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Shaping the future of animal health
EDITOR’S WELCOME

“The big headline this month: bird flu is back”

Welcome to the February issue of Veterinary Practice magazine. The big headline this month: bird flu is back. Following the confirmation of avian influenza in 31 wild birds in Dorset and a number suspected to have the same strain in Warwickshire, a prevention zone has been extended across the country. Though not a public health threat, the H5N6 strain is highly infectious and deadly to birds, so keepers should take steps to protect their flocks.

Dogs are also in focus in the news this month, with the government announcement of new legislation to crack down on illegal puppy imports and the BVA’s launch of the #BreedtoBreathe campaign, which provides the profession with a toolkit to educate the public on the health issues associated with brachycelphalic breeds.

It’s also a busy month for the Veterinary Practice team, as on 7th and 8th February we open the doors to the fourth VetsSouth CPD Conference in Exeter. Full details of the event are in this issue, including the clinical programme and speaker profiles, and we’ll report on some of the great talks scheduled at the conference over the coming months.

Our clinical focus in this issue is dermatology; besides our regular dermatology contributions by David Grant and Virbac, which this month cover clinical features, diagnosis and management of feline dermatophytic mycetoma and tips for choosing and using shampoos to treat dermatological conditions, we have a feature on the process of diagnosing and treating a dermatology case, detailing best practice from start to finish.

In the Masterclass column, Rebecca Littler from Northwest Veterinary Specialists provides an in-depth discussion of protein-losing enteropathy, including useful information on how to characterise the syndrome and find an underlying diagnosis. In equine, Madeleine Campbell completes her reproduction series with a detailed guide to undertaking equine embryo flush, and Kieran O’Brien asks two experienced equine vets about their approach to treating infection in his ‘ask the experts’ series. New legislative changes are set to change practice management; we look at how they might affect veterinary practices, and Rob Tiffin explains how to spot, avoid and report pension scams, which seem to be on the rise in the UK. We also have an excellent piece for people in all roles within the practice by Alison Lambert on how to boost customer care using four key focuses: train, measure, manage, inspire.
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England-wide bird flu prevention zone announced

Defra has declared a bird flu prevention zone across the whole of England, requiring all bird keepers to follow strict biosecurity measures.

The decision comes after 13 dead wild birds were confirmed to have the virus in Warwickshire. Seventeen wild birds have been tested positive in Dorset and 31 infected birds have now been identified at the Dorset site. At that time Defra responded by putting a local prevention zone in place and, now it is known the disease is not isolated to the Dorset site, the prevention zone has been extended across the country as a precautionary measure.

The prevention zone means bird keepers must:

- Make areas where birds are kept unattractive to wild birds, for example by netting ponds and by removing wild bird food sources
- Feed and water birds in enclosed areas
- Minimise movement in and out of bird enclosures
- Clean and disinfect footwear and keep areas where birds live clean and tidy
- Reduce any existing contamination by cleansing and disinfecting concrete areas, and fencing off wet or boggy areas

Those keepers who have more than 500 birds will need to take extra biosecurity measures that include restricting access to non-essential people, changing clothing and footwear before entering bird enclosures and cleaning and disinfecting vehicles. The birds in Warwickshire are still being tested, but it is expected that it will be the same H5N6 strain of bird flu that was found in the wild birds in Dorset and has been circulating wild birds across Europe.

Public Health England has advised the risk to public health is very low with the Food Standards Agency also offering reassurance that bird flu does not pose a food safety risk for UK consumers. Defra has confirmed that the H5N6 strain is different to the strains which affected people in China last year. Although it does not represent a threat to public, UK CVO Nigel Gibbens has stated that it is highly infectious and deadly to birds.

BVA president John Fishwick responded: “I’d encourage vets to reassure their clients that this strain of avian influenza poses a very low risk to public health and the food chain. However, there is clearly a need to try to contain further spread of the disease, which has almost certainly come from migratory birds, and vets and poultry owners should follow the new prevention zone measures and remain vigilant for signs of bird flu.”

