedings and it was concluded that the current ISO standard for a minimum rest phase was supported. The larger the teat canal area, the less the teat end congestion and measurements of teat sizes in a herd is an aid to choosing appropriate milking machine liners.

**The AHDB Dairy mastitis control plan**

The impact of the AHDB Dairy mastitis control plan on a 600-cow herd with a high incidence of clinical mastitis, three-times-a-day milking, no treatment protocols and many individuals milking the cows, was presented by James Breen (Orchard Veterinary Group) and Nigel Jones (Oswestry). During 2013, the clinical mastitis incidence was 60-70 cases per 100 cows with a high rate of clinical recurrence. Investigations indicated predominantly Gram-positive infections of *Streptococcus uberis* and *Staphylococcus aureus* (penicillin-resistant) with an indication of dry period infections leading to clinical cases in the first 30 days of lactation.

A review involved all the farm staff and led to a series of improvements including dry cow environment hygiene and aseptic procedures. The incidence of mastitis fell to 20 cases per 100 cows with over 1,500 fewer antibiotic administrations recorded. The speakers emphasised the need to target specific herd deficiencies with the mastitis control plan.

The best poster award was collected by James Breen on behalf of a research team that has developed an electronic automated herd mastitis pattern analysis tool (PAT) which will assist mastitis control plan deliverers to make an initial herd diagnosis. Thirty input parameters are collected for each of six three-month periods. Eight other posters were presented. These are published in the proceedings and the projects outlined may be further developed.

For copies of current and past conference proceedings, email bmc@thedairygroup.co.uk
Innovation for agriculture

Antibiotic resistance was the focus of the Innovation for Agriculture meeting in December

For those in large animal practice, Innovation for Agriculture (IfA) may be an influential information source for their clients. If the one-day conference on ‘practical approaches to reduce antibiotic use on dairy farms’ is typical of the 11 similar gatherings available during January and February for beef, sheep and dairy, the partnership involvement between veterinary knowledge and farmer implementation will be considerably enhanced.

On arrival, each delegate was made aware of four outcomes: we will go home 1. better informed about reducing antibiotic use on dairy farms, 2. with practical strategies to introduce on dairy farms, 3. in no doubt that changes for the better have to be introduced on all dairy farms, and 4. motivated to play our own parts in giving our children, and theirs, a realistic chance of avoiding the possibly fatal consequences of an antibiotic-resistant infection. David Gardner, CEO of IfA, explained that the project is funded by the Esmee Fairburn Foundation and a three-year programme is ongoing with planning and development in the areas of livestock and antibiotics, sensor technologies to offer data-driven dairy decisions and improvements in soil health and water management.

Aled Davies (PRUEX) gave an account of visits to many overseas livestock situations, which challenged his former understanding about bacteria and antibiotics. Aled did not know that antibiotics were ineffective against viruses, but he has caught up quickly with technical knowledge. One of his conclusions is that improvements introduced on-farm need to be communicated to consumers.

Professor Peter Borriello (Veterinary Medicines Directorate) explained the problem is global and requires a global response. Any antibiotic use could select resistant strains of bacteria, not just antibiotic misuse. The promotion of the need to complete a course of treatment is now challenged and alternatives to the use of antibiotics are the way forward. The O’Neill report highlighted that developing a new antibiotic is a high-risk financial venture with a global pressure to use less volume of product.

Infection control is the key issue in both humans and animals. The UK adopted a five-year antimicrobial resistance strategy which emphasised the need for a partnership programme on a voluntary basis. The usage of antibiotics in farming is falling more rapidly than forecast. As products are switched away from the critically-important antibiotics, it is expected that the total number of treatment courses will fall, but that the total volume of administration may rise as the older products require larger doses per animal. The UK is an international leader on the animal and human antimicrobial resistance issues.

Reduce, refine, replace

Dr Elizabeth Berry (Responsible Use of Medicines in Agriculture Alliance) discussed the dairy sector voluntary targets on reducing, refining and replacing antibiotic use. An overall reduction of antibiotic use in all forms in the dairy sector is targeted with a specific reduction in the use of intramammaries at the end of lactation and during lactation, plus an increase in the use of teat sealants at drying off. The use of critically-important antibiotics, including 3rd and 4th generation cephalosporins and fluoroquinolones, is to be halved by 2020. The speaker stressed the need to avoid any negative impact on animal welfare, but antibiotic footbathing and feeding antibiotic-laden waste milk to cows are questionable practices.

It is realistic for a veterinary practice to aim to voluntarily eliminate the use of all highest priority critically-important antibiotics from dairy client herds by 2020

Dr Kristen Reyher (University of Bristol) explained that the college farm animal practice had demonstrated that production parameters, including fertility, udder health, mobility and culling rates, can be maintained and even substantially improved alongside a complete cessation in the use of critically-important antibiotics, as well as an overall reduction in the use of antibiotics on dairy farms. Collecting actual farm data has been illuminating for both researchers and farmers. Discussions with farmers and vets have shown that team working is essential, with trust between both parties.

In recognising that awareness alone does not lead to behaviour change, farmers identify and set the changes
they can introduce and the performance often exceeds expectations. Farmer action lists need to be reviewed and reasons for uptake and difficulties identified and discussed. There are challenges for veterinary surgeons who ‘don’t want to be the vet who doesn’t prescribe and animal welfare is compromised’. There is a good farmer mindset, where additional treatments are seen as ‘doing the cow well’. Open on-farm discussions are highly relevant. It is realistic for a veterinary practice to aim to voluntarily eliminate the use of all highest priority critically-important antibiotics from dairy client herds by 2020.

Embracing technology
Tom Clarke (Synergy Farm Health) emphasised the need for data collection. Actual antibiotic treatment data is hard to obtain over a large number of farms with different recording systems. The DataVet project uses VetImpress and FarmImpress apps to capture farmer and vet antibiotic treatments, disease diagnosis and health data. The data are aligned with practice-level medicines sales data, cattle tracking system, cow identification and milk recording. Benchmarking of the information, with an individual farm report, allows effective discussions between vets and farmers. An assessment of antibiotic use across the practice shows there are still some herds with a high usage. There is a range of prescribing from individual vets, within a practice policy to reduce antibiotic usage. The speaker said that some farmers are ‘wed’ to their treatment regimes, but antibiotic stewardship plans involving discussion groups had resulted in half the practice herds no longer using critically-important antibiotics.

A panel discussion between Tom Clarke, Tim Downes (organic farmer), Nigel Underwood (Elanco) and Professor Mark Fielder (Kingston University) provided details of developments, intentions and workable systems. It was encouraging to hear that the concerns about antimicrobial resistance have led to ‘new money’ for the commercial development of diagnostics.

Richard Lloyd (IfA) outlined many of the sensor technologies and products that are currently available. Dairy farmers are aware of the direct costs of disease (vets, drugs, labour, discarded milk), but less aware of the indirect costs of loss of production, etc. With sensors, the farmer must learn to ‘trust the system’ with health and nutrition alerts available from mobile phones linked to sensors.

Aled Davies concluded the session by describing the elimination of biofilm that was protecting harmful bacteria, utilising other bacteria. A video showing udders and teats being sprayed with bacteria as an alternative to chemical teat spray and teat dip generated discussion. The speaker indicated that the sprayed bacteria acted by removing moisture from the teat, and that attacking the biofilm with bacteria reduces wetness in bedding and cleans away the internal sludge lining water pipes.

In conclusion, the chairman said it was a good sign that the industry was taking ownership of the antibiotic resistance issue and that it is worth giving new ideas and technologies a chance to prove themselves on-farm.

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The pre-purchase examination

Continuing his ‘ask the experts’ series, Kieran asks two equine vets about the ins and outs, and potential pitfalls, of the pre-purchase exam

KIERAN O’BRIEN
After a long stint as a lecturer and clinician at Bristol University, Kieran O’Brien, MA, MVB(Hons), PhD, MRCVS, now works at Penbode Equine Vets on the Devon/Cornwall border.

Although the pre-purchase veterinary examination (PPE) of a horse follows a well-established protocol, issues can arise which rely very much on the experience and approach of the examining clinician. Here we ask Mark Lucey and Rod Fisher to give their opinions on common situations that can occur at vettings.

What information, if any, do you send to the purchaser in advance of the vetting?
ML It depends on the experience of the purchaser. If there is any doubt, the receptionist explains the procedure, and we have a PPE protocol description available to email. If there are still any queries, the PPE vet speaks to the purchaser to explain the procedure.
RF The five-stage vetting procedure is generally described in a telephone call when the PPE is arranged. Where a two-stage PPE is required, a standard form is sent to the prospective purchaser outlining what is involved and the limitations of that examination. A copy must be signed by the potential purchaser recognising these limitations before the examination can go ahead.

Do you routinely ask the purchase price of the horse? Does the PPE fee vary depending on the price, and what formula do you use for this?
ML I did vary the fee depending on the purchase price, banded according to the price (up to £10k, £10k to £50k, over £50k). The charge was roughly 25% more as the price went up a band.
RF I do not routinely ask the purchase price of the horse. The question being answered is, “Is the horse suitable for the purpose for which it is intended?” It should be a standard examination for a standard fee; the purchase price is irrelevant. Sometimes I will enquire after the examination, but this is merely for my own interest and to keep abreast of current market prices.

How common are microchip irregularities at PPEs? What irregularities do you see?
ML They are rare. I only remember one, where the chip and passport differed. The wrong passport had accompanied the horse from Holland. I occasionally get two or even three chips in one horse. Only very rarely does a chip not scan if you are using a good reader and are patient. Remember that French vets usually chip horses just behind the poll.
RF Microchip irregularities occur from time to time. Sometimes they involve an incorrect digit when compared with the passport. These are clearly clerical errors and in these cases, an accurately completed written description and diagram in the passport is very helpful. Occasionally, more than one microchip is found. The microchip is extremely valuable in establishing the correct identity of the horse, especially where the horse has been through a dealer’s yard.

THE EXPERTS

MARK LUCEY
Mark recently retired as a partner in Bourton Vale Equine Clinic, Gloucestershire. He has officiated at Olympic Games as an eventing Team Vet, and was Team Vet for the British Young Riders eventing team for 15 years.

ROD FISHER
Rod recently retired as a director of Abbey Equine Vets in Abergavenny, but remains a consultant. He was Team Vet for the British Endurance Team from 1989 to 2001. He has been Team Vet to the British Para-Equestrian Dressage Team since 2002 and is a regular FEI Official Vet at events and competitions.
Do you consider lungeing on a firm surface to be an essential part of the two-stage PPE, if the horse is used to being lunged?
ML Yes.
RF Lungeing on a firm surface is probably the most valuable part of any PPE.

A prospective purchaser of a 10-year-old showjumper requests a two-stage PPE. Do you or your office staff usually try to persuade the purchaser to ‘upgrade’ to a five-stage vetting?
ML No.
RF My staff would try to persuade the prospective purchaser to have a five-stage examination on the grounds that: 1. To fully evaluate the cardiac and respiratory systems (particularly the upper airway), the horse will be required to undergo strenuous exercise; 2. A full orthopaedic examination involves seeing the horse at faster paces (preferably ridden). Some orthopaedic conditions do not become apparent until the horse has been worked hard and then rested for a short period, allowing them to ‘stiffen up’.

You are asked to vet a fit eventer. Only a sand school is available for stage three of the examination. Would you accept that? What is your actual procedure for stage three in this circumstance?
ML Yes. Nearly all my PPEs were done in all-weather ménages. I make sure the horse is worked sufficiently on both reins to make it ‘blow’ sufficiently to hear any abnormal respiratory noises. Ménages are good because the horse is always fairly close to the examiner and it is easier to hear abnormalities. You may have to be patient if the horse is very fit, but all horses can be worked hard enough in a ménage.
RF Provided the sand school is large enough to allow the horse to be galloped, this is acceptable. The horse needs to be worked until it is blowing hard (which in a fit eventer may take some time) and sweating. The procedure is to allow the horse to warm up adequately so that it is observed at walk and trot, then cantered until it shows signs of becoming tired. Finally, a short period of gallop is incorporated close to the observer and preferably upwind when passing, before the horse is warmed down.