Up-to-date advice and guidance is available at: https://www.gov.uk/guidance/avian-influenza-bird-flu#about-avian-influenza

Illegal puppy trade guidelines launched

In a first for the profession, Independent Vetcare is to release guidelines for its 500 practices, providing advice on how to educate clients and protect themselves from the illegal puppy trade. The group’s clinical board set up a working party in 2017 to study the pitfalls that vets and their clients can fall into when they (often unwittingly) deal with illegal puppy breeders.

Clinical board chairman, Alistair Cliff, explains: “With nearly a third of puppies in the UK being imported illegally, we realised just how complex this situation has become. Both the public and the profession need to be aware of what is happening in order to make informed decisions and avoid risking themselves partaking in illegal activity.

“We have to re-appraise the advice we have traditionally given clients because these criminals have developed work-arounds for all of it. But it’s not only buyers that are being duped; many vets are often legitimising the criminals by vaccinating and microchipping puppies without challenging how they have been raised. As the UK’s largest group, with a reputation for excellence in clinical care, we thought it was incumbent upon us to act and give our colleagues guidelines on the issue.”

2017 UK’s worst year for Alabama Rot

Vets have confirmed that 2017 was officially the UK’s worst year for cases of the deadly dog disease Alabama Rot, after the number of confirmed cases almost doubled compared to 2016. Eight new cases from December, and two in January 2018, have just been confirmed by Anderson Moores Veterinary Specialists. There have now been 122 cases in the UK since the disease was first detected in 2012.

The 10 new cases are in Sacriston (County Durham), Guiseley (West Yorkshire), Bury and Bolton (Greater Manchester), Leek (Staffordshire), Petworth (West Sussex), Brighton (East Sussex), West Coker (Somerset), Bishop’s Tawton (Devon), and in Presteigne in Powys, which is a new county to have a case of Alabama Rot confirmed.

While there is currently no known way to prevent a dog from contracting the disease, any concerned dog owners should visit www.vets4pets.com/stop-alabama-rot/ for advice and a map of confirmed cases.
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The government has announced that legislation to crack down on unscrupulous breeders and illegal puppy smuggling could be introduced in early 2018.

The proposals under consideration include compulsory licensing for anyone breeding and selling dogs, ensuring that licensed dog breeders show puppies alongside their mother before a sale is made, and tightening regulations to prevent online sales where prospective buyers have not seen the puppy before purchase.

The proposals also include plans to address the breeding of unhealthy dogs and dogs with severe genetic disorders. The government has confirmed that it will take forward proposals put out for consultation earlier in the new year to improve how all pets are bred and sold. This would include regulating adverts both in print and online to ensure pet sellers include their seller’s license number, country of origin and country of residence of the animal, and a ban on the sale of puppies and kittens under the age of eight weeks that will be extended to include rabbits.

Responding to the announcement, BVA president John Fishwick said: “Responsible breeding and ownership of pets are among vets’ priorities, so we commend the government’s plans for new and updated legislation around the buying and selling of pets, ensuring that it’s fit for purpose in the internet age we live in.

“We also welcome the government’s efforts to combat the illegal trade in puppies. As vets, we see first-hand the tragic consequences that can result from poorly bred and illegally imported puppies, with almost one-third of vets reporting concerns about illegally imported puppies last Christmas.”

An online fundraising campaign run by charity Wildlife Vets International to support bird of prey conservation projects in Bulgaria, India and South Africa has exceeded its target. Its Raptor Rehabilitation Campaign, which used the hashtag #Vets4Vultures, was a nominated project for The Big Give’s Christmas Challenge, between 28th November and 5th December. WVI was tasked to raise £3,000 in online donations. If it succeeded, this amount would then be doubled by match funding from The Big Give’s funders, including Virbac UK, Vetronic Services Ltd, Kirkleatham Owl Centre and The Reed Foundation. To date the charity has raised £6,616, including the full £3,000 of match funding. It has thanked the veterinary profession for backing its efforts to conserve vultures and other birds of prey, whose numbers are declining rapidly in many parts of the world.

Olivia Walter, WVI executive director, said, “We need to raise a total of £18,000 to fully deliver on our Raptor Rehabilitation Programme so we would still be very grateful for donations and for colleagues to share our social media posts to help us reach more potential donors. Vulture numbers are plummeting in many parts of the world and our efforts could significantly increase their chance of survival in some countries.