At stages two and five, a hindlimb flexion test in a six-year-old show horse produced a positive result in one hindlimb only. The purchaser asks you to x-ray the limb to check ‘it’s nothing serious’. What is your response?
ML I am never keen to radiograph a horse that has failed a PPE for any reason. The dilemma is when radiographs show no obvious abnormalities. The horse is still clinically wrong and is best left alone. Also, what area do you radiograph, assuming the lameness is coming from a bone-related lesion and you cannot do a proper work-up?
RF Radiographs will not demonstrate all serious conditions causing lameness and a lack of visible changes on radiographs can lead the potential purchaser into a false sense of security. My advice is that the purchaser’s original tenet is incorrect. If they wish to continue with the potential purchase then the cause of the positive response should be fully evaluated; radiographs will not be sufficient for this.

The purchaser of an unbroken three-year-old requests a five-stage examination. The vendor states it has never been lunged, but the seller is happy to ‘chase it around the school’. How would you proceed?
ML I would have it ‘chased round the school’ and if I can assess cardiovascular function, that is satisfactory, but I would state on the PPE report form that the horse was loose-schooled. If I cannot assess cardiovascular function satisfactorily, I stop the exam and explain to the purchaser that stages three, four and five could not be done satisfactorily.
RF If the horse is ‘chased around the school’, this may provide evidence of a problem, but it must be made clear on the report that this has been done and that the procedure is not an adequate substitute for lungeing. Alternatively, carry out only a two-stage examination.

At stage two of the examination of an eight-year-old hunter, you notice that it is
intermittently lame on one forelimb when lunged on a firm surface. The horse was sound in a straight line and the flexion test responses were normal. How would you proceed?

ML I ensure there is no obvious simple cause for lameness, e.g. a low-grade corn. If a cause is found, I could re-examine in a few days when hopefully it has resolved. If no cause is found, I then would ideally speak to the purchaser to discuss. I would not continue the exam beyond stage two unless the purchaser wishes.

RF I would terminate the examination and advise against purchase.

Roughly in what percentage of cases where the PPE blood sample is analysed is evidence of illicit medication found?

ML I only ever had one positive and that was phenylbutazone. I probably requested 100 analyses in my career, so that’s 1% positive. I always ask if the horse has had any recent medication before the PPE and one seller admitted phenylbutazone administration four days before. The horse in question was subjected to a completely new PPE and a blood sample medication analysis seven days later at the seller’s cost.

RF In my experience, evidence of illicit medication is extremely rare. However, sometimes unexpected findings may occur. Omeprazole is an example of a drug being used but not being declared – accidentally or deliberately.

In the event of a serologically-positive blood test for strangles at the PPE, do you attempt to persuade the purchaser to commission a guttural pouch lavage to confirm freedom from infection?

ML I almost never took a strangles blood test. The test brings up too many false positives or inconclusives and then everyone gets in a panic. However, a guttural pouch lavage should clear up any doubt and I would recommend it. Anecdotally, I hear the test is done more often nowadays.

RF I do attempt to persuade the purchaser to have a guttural pouch lavage. However, less than half of potential purchasers agree to this. The majority withdraw completely from the sale.

You are booked to vet a 12-year-old top-class dressage pony. On the day of the vetting you are notified that the child rider is ill and you are asked if the exercise phase could be done by lunging. What is your response?

ML I really like to see a dressage horse or pony ridden if possible. I would immediately speak to the purchaser and see what they want, and point out the limitations of assessing a dressage animal without seeing it in ridden work. If the purchaser agreed to lunging only, I would write that on the certificate. It is better to delay until a rider can be found.

RF Although it is preferable that the strenuous exercise be carried out with the pony ridden, lunging is an acceptable alternative. This must be made clear on the report issued following the examination.

A prospective purchaser asks you if you would vaccinate the horse ‘if it passes’. What is your response?

ML I would give a full verbal report before any vaccination to ensure they are going to proceed with the purchase. After all, it is not their horse until they have completed the purchase after my examination, so what happens if the horse blows a vaccine reaction?

RF A pre-purchase examination is an assessment of risk in purchasing the horse, not a pass/fail scenario. There will almost certainly be issues resulting from the examination which need to be discussed with the purchaser. If there are no issues, there is no reason why the horse may not be vaccinated subject to the agreement of the seller.

The opinion section of the PPE certificate requires a clear declaration that the condition(s) observed do or do not prejudice the horse’s suitability for a defined purpose. This statement allows no qualification. Do you find this a handicap?

ML I add the phrase ‘subject to my proviso/cautions detailed below’ and then add all the worry points. I think the wording is far too restrictive for some horses and really you are there to point out the defects or worries to enable the purchaser to make up their own mind. I also put the words ‘if the purchaser is proposing to obtain insurance cover, I advise that satisfactory cover be obtained before agreeing purchase terms’. I always found the more you write, the better you can explain injuries and abnormalities which may or may not affect the future use, and it gets you out of trouble if something untoward happens after your PPE.

RF I do find this declaration a handicap and sometimes write a caveat that while the condition(s) do not currently prejudice the horse’s suitability, this may not be the case in the future, as discussed in the section on relevant clinical findings.
How to start a stallion in an AI programme

What health tests, training and semen assessments are necessary when enrolling a stallion in an AI programme for the first time?

MADELEINE CAMPBELL
Madeleine Campbell, BVetMed, MA(Oxon), MA(Keele), PhD, DipEDAR, DipECAR, MRCVS, is a RCVS and European Recognised Specialist in Equine Reproduction. She is the sole partner at Hobgoblins Equine Reproduction Centre and has research interests in clinical equine reproduction, and the ethics of using assisted reproductive technologies in animals.

With the start of the 2018 breeding season approaching, stallion owners are making plans for standing their horses at stud. With the notable exception of Weatherbys (which registers Thoroughbred racehorses), the vast majority of British and international equine stud books now allow the use of artificial insemination (AI).

The advantages of using AI are many; it allows shipment of semen to distant destinations and removes the need to transport stallions or mares and foals for breeding purposes. Use of freshly-collected semen appropriately inseminated using a minimum contamination technique also provides the optimal method of achieving a pregnancy in many sub-fertile mares.

From the stallion owner’s point of view, making the stallion available via shipped chilled or frozen semen opens up national and international markets. Training the stallion to use a dummy mare for semen collection also significantly reduces the risk of injury to the stallion associated with covering live mares or having semen collected using a ‘teaser’ mare. Being able to collect and freeze semen for future use means stallions do not have to combine stud duties with competition during spring and summer.

Biosecurity
All the venereal diseases which can be spread by ‘natural cover’ can also be transmitted in semen, and the fact that ejaculates are often split between multiple mares and destinations means that AI is a fantastic way of spreading disease. It is therefore crucial that all stallions being used in an AI programme are tested annually in line with the HBLB Codes of Practice, which specify which diseases stallions should be tested for after 1st January each year, and how the tests should be undertaken. As specified in the ‘AI’ section of the HBLB Codes, all semen collections should be undertaken using appropriate biosecurity measures, and shipments of semen should be accompanied by the appropriate paperwork certifying freedom from disease. Teaser mares with which the stallion will come into contact must also be tested free of venereal disease, as specified in the HBLB Codes.

Semen collection methods
A physical examination should be carried out to assess any abnormalities (including those of the reproductive tract) which might affect the stallion’s fertility (Varner, 2016). Semen can be collected from stallions for use in AI using a real mare, a ‘dummy’ mare, or ‘ground collection’. If a real mare is being used, she should either be in behavioural oestrus, or be ovariectomised.

Ovariectomised mares have historically been treated with oestrogen to make them display signs of oestrus. There is no oestrogen currently licensed for use in horses in the UK. The use of a real mare exposes both stallion and mare to injury from kicking or biting, and the person collecting the semen is of necessity situated between the two horses.

Collection of semen using ‘ground collection’ (i.e. when the stallion mounts neither a real mare nor a dummy, but is collected while standing on the ground) is useful in some cases of orthopaedic or neurological disease which prevent the stallion from mounting and ejaculating. However, it is not well-tolerated by all stallions and is always relatively
dangerous for the semen collector and stallion handler. The rest of this article will concentrate on using a dummy mare for semen collections, which is usually the safest and preferable method.

**Using a dummy mare**

Dummy mares are commercially available. They should be situated under cover, in an area with adequate space, and with a non-slip, disinfectable flooring. Dummy mares should be disinfected between stallions.

Safety is paramount – everyone involved in the collection process should wear a hard hat, a back protector and shoes that provide protection. Everyone should be aware in advance of where they should go should they become endangered. The stallion should be suitably restrained, e.g. using a Chiffney bridle and long lead rope (not a lunge line), and the stallion handler should be experienced.

The stallion is trained to mount the dummy by placing the teaser mare (usually in oestrus) on the far side of the dummy and allowing the stallion to tease her over the dummy. With patience, the stallion will become aroused and will start to try to reach the mare by jumping onto the dummy. Some stallions become frustrated (and dangerous) during the training process – multiple short training sessions are more rewarding and safer than fewer long sessions. When the stallion has mounted the dummy, the person handling the artificial vagina (AV) moves forward on the left side of the dummy and deflects the stallion’s penis into the AV. The stallion handler should also be on the left side of the dummy (Figure 1).

There are various models of AV available – this author routinely uses the Missouri model (Figures 2 and 3). AVs should be filled so that the lumen is c. 38° C, and lubricated with a non-spermicidal lubricant, wearing a long glove. Novice stallions will not necessarily ejaculate the first time they mount the dummy.

**Semen assessment**

Once the stallion has been trained to use the dummy and the AV successfully, and has ejaculated enough times to be sure that any sperm cells that have accumulated in the deferent duct system have been ‘flushed out’, his semen should be assessed. The detailed description of such assessment is outside the scope of this article (see Baumber-Skaife, 2011).

Briefly, the concentration, morphology, total motility and progressive motility of the semen should be analysed. Ejaculates should be ‘test chilled’ using a variety of extenders to see which extender ‘suits’ each stallion’s semen best in terms of motility and longevity. Subsequent collections for commercial purposes should use the best extender. For fresh/chilled semen AI programmes, each mare should be provided with a minimum of 500 million progressively-motile, morphologically-normal sperm cells.

**Conclusion**

The early spring is a good time to undertake health tests, train the stallion to use the dummy and AV, and assess the best way to preserve the stallion’s semen, in order that collections can be made on demand and semen of the best possible quality provided once the stud season starts.

**References**


Everyone should be aware in advance of where they should go should they become endangered.
“Care is provided by people, not machines or lights”

On a recent perambulation, I happened to chance upon three quarrymen. “What are you up to?” I asked. “I have to cut out these blocks,” said the first. “It’s back-breaking work – I can’t wait for the day to end.” The second one was a bit more positive: “I’ve got a wife and kids and this just about provides for them,” he said. “And what of you?” I asked the third. “I’m building a cathedral!” he said, and turned back to the quarry face with determination. OK, I’ll be honest, I didn’t meet these men on one of my walks, but rather in a recent sermon in the church I’m part of. But I thought it would be a good way to start the new year.

Why are we working through another morning’s cases of cat claws clipped, dog anal glands squeezed and diarrhoeic gerbils dealt with? Just another day at the clinic? A way to make some money to enjoy when work is finished? Or do we have a greater aim in our work? When we stood there in front of the president of our Royal College, we stated that our prime concern would be the welfare of the animals under our care. Nothing about getting to some monetary target or reaching a financial goal. So why, when I travel round to the practices my ambulatory referral service visits, do I not see graphs of number of clipped cat claws, squeezed anal glands or gastrointestinal-challenged gerbils helped, each with their happy owners satisfied, but rather plots showing the takings for the month this year and last so we can all see how much more was made?

I understand that the practice has to be heated and lit, the receptionists and nurses and cleaners have to be paid – oh, and the vets too! And these days if you’re not an independent, the corporate’s head office has to be staffed and the investors rewarded for their financial input. But that means that the prices go up, even if the investment has led to brighter operating lights and more machines that should improve the veterinary care.