“In the meantime, on behalf of WVI, I’d like to say a very big thank you to everyone who has helped us by offering match funding to #Vets4Vultures, donating or raising awareness of our work.”

Donations can be made at: http://bit.ly/2yurJ5H

The Society for Companion Animal Studies (SCAS) is holding a conference on 17th March to promote the benefits of adopting ‘positive pet policies’ across all housing sectors, including private landlords, social housing, care homes and umbrella organisations.

The UK’s housing crisis is at the forefront of discussions involving every sector of society. There are documented benefits to allowing pets into private rented accommodation and social housing and SCAS’s Pets in housing 2018 conference will raise awareness of how the adoption of positive pet policies can promote health and well-being.

By discussing the benefits and desired outcomes, SCAS aims to drive positive change in attitudes and legislation to ensure pet owners are not turned away from private or social housing. The conference is free to SCAS members or £50 to non-members.

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BVA urges vets to join #BreedtoBreathe campaign

With around half of UK vets (49%) citing the high profile of brachycephalic breeds in social media and advertising as one of the main reasons that clients choose to get a brachycephalic pet, the BVA is urging vets to join its new #BreedtoBreathe campaign and help challenge the pervasiveness of these ‘cute’ images. Nine out of 10 companion animal vets report that the number of brachycephalic dogs being brought into their practice has greatly increased over the past three years, according to the BVA’s Voice of the Veterinary Profession survey. Almost all the companion animal vets surveyed (98%) had treated brachycephalic dogs for conformation-related health problems in the past year.

The BVA is urging practices to avoid using images depicting dogs with brachycephalic conformation across their own channels where possible and for vets to use the template provided as part of the #BreedtoBreathe toolkit to individually reach out to brands using brachycephalic breeds in their communications, in a collective effort to help combat the normalisation and rise in popularity of these extreme features. Its position statement lists 10 actions that practices can undertake to improve the breeds’ welfare and promote responsible ownership:

1. Offer pre-purchase consultations with prospective dog owners, where the potential health problems of brachycephalic conformation can be clearly outlined.
2. Strongly advise against breeding if a dog is suffering from BOAS or requires conformation-altering surgery.
3. Promote the Puppy Contract through practice communication channels – www.puppycontract.co.uk.
4. Promote and actively participate in available health schemes, including those for brachycephalic breeds that currently exist among breed clubs.
5. Carry out exercise tolerance tests and functional grading for brachycephalic breeds as part of their annual health assessment.
6. Enrol the practice in clinical surveillance programmes such as VetCompass and SAVSNET, to contribute to data gathering and evidence generation.
7. Develop a practice communication strategy to clearly communicate the health problems experienced by dogs with brachycephalic conformation.
8. Develop practice policy to ensure that practice communication channels do not portray such dogs as cute, humorous or appealing.
9. Ensure practice policy supports staff to appropriately convey evidence-based information and advice to owners of dogs with brachycephalic conformation.
10. Support local breed clubs and representatives to develop and implement plans to improve the health of dogs with brachycephalic conformation.

The #BreedToBreathe toolbox, with more information and resources, is available at www.bva.co.uk/brachys
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All set for VetsSouth 2018

The fourth VetsSouth conference and exhibition opens its doors at Sandy Park Stadium, Exeter on 7th and 8th February

In excess of 200 delegates are expected to attend the packed two-day CPD event in Exeter this month, which has been designed to be useful for the whole veterinary team. Over 27 hours of CPD are on offer throughout the event and vets, nurses and practice managers can handpick the lectures of most interest and relevance to them.

Registration opens at 9am on both days, with doors closing at 5.30pm on Wednesday and 4.45pm on Thursday, giving attendees ample time to explore the lecture streams, visit the supporting commercial exhibition to sample the latest products on offer in the industry, plus feast on the refreshments throughout the day and renowned lunch menu. Supported by Veterinary Practice, Improve International and 5m Publishing, VetsSouth boasts two clinical streams focused on small animal medicine and small animal surgery, a nursing stream on day one covering topics such as anaesthesia, blood transfusions, dealing with shock and nursing the trauma patient, and a practice management day on Thursday, which will cover recruitment and retention of staff, client communication and social media.