The machines should improve veterinary care, but not necessarily. Care is provided by people, not machines or lights, though they can certainly help. And if we have invested in machines and lights, we will want to use them, won’t we? When I see a 13-year-old cat with a black blob in its cornea, the temptation is to jump straight into surgery to remove this sequestrum, especially given that I’ve driven 40 miles to see the animal. But a second look at the eye and a chat with the owner shows that the cat is not at all bothered by the lesion – there’s no blepharospasm whatsoever. A squidge of Remend twice a day may well sort things out and allow the tissue to slough off, especially as the cat has a heart murmur and the owner is concerned about money just coming up to Christmas.

I guess there is a chance that the corneal defect could get deeper and deeper with the eye eventually popping (to use a technical term!). We could certainly frighten the owner into parting with her cash or just mention that this is a possibility and that regular checks are worthwhile. How happy she was with that as a solution – “the best Christmas present you could have given me” was her response. To my mind, that is building a cathedral!
Switching suppliers to save

With energy costs rising, could your practice save money by switching suppliers?

By Adam Bernstein

Breet is on the horizon, costs of energy are rising following the fall in sterling and an increase in taxation, and it appears that the UK’s energy generators can only just meet energy demands. It’s not hard to see why practices should be keenly aware of the impact of energy usage on their bottom line.

After all, heating and lighting a practice as well as powering devices such as x-ray machines, air-conditioning units or sterilisers takes a fair amount of energy. According to the Carbon Trust in a December 2013 document, Better business guide to energy saving, most firms could, with low or no-cost changes, bring bills down by 10%.

Make a saving

Chris Caffery, an adviser at independent energy consultancy Utility Options Ltd, believes that 95% of his clients can save either on their upcoming contract renewal or their current pricing. He finds it irritating that there are still too many on uncompetitive contracts or paying high non-contract prices.

From his point of view, practices should understand that being ‘out of contract’ – that is, not signed up to a deal but instead paying standard pricing – is not a smart idea.

He says: “Having no energy supply contract may give flexibility, but it also means that practices will be charged out-of-contract pricing that can carry a 20-30% premium over standard tariffs.” He explains: “Suppliers say they have to buy energy on an ad hoc basis, paying wholesale rates for that anticipated energy on a daily basis.

“They will build extra margin into these tariffs to cover large wholesale increases. On a fixed contract, the supplier buys the energy for the whole contract at the price agreed. This way they know their margin and this can’t change for the period of the contract.”

Thankfully, rollover contracts have been abolished. They effectively trapped businesses into a given supplier and tariff if notice wasn’t served in the prescribed manner.

So, when should practices give notice if they want to leave? Caffery says two to three months prior to the contract renewal is usually good timing. “The new system requires a standard 30 days, but termination can be served to a supplier before this time as long as the customer doesn’t try to switch before the renewal date. Should they go past the renewal date, they will usually revert to the standard tariff which they can leave at any time by giving 30 days’ notice.”

How to switch

Of course, it’s entirely possible to find and switch to a new supplier without any external help – especially if a practice contacts a supplier directly on the right day when rates are low or the sales department have a target to hit so can reduce their margin. But there are better solutions than DIY from Caffery’s point of view. The first is to either use a broker that can obtain a better rate because they already deal with suppliers in bulk and in return, suppliers offer tariffs with already low margins. The other is to use

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Switching suppliers to save

a consultant who can do the same but adds other benefits such as bill analysis to confirm correct low rates, contract renewal notification and reminders, and non-tariff-related savings, such as meter downgrades/installations.

Third-party help should be considered

Unlike the domestic market, because of the way that business energy supply works, making a quick online comparison is not simple. While the domestic market is largely based on location, Caffery says the commercial market uses a number of elements that determine the tariff cost: “There is a varied mix of wholesale rates, transportation costs, government taxes and levies and, of course, profit for the suppliers. Generators still rely heavily on coal, oil and gas, so actual or anticipated costs of these fuels can create large differences in retail prices.”

There are a great many more online comparison websites for domestic energy than there are for commercial suppliers. “One of the main reasons for this,” says Caffery, “is that domestic tariffs set by suppliers have a longer ‘shelf life’, usually due to a slightly higher margin placed on domestic for this very reason.” Other factors are considered, such as credit rating (because practices are effectively borrowing from the supplier) and the length of contract (a deal may be poorer at first, but over time this improves as market prices rise).

But using a broker or consultant doesn’t always guarantee price transparency; it’s not easy to compare the price that’s being offered unless brokers are changed, particularly if the negotiations are happening a day or two before renewal. The advice? Don’t leave negotiations until just before the renewal is due, as it doesn’t give an opportunity to shop around.

As for what could be saved, Caffery offers two examples: “We have a large practice in Bristol with eight employees. Typical savings year on year here are 12% for electricity and 16% for gas.” He says this equates to around £860 per annum. “We also helped a very large practice in Glastonbury. The typical saving over the supplier’s direct renewal prices was around 10%, which was approximately £1,000. Frighteningly, the practice said it was nearly convinced by a cold caller earlier in 2017 to accept a very high renewal price until they contacted us to confirm that it was a deal worth taking. As their broker for eight years, they knew that they could trust our advice and this advice alone will probably save them £600 next year.”

Caffery says using a consultant isn’t just about the rates that are negotiated. It’s about saving time and not having to deal with suppliers – “sometimes the extra added services can far outweigh the visual savings on the utility bills”.

To conclude

Clearly, there are a number of lessons that can be drawn. Plan well in advance for benchmarking and renewing (switching) contracts. The energy companies would much prefer customers on standard tariffs, but with some planning and effort, decent savings can be made.

Making the right choice

No supplier is perfect and it’s only natural that practices base their first choice on price as it’s the bottom line that matters to most. However, some suppliers are more customer service-focused than others, but that only really matters if a problem arises. Service is, of course, where the energy consultancy or broker can help with their experience. When searching for external help, as with most trades or service providers, there are going to be some that take advantage of their clients so an internet search could possibly be a little bit like a lottery. If the business is a member of a trade organisation, it may be best to ask them who their chosen consultant is for their members. The VPMA, for example, has a tie-in with Full Power Utilities.