A new addition for 2018 is a series of workshops which run alongside the four streams, focusing on specialist areas such as dentistry, neurology, ophthalmology, exotics and mindfulness. Exhibitors will also take to the floor of the new demo stage in 45-minute intervals to provide presentations on their products and services.

Industry-renowned speakers including Pip Boydell, David Williams, Helen Rooney, Alan Robinson, Molly Varga, Neil Forbes and Jon Hall are among the well-known names leading the VetsSouth lectures and workshops.

The exhibition competition is back this year, encouraging delegates to visit each stand and collect quiz answers in order to be entered into a prize draw to win a Kindle Fire. Every ticket holder will benefit from the added bonus of a free six-month subscription to Bitesize, Improve International’s online CPD platform.

From 5pm on 7th February, there will be a specialist question and answer session in the exhibition area. If you’re attending the event and would like to submit a neurology or ophthalmology-related question to the panel in advance, please email: vetssouth@5mpublishing.com.
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Who’s who at VetsSouth 2018

MARCELO ALVES
Marcelo graduated as a medical doctor in 2004 and specialised in general and family medicine in 2008. He holds an MBA and has worked as a medical affairs manager for Janssen. He now works as the managing director of Vet Inflow.

WENDY NEVINS
Wendy became a trainee veterinary nurse in 1991 and has since worked as head nurse, VN assessor, practice manager, VNAC co-ordinator and head of internet operations. Currently, she works as a consultant and locum veterinary nurse, while being president of the British Veterinary Nursing Association.

KOSTAS PAPASOULIOTIS
Kostas graduated in Greece in 1989 and has completed a PhD, and residencies in feline gastroenterology and clinical pathology. He regularly delivers CPD courses in the UK and Europe. Kostas is now group veterinary adviser for Independent Vetcare and accepts cases in soft tissue surgery.

JULIET POPE
Juliet qualified in 1993 and has worked in mixed and small animal practices. She obtained an RCVS Certificate in small animal surgery and worked in private referral practice for 10 years before joining Improve International as veterinary operations manager in 2017.

STEPHEN BARABAS
Stephen is a graduate of veterinary medicine and zoology. He has worked in mixed practice, as technical director and is the London regional representative of the BVA Council. He runs three companies which sell medical equipment for animals and humans.

AARTI KATHRANI
Aarti graduated from RVC in 2006 and completed her PhD in 2011. She is board certified in small animal internal medicine and small animal nutrition. Aarti is currently a senior lecturer at the University of Bristol.

OLIVER COLDRICK
Oliver graduated in veterinary medicine and surgery in 1997 and has worked in mixed practice and undertaken a residency in ophthalmology. He has also lectured in veterinary team health, well-being, performance and engagement and is a training consultant for VDS Training.

ALASDAIR HOTSON MOORE
Alasdair qualified from Cambridge in 1990. He was a lecturer and senior clinical fellow at Langford, before becoming head of referral surgery at Bath Vet Referrals. Alasdair is now group veterinary adviser for Independent Vetcare and accepts cases in soft tissue surgery.

JON KING
Jon graduated from the RVC in 1999 and has worked in mixed and large animal practices, as a VN assessor, has worked with the APHA field services, and as a TB-testing assessor for Improve International. Jon is currently a centre manager and lecturer.

GEOFF LITTLE
Although retired from practice, Geoff 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.

PIP BOYDELL
Pip qualified from the RVC in 1984 and worked in general and referral practice before completing a residency in ophthalmology. He co-founded AMC Referral Services, where he takes ophthalmic and neurological cases in all species. Pip has also been added to the Martial Arts Illustrated Hall of Fame.

ALISON MOORES
Alison graduated in 1996; she has been an ECVS diplomate since 2005 and is an ECVS and RCVS Recognised Specialist in small animal surgery. Alison currently works as a soft tissue surgeon for Anderson Moores Veterinary Specialists, and teaches and examines veterinary postgraduates.

RACHEL DEAN
Rachel graduated in 1996 and worked in general practice before becoming feline fellow at the University of Bristol and completing a PhD on feline epidemiology. Rachel is currently a clinical associate professor in feline medicine at the new vet school in Nottingham.

WENDY NEVINS
Wendy became a trainee veterinary nurse in 1991 and has since worked as head nurse, VN assessor, practice manager, VNAC co-ordinator and head of internet operations. Currently, she works as a consultant and locum veterinary nurse, while being president of the British Veterinary Nursing Association.

CAROLYN CROWE
Carolyne is an equine vet, an award-winning personal performance coach, mentor, international speaker, researcher and lecturer. She is currently undertaking a PhD in veterinary team health, well-being, performance and engagement and is a training consultant for VDS Training.

NEIL HOMER FORBES
Neil qualified from the RVC in 1983. He is a Diplomate of the European College of Zoological Medicine, Specialist in avian medicine and an FRCVS. Neil has lectured, headed Great Western Exotic Vets and now consults at Fitzpatrick Referrals and works with critically endangered vultures.

ALISON MOORES
Alison graduated from RVC in 1996. She is an ECVS diplomate since 2005 and is an ECVS and RCVS Recognised Specialist in small animal surgery. Alison currently works as a soft tissue surgeon for Anderson Moores Veterinary Specialists, and teaches and examines veterinary postgraduates.

OLIVER COLDRICK
Oliver graduated in veterinary medicine and surgery in 1997 and has worked in mixed practice and undertaken a residency in veterinary clinical pathology. He is director of pathology, where he is directly involved in processing caseload and supervises six residents in training.

ALAN KING
Jon graduated from the RVC in 1999 and has worked in mixed and large animal practices, as a VN assessor, has worked with the APHA field services, and as a TB-testing assessor for Improve International. Jon is currently a centre manager and lecturer.

JON HALL
Jon graduated from Cambridge in 2004 and has worked in small animal practices, interned at the RVC and was an affiliated lecturer after becoming an ECVS diploma holder. Jon is a senior lecturer in small animal soft tissue surgery at the Royal (Dick) School of Veterinary Science.

NEIL HOMER FORBES
Neil qualified from the RVC in 1983. He is a Diplomate of the European College of Zoological Medicine, Specialist in avian medicine and an FRCVS. Neil has lectured, headed Great Western Exotic Vets and now consults at Fitzpatrick Referrals and works with critically endangered vultures.

KOSTAS PAPASOULIOTIS
Kostas graduated in Greece in 1989 and has completed a PhD, and residencies in feline gastroenterology and clinical pathology. He regularly delivers CPD courses in the UK and Europe. Kostas will be joining the Idexx UK clinical pathology team later this year.
David graduated from Cambridge in 1988 and has worked in veterinary ophthalmology at the Animal Health Trust. He gained his certificate in veterinary ophthalmology before undertaking a PhD at the RVC. David now lectures in Cambridge and teaches at St John’s College, where he is fellow.

Jacky graduated from Glasgow University and was awarded her PhD in 1984. She specialised in veterinary anaesthesia and is a founding member of the Glasgow University pain and welfare group. Jacky is currently an honorary senior research fellow and director in NewMetrica.

Claire has been a veterinary nurse for over 20 years and has a Diploma in advanced veterinary nursing and the VN Certificate in emergency and critical care. She works as a theatre nurse at a referral centre and runs her CPD company, SynergyCPD.

Alan has been a practising veterinary surgeon for over 20 years, a business consultant to over 600 practices and owns a successful mixed practice. He is also a director of Vet Dynamics, which aims to help independent practice owners improve performance.

Helen qualified in 1996 and has worked in a referral hospital in the soft tissue service, then as senior ward manager. She has also worked as a lecturer and in 2016, became the head nurse at Vets Now’s referral hospital in Manchester.

Molly received a RCVS Certificate in Zoological Medicine in 2001 and a Mammalian Diploma in 2007. She is an examiner for the RCVS Diploma in Zoological Medicine and leads the exotics referral service at Rutland House Veterinary Referrals.

Jimmy, an RCVS Specialist in Internal Medicine, qualified from Edinburgh in 1977 and returned to study for a PhD degree. He was head of small animal medicine at the Royal (Dick) until 2011, when he started his own referral service. He is medicine co-ordinator for the BSAVA Certificate programme.