Making a complaint

In the majority of instances, the energy supply relationship works out well, but where there’s a suspicion of unfair treatment, and the relationship breaks down, there is a natural inclination to ask about rights of redress.

There are two avenues of complaint open to practices who think they have been unfairly treated. All suppliers have an in-house complaints process. But having exhausted that route, the next step is to try the Energy Ombudsman to have a complaint taken further. The ombudsman can only help microbusinesses (defined as having an annual consumption of electricity of not more than 100,000 kWh, or gas consumption of not more than 293,000 kWh; or fewer than 10 employees or their full-time equivalent, and an annual turnover or annual balance sheet total not exceeding €2 million). Ofgem doesn’t get involved with individual complaints, but it does have plenty of information on its website that may prove useful.

It is worth noting that help with seeking redress is a service that most consultants and brokers provide to customers. They take up queries with suppliers and use their contacts and knowledge to obtain a swift solution.
“My staff reside in the flat of the practice. Do I need to put any agreements in place should I wish for them to vacate?”

The reason the employee resides in the property owned by the employer will determine which type of agreement should be put in place. A service occupancy agreement should be used when an employee resides in a property owned by the employer for the better performance of the employee’s duties or the residence will provide ‘material assistance’ to the employee’s duties. Offering accommodation to an employee merely because it is convenient will not create a service occupancy agreement. It is important to understand the difference between a service occupancy agreement and a tenancy agreement. If the property is let to an employee under a tenancy, that letting is regulated by the Housing Act 1988 and there will be no automatic right to vacant possession on the termination of the employment. A service occupancy agreement does not have security of tenure once the employment ends. The agreement creates a licence personal to the employee and on termination of their employment, the employee must vacate.

What matters is the essence of the agreement, not the words used or its title. A carefully drafted agreement must be created to mirror the arrangement you wish to operate in practice. A service occupancy agreement need not create exclusive possession to the property, but living at the property is necessary for the employee to carry out their duties under their employment contract. The employment contract should also contain a special condition that the employee will live in the service accommodation.

At the end of their employment, the service occupancy agreement will end and should the occupier remain, they will become a trespasser. Any payment for unlawful occupation should not be accepted as it may be construed as rent, therefore creating a tenancy and entitling the tenant to statutory protection. The former employer can, however, demand money for the use and occupation of the service occupation after termination of employment. If the occupier (or any other person in occupation) fails to vacate, court proceedings should be made any time after the employee’s last day. The court will require evidence of their employment contract and occupancy agreement.

To put a question to a legal expert, email jennifer.parker@5mpublishing.com. For any specific questions on this topic, email Rachel Baylis at rbaylis@hcrlaw.com

At-home pet euthanasia

Pet euthanasia at home is not a new concept, but neither is it particularly well developed. The idea of providing an ‘at home only’ facility developed because of the demand for professional in-home services that respect the privacy and dignity of pets near the end of their life as well as feelings of grieving pet parents.

The service is designed to work in partnership and is very much a complement to local practices, as it allows them to provide at-home and out-of-hours end-of-life services, without placing potential strain on the practice should a vet have to leave the clinic to make a home visit.

A pet in the autumn of its life may suffer additional stress if it is transported to a busy vet’s clinic. A grieving pet parent could arrive at the same time as a puppy is getting its inoculations, placing joy and pain side by side and risking a difficult situation for both pet families.

Research has suggested that an uncomfortable experience at the vet practice has a negative influence on the continued relationship when a new pet comes along.

Being at home in a familiar environment is a respectful and dignified way to pass away, and is an un rushed process. The ‘at home’ service has a discreet behind-the-scenes support system; the booking, administration and payment processes are taken care of by skilled care co-ordinators. Payment is taken in advance; no cash is involved. This means that during a sensitive visit, no one needs to talk about money.

The vets or care co-ordinators are also on hand to advise on cremation services and assist in the arrangements, if so desired by the pet’s family.

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The digital tax switch

How independent practices can ease the transition to digital taxation

Richard Stonier
Partner, Tally Accounts
Richard is one of the founding partners of Tally and a Chartered Accountant at Deans Accountants in Stafford. He is a member of the Association of Taxation Technicians.

Think back to 2008 — the Olympics were in Beijing, Barack Obama was elected President of the United States and the UK began its digital TV switchover. This switch saw the UK’s terrestrial television converted to digital while analogue channels, broadcast from thousands of transmitter sites, were turned off. First announced in 2005 and finally completed in 2012, there was ample time to prepare for the digital TV transition. Unlike the TV switchover, the digitalisation of the UK’s tax system is fast approaching and many independent veterinary practices are rushing to get prepared.

Don’t bury your head in the sand and hope the digitalisation of tax will go away. Regardless of whether business experts are in favour of the transition, the change is going to happen, and fast.

The government announced in 2015 that by 2020 most businesses, self-employed people and landlords will be required to keep track of and update HM Revenue and Customs (HMRC) of their tax affairs digitally. While some practice owners may rejoice in the news after being overloaded with paperwork and often frustrating communications with HMRC over the years, for others the transition may not be so effortless.

Keep it simple
It is thought that two-thirds of small businesses don’t use accountancy software and 16% don’t use any sort of financial record-keeping at all, let alone a digital one. For this group of business owners, the transition to digital will not only be a case of learning new software systems, it will be actually keeping financial records to begin with.

Keeping useful and usable financial records when starting from scratch is easy; just keep it simple. Find a system that works for you and stick to it – and if you can make these records digital, even better. Monitoring your income and outgoings using a simple spreadsheet, or using easy-to-use software, will make transitioning to the new HMRC systems much easier.

Expert advice
Speaking to an expert accountant sooner rather than later will help eliminate headaches further down the digital line. You might be a superstar of digital bookkeeping already, but full-time accountants are on the ball when it comes to HMRC changes and will be able to give the best advice for future-proofing your business accounts.