Claire has been a veterinary nurse for over 20 years and has a Diploma in advanced veterinary nursing and the VN Certificate in emergency and critical care. She works as a theatre nurse at a referral centre and runs her CPD company, SynergyCPD.

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Addressing concerns about Brexit

Lord Gardiner reassured BVA members that the government is listening to the profession’s concerns over the outcome of Brexit negotiations.

In a speech at the BVA’s annual congress on 17th November, the minister addressed each of the problems that veterinarians fear could arise if the government is unable to secure a satisfactory divorce settlement from its EU partners.

Junior Defra minister Lord Gardiner argued that Britain has made an important contribution to the development of EU rules in areas such as animal welfare and environmental protection, and it will not sacrifice the progress for short-term commercial benefits: “We are a nation that trades on a reputation for reliable, good quality and fairly priced products, and I think we have an opportunity to enhance this,” he said. “So we will not dilute our own high animal welfare and environmental standards in pursuit of a trade deal.”

He recognised that the veterinary profession plays a central role in maintaining that reputation and hinted that the government may consider returning veterinary surgeons to the shortage occupation list to ensure that the UK can retain and recruit vets from the EU and beyond. “It is crucially important that we secure the status of the veterinary workforce as a priority as we leave the EU.”

Impact on Ireland

There are particular concerns for those members of the profession practising on each side of the Irish border. Northern Ireland’s chief veterinary officer, Robert Huey, said it was necessary for government to plan for any possible scenario. He calculated that without an agreement, there would be a need for another 100 vets to certify exports of animal-based products from the North, while any impediments to trade with the UK would also be very damaging for the Republic’s economy.

Lord Gardiner acknowledged the importance of the peace process in the North for people on both sides of the border and was optimistic that a deal would be struck soon. “Both sides are working night and day to ensure that these issues are resolved,” he said.

The profession’s response

Although London will no longer be the home of the European Medicines Agency, the UK will continue to observe its centralised medicines authorisation procedures. The government will also seek an agreement on the mutual recognition of professional qualifications. “We are not leaving Europe, we are merely leaving the institution of the EU. Our roots are in Europe and our interests will depend on continued collaboration and investment with those partners,” Lord Gardiner stated.

The minister said he had been grateful for the advice and support of the main veterinary bodies in the discussions to date: “Your resolute professionalism and positive attitude to change will help us to secure the best possible outcome for the veterinary profession and the animals and clients that you serve. You help maintain confidence in the brand so that consumers around the world will know that food exported from Britain is produced by animals that are well and properly looked after.”

It is crucially important that we secure the status of the veterinary workforce as a priority as we leave the EU

Lord Gardiner, a Buckinghamshire farmer with two veterinary surgeons among his family members, also showed that he had been well briefed on the issues affecting the small animal arm of the profession: “I commend the BVA for your work on animal welfare and particularly your campaign to counter the growth in numbers of brachycephalic dog and cat breeds, which may face a lifetime of compromised welfare due to their extreme conformation.”

He noted that the government has been active in promoting better welfare, recently updating its welfare code on the production of broiler chickens. It is also working on new welfare guidance for keepers of cats, dogs and horses. In addition, he was grateful for the profession’s scientific input in drawing up changes to the local authority animal licensing regimes for dog breeding, pet sales, animal boarding and riding establishments which would form the basis of new regulations to be laid before Parliament in the new year.
Treating digital dermatitis

Non-antibiotic treatment of digital dermatitis in dairy cattle is more effective than currently indicated antibiotic spray, according to a study in Veterinary Evidence

Intra Epidine (IE), a topical treatment containing copper and zinc chelate, demonstrated a clinical improvement rate significantly higher than chlorotetracycline (CTC) when applied at the most severe stage of the disease (M2). This potentially ground-breaking finding in the context of reducing antibiotic usage was reported in the paper ‘A randomised non-inferiority trial on the effect of an antibiotic or non-antibiotic topical treatment protocol for digital dermatitis in dairy cattle’.

Minimising antibiotic use
With the growing concern around antibiotic resistance has come a necessity to identify non-antimicrobial forms of treatment. As such, results like those discovered in this trial conducted by researchers in the Netherlands are of vast importance to practitioners in providing alternative evidence-based treatment options.

Following up on a study that showed a gel containing the same active components as the Intra Epidine tested here was at least as effective as antibiotics (Holzhauer et al., 2011), the article, published in December 2017, sought to discover whether an easier-to-apply spray would demonstrate the same efficacy, with a view towards market authorisation.

The authors randomly allocated a total of 231 non-paired legs across seven herds to two treatment groups: 117 received the antibiotic treatment and 114 were treated with IE spray. Clinical improvement – defined as ‘the transition of an ulcerative M2 lesion to any other lesion’ – was seen in nearly 90% (86.8%) of those treated non-antibiotically, while less than half (47.9%) of legs receiving antibiotics improved.

Not only did the non-antibiotic treatment result in a much higher proportion of clinical improvement – adding credence to the 92% success rate reported in the previous study – its effect was also far more consistent (with the exception of one herd, which saw clinical improvement in 61.5% of legs). The range across herds was 83.3% to 100%. By contrast, herds treated with antibiotics saw a range of 17.7% to 85.2%. The full paper should be consulted for details regarding the statistical analysis and the significance of the results.

Long-term control of digital dermatitis
While the study showed a definite and significant reduction in lesions and pain in cattle treated with the non-antibiotic, this does not necessarily equal a bacteriological cure. Because of the persistent reservoirs of the infection – in the environment as well as untreated cattle – long-term management is still required, no matter the treatment choice.

References

Full article: https://veterinaryevidence.org/index.php/ve/article/view/111
Authors: Amarins Dotinga, Ruurd Jorritsma and Mirjam Nielen
A closer look at animal welfare law

A practical approach to animal welfare law is an informative book that stimulates the reader to question animal welfare standards in the UK

Charlotte Kerr
Charlotte Kerr, MVB, MSc, MRCVS, qualified as a veterinary surgeon in 2005 and has worked in farm and companion animal practice. She completed a masters in One Health and worked in sustainability at FAI Farms with a particular interest in animal welfare, before returning to clinical practice.

Animal welfare has been increasingly featured in the news over recent months; with the impending exit from the EU, there has been speculation about what the future of animal welfare in the UK will be. A practical approach to animal welfare law lays out the central legislature pertaining to animal welfare in the UK. The author of the book, Noël Sweeney, has been practising as a barrister for over 20 years, working in the field of animal law as well as criminal and human rights law.

The legislature includes the Animal Welfare Act 2006 (AWA), the Dangerous Dogs Act 1991 (DDA) and the amendments made to this by the Anti-Social Behaviour, Crime and Policing Act 2014 (ABCPA). The book breaks these Acts into their constituent parts, detailing how they are put into action to protect animals and prevent suffering, as well as giving examples of cases in which they have been used.

Readers are encouraged to consider the meaning of welfare and reminded that the term is used in relation to those who are more vulnerable in society. It highlights that for the laws to be effective, enforcement must be effective and owners and those who work with animals have a duty of care and responsibility towards them. The book covers areas such as mutilations, docking tails of dogs, poisoning and dog fighting. It delves into the nuances of the laws surrounding these actions as well as the conditions under which inspections can be made, the powers of the inspectors to destroy or take possession of the animal and arrest the abuser, the power to disqualify someone from owning an animal and when warrants can be obtained.

Sweeney often highlights issues with the AWA; he is of the opinion that the AWA is currently failing society and notes that ‘sentences are too low to prevent the prevalence and continuance of animal abuse’, an issue that is raised on several occasions. Sweeney does not pull his punches and expresses strong criticism of the recent governmental review of animal welfare legislature, citing that our sentencing is more lenient than at least 30 other European countries.

He also discusses the need to balance the rights of the owner with the concern for animal welfare as the law protects all. However, he notes that animal abusers may proceed to abuse vulnerable people and so we must enforce these laws. From the start of the section on the DDA, Sweeney is highly critical of the Act, describing it as ‘draconian’ and expressing the belief that the issue is irresponsible owners rather than the ‘type’ of dog.