Using accountancy software that is prepared for the switch will likely mean a smoother conversion when the deadline rolls around. While for independent practice owners who don’t feel comfortable using computerised software just yet, working with experts who already use the right software and are prepared for the shift will also ease troubles.

Don’t be an ostrich
Don’t bury your head in the sand and hope the digitalisation of tax will go away. Regardless of whether business experts are in favour of the transition, the change is going to happen, and fast. Be prepared. Do your own research and get to know the new system now. Then, when the system becomes a requirement, you will be comfortable, confident and capable of working the system.

While your accountant can provide expert advice, ultimately the successful tracking and processing of your business accounts is for your benefit.

Properly administered accounts mean less time sifting through month-old receipts and more time generating new business and making more sales.
Kick-start the new year with a financial health check

Where to begin when reviewing your personal and business finances for the new year

HELEN SKINNER
HEAD OF VETERINARY, FTA FINANCE
Helen has an extensive banking background and has worked within the healthcare sector since 2000. She works with all FTA Finance clients who are looking for funding for a variety of reasons.

Every new year starts with optimism and the hope that it will be better than the last. Most people will also have made resolutions as the clock struck midnight on New Year’s Eve, many of which will be linked to health and well-being. Sadly, it’s thought that nearly 50% don’t get past the first month before their resolution is broken – don’t let this be you! It is not too late to make a new resolution, this time linked to your financial health. Think of it as a ‘Well Man’ or ‘Well Woman’ check for your finances.

Here’s a quick guide for undertaking a simple and achievable financial review, irrespective of your income or outgoings. This approach should improve your overall financial health and give you a plan that you can stick to throughout 2018.

Savings and investments
The start point must be reviewing your financial position using a simple summary sheet detailing your assets and liabilities, income and expenditure. It is amazing how many people don’t do this; how can you possibly know what needs attention if you don’t know what you have?

Given the recent ‘base rate’ rise, you should review your investments; different rates and ‘deals’ come on the market all the time – what was a cracking deal back in 2016 might not be the best now. Banks and other providers often rely on you doing nothing and pay you a paltry figure once any introductory period expires, even though other ‘new’ accounts within their product range would pay higher. They conveniently fail to tell you about these ones. The responsibility is all yours to get the best deal.

It’s also worth considering that fixed-term products (e.g. notice accounts and short-term bonds) will often pay higher rates compared with basic instant access accounts – make sure you set a suitable diary note one month before expiry to check what else is on offer.

It is essential that you maximise your tax allowances. The key here is to make use of ISAs, your pension allowances and other tax-efficient savings and investments. Working with an independent financial planner who has access to the whole of the market is a prudent move, if only to give you peace of mind that your finances are in the right place, or to highlight areas in which improvements could be made. You want to avoid any adviser who is a ‘tied agent’ as they can only advise on a select group of products – not great for you as you want to access the widest range possible.

Personal borrowing
Whether it be your personal mortgage, credit cards, or perhaps a loan taken out for a car, it is just as important you take stock of your borrowing position. Paying off borrowing, or at least restructuring debt, on a more tax-efficient basis may be a good starting point. And with savings rates remaining low, there may be merits in concentrating on repaying credit card and higher-rate personal loan borrowing than building up savings. It may be possible to consolidate the higher-cost credit card borrowings onto a loan with repayments spread over a convenient three- or five-year term.

Your house mortgage or ‘buy to let’ loan should also be reviewed on an annual basis, especially before expiry of any fixed rate periods. Again, banks often rely on inertia and people reverting to their standard (expensive) variable rates. A mortgage is typically one of the largest personal debts a person has and reviewing it annually could save you thousands of pounds per year.

Business borrowing and banking
This is an area that is often missed when undertaking a financial review. It is quite likely, however, that your practice/business loan is your largest outgoing, and increasing bank account service charges are probably a regular feature on your bank statements.

Firstly, you should speak with your bank manager about your bank charges. Ask if any free banking is available or find out how you could benefit from lower charges if you make a few simple changes to how you operate your bank account. For example, making greater use of online banking and minimising the cash you pay in; these are two very simple steps that could reduce costs.

If you have owned your practice for more than two years, you should present a lower risk to the bank as your loan will have reduced and the value of your practice will (hopefully) have increased. If this is the case, you should push the bank for better terms and a lower interest margin because in theory, the risk to the bank should reflect the margin they charge.
You should also check if you are with the right bank. Fourteen of the high street banks are now actively lending to the veterinary profession with increasingly competitive terms on offer, so if your bank will not budge, there are potentially 13 others which could consider better terms.

Certain banks are ideal for your first practice purchase; however, their credit policies may be lacking if you wish to expand and potentially acquire further practices. They could say ‘no’ to your expansion plans, but what they actually mean is that you do not fit their credit criteria. Remember: if this is the case, there are other banks and options open to you; an independent business adviser can give you an unbiased and whole market overview.

Finally, funding for equipment and refurbishments should be reviewed periodically to ensure you are receiving the best terms and to check they are structured in the most tax-efficient manner.

**Insurances and wills**

The vast choice of insurances (both personal and business-related) can sometimes be confusing. Your personal life and practice structure will constantly be changing and you need to ensure you undertake an annual review to assess whether your existing policies remain competitive and ‘fit for purpose’. Very often, life cover taken out in 2005 doesn’t quite meet the needs of a client in 2018 who now has a business, children and a higher level of earnings.

Will planning is a vital part of your financial health check. If, like nearly 50% of the population, you do not have a will, this should be your priority. You should also review your will at least every two years in line with your ever-changing personal life and business/practice structure to ensure your wishes would be fulfilled in the event of your untimely demise, and to ensure the amount taken for tax remains as low as possible.

These are just a few suggestions to ensure 2018 is the year your finances are in the best possible shape. Follow through with the changes and don’t end up in the 50% that give up on their resolutions in January!

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Out with the old, in with the new

GEOFF LITTLE

Although retired from practice, Geoff Little is still actively involved in the profession. His positions within the VDS Training team and as president of Vetlife bring him into close contact with practice team members of various ages and positions.

It’s that time of the year again when you may have made all kinds of resolutions for the forthcoming year. These are often centred on giving up things, or doing less of something; stopping smoking, reducing alcohol consumption or losing weight often come under the spotlight. Our New Year’s resolutions are often focused on our personal life rather than our working life, and on doing less, rather than more of something.

We probably spend more of our working week in front of our colleagues or clients than we do with our families, or even ourselves. And how was last year for you, work-wise? Did you find life sometimes just happened to you rather than feeling in control and in the driving seat? Did you spend too much of your time at work overwhelmed and under pressure? This seems to be a common feeling among colleagues. Never have so many had so much to do, in such little time! It’s unsurprising, when one considers the pressures we face, compared to the way we worked 10 or 20 years ago. If only we could find a way of increasing the number of hours in the day, although I fear we would find ways of filling that extra time and adding more to the pressure and stress.

So, what about changing the way in which we conduct ourselves at work? “It’s not me,” I hear you say, “it’s the demands from my work colleagues and clients that cause pressure and stress.”

The fact is, you cannot directly change others – neither their character nor their behaviour, but by changing your behaviour, you can indirectly change that of others and reduce stress and pressure for all concerned.

Put positive actions in place

How about a New Year’s resolution to put in place positive actions, aimed at changing your behaviour to reduce your personal levels of stress and pressure and of those around you? There are two distinct groups of individuals we interrelate with at work: our clients and the rest of our team. How challenging do you find your relationships with clients? How do you feel at the end of a consulting session? Do you finish those sessions on time?

Do you feel you have addressed your clients’ concerns, or managed their expectations in that 10 to 15 minutes? Do you feel fresh and ready to move on to the next task after the waiting room has cleared?

My guess is the average vet in practice spends most of their time in front of clients in the consulting room. It’s no wonder that, given only a few minutes with each one and with no breaks, we feel rushed, run behind, finish late and feel pressured or stressed.

We can’t stand back and admire our work; there’s that client to phone with those inconclusive results, another client who has just given your receptionist grief after being told he can’t have a repeat prescription for a pet which hasn’t been seen for over seven months, oh and there’s the op list to tackle and that visit to do! And what about your relationship with that receptionist, your nurses, the other vets in the practice, management? Is there a good working relationship? Do you all support each other?

It’s not too late to make a New Year’s resolution to put in place positive actions, aimed at changing your behaviour to reduce your personal levels of stress and pressure and of those around you? There are two distinct groups of individuals we interrelate with at work: our clients and the rest of our team. How challenging do you find your relationships with clients? How do you feel at the end of a consulting session? Do you finish those sessions on time?

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It’s not too late to make a New Year’s resolution to develop yourself as an individual and to take positive steps to ensure you end this year in a better place, in being able to cope with pressure in the consulting room and among workmates. Say goodbye to 2017 and embrace 2018 with a positive attitude and a clean slate.

Make time to ask yourself what you want to achieve this year. Be proactive, not reactive, and end the year in a better place than you exited the last one.
“Have the new jobs of 2016 graduates lived up to expectations?”

This month it’s the new graduate’s turn in our vertical cross-section veterinary satisfaction Q&A, where I put similar questions to vets at various stages in their careers. Have the new jobs of 2016 graduates lived up to expectations? What are they doing next?

Has your first year gone as you expected?

Small animal vet Yes and no. This year certainly has been a steep learning curve and stressful at times, particularly with out-of-hours, but I have thoroughly enjoyed putting what I’d been taught at university into practice and feel I have gained confidence.

Mixed practice vet Mostly how I anticipated; it’s very similar to EMS placements. I underestimated the impact of increased responsibility, on-call work and general paperwork. Starting work away from friends and family was the biggest change. It was also a shock to the system to see how far away general practice could be from what was taught at vet school.

What subjects interest you most?

Small animal vet I have an interest in cardiology and ophthalmology and enjoy the problem-solving aspect of medicine cases. I have also enjoyed building a rapport with clients.

Mixed practice vet I have interests in ophthalmology, ultrasonography and camelid medicine, which I have continued from vet school. While having no interest in surgery prior to my first job, I’m now much more involved with this. I also enjoy using technology and design skills to optimise practice.

What sort of career path do you expect to follow over the next five to 10 years?

Small animal vet I hope to further develop my clinical skills to become a well-rounded general practitioner and then maybe specialise in the future.

Mixed practice vet I expect to continue in general practice for a few more years. I think it’s important to work in different practices to appreciate different ways of doing things. Beyond that, I have no plans, though I have considered specialisation and branching out into other areas.

Have you considered other jobs available to you with a veterinary degree?

Small animal vet I haven’t personally, but a couple of friends have looked into joining the army.

Mixed practice vet I have considered research and applying tech skills to the veterinary sector.

Has the salary lived up to your expectations?

Small animal vet It’s about what I expected, but on discussing with friends it certainly varies with location.

Mixed practice vet It’s as expected. Long work hours and being on-call mean I spend little money and save income.

Can you give me some insight into how others in your year are getting on?

Small animal vet Quite a few people from my year have moved on to a second job/practice since graduating [15 months after graduation]. A few are now considering internships. The majority of people who went into mixed jobs initially have actually had to make a decision to pursue 100% farm, small animal or equine.

Mixed practice vet Some have moved around because they were not happy in their prior jobs. Some have done internships and are already considering specialisation.

Do you think being a vet is a career for life?

Small animal vet Certainly, but I think it’s something you can tailor and adapt as you progress.

Mixed practice vet Yes, although I would like to pursue other avenues at some point.

What do you like or dislike about veterinary work?

Small animal vet I like working within a team to reach a common goal to help both animals and clients in their hour of need, strengthening the important bond they share. I dislike the difficult consults where important decisions are based on financial constraints.

Mixed practice vet I like improving the health and welfare of the animals and providing a good service to clients. I dislike the stresses of the job: bad clients, blaming myself for mistakes, etc. Working in mixed practice, I find it particularly stressful dealing with cases I have little experience with due to spreading myself thinly between disciplines.

ABOUT GARETH

Gareth Cross, BVSc, MRCVS, graduated from Liverpool vet school in 1998. Gareth is now a director of a small animal practice in Devon, where he began working in 2003.
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