The amendments made by the ABCPA are also described. They go some way to improving the DDA, but not far enough in the opinion of Sweeney, and throughout he makes recommendations for reform.

The book caused me to contemplate my own experiences as a veterinarian, both on farms and in the small animal consultation room. It would be a valuable resource for young veterinarians and veterinary students who will undoubtedly be confronted with breaches of animal welfare throughout their career.

As some of the main defenders of animal welfare, it is truly important for veterinarians to understand the law supporting this. Many will be called to act as an expert witness at some point in their working life and it would be useful to appreciate the law prior to this.

The book would also be a useful reference for those working in animal rescue centres, inspectors such as RSPCA officers, and law students who may be called to draw on these statutes in their careers. Although it can be challenging to understand the legal language surrounding cases, this book helps the lay person to understand the finer detail of animal welfare law and its interpretation.

If this book has fulfilled its purpose, it will not only have increased the reader’s understanding of the law, but will also have raised many questions for the reader with regards to animal welfare in the UK.
It is interesting that the government’s consultation focuses on our understanding of animal sentience rather than the compulsion needed for politicians to consider the consequence of the legislation on animal welfare across the board. This could significantly alter the impact that the proposed addition may have and it has been enhanced by the offer of an increase in penalties for the worst cases of animal abuse or cruelty.

While this is an attractive idea to many, there may be problems in the application of this proposed legislation as there is a limit on the ability of magistrates’ courts to impose penalties. This could be a major difficulty as our courts are already overloaded and an increase in jury trials could cause further delays.

There is an opportunity here to ask why we do not simply adopt Article 13 of the Lisbon treaty and look at the difference that the domestic proposal has, and then to ask why this altered emphasis is necessary.

Applying the law to welfare

What difference does this altered emphasis make to our application of the law to animal welfare? First, the focus is altered to a consideration of animal sentience and what that means, as opposed to imposing a duty to consider the impact of legislation on animal welfare so there is a wide gap in the intent.

Secondly, because under section 1(3) of the AWA(2006) we already have a mechanism for extending protected status to other animals rather than those alone specifically defined in the Act.

This section of the Act has not been used despite compelling evidence that, for example, crustaceans have a level of sentience which warrants their protection. In a number of legislatures, crustaceans already have this status. Lastly, our proud boast that we lead the world in protecting and recognising animals’ needs, not only in our treatment of domestic species, but in our attitude to all sentient creatures, has come under scrutiny and is being thoroughly tested.

Perhaps we need a deeper fix than the present proposals suggest and perhaps we should be starting by increasing the opportunity for our schools to bring these ideas, and the provision of the tools to deal with them, into our classrooms so that all can have a better understanding and take an informed stance in these debates.

Michael Gove, our secretary of state for Defra, has just delivered a speech to the Oxford farming conference laying out his vision for the post-Brexit landscape for farming and the countryside. Disappointingly, he has not prioritised animal welfare but appears to concentrate instead on environmental issues. The BVA have been quick to gently point this out and it comes at an opportune moment as the public consultation phase for the bill on animal sentience is still open for comment.

It is interesting that the consultation on the draft bill on animal sentience starts by listing three questions on definition; that also provides focus for consideration of the ethical content of the proposed legislation.

It is essential that when we formulate the language used in drafting legislation, we create an exact meaning of the wording and leave little room for alternative interpretation. We have an adversarial legal system and any ambiguity will be used to obfuscate the application of the intended legislation. So why do these words matter? And are they being highlighted to distract us from other parts of the bill?

Why is the definition important?

Consider the words themselves: define sentience. The Oxford English Dictionary definition is “to be able to perceive or feel things”. Under the AWA(2006) Section 1(3), the government already has powers to decide whether protected animal status is granted to any animal, so why is this necessary?

Part of this is due to our changing perceptions of animals’ abilities to experience and process information, and to use that information to change behavioural responses and the emerging recognition that there does not need to be the presence of a conventional mammalian brain structure to allow a degree of cognitive ability – shades of Pythagoras and the concept of animism perhaps.

However, the point behind this proposal is to ensure that legislators consider the impact of any new legislation on animal welfare and that this duty applies to all legislation, so there is a need to follow any suggestion that could dilute this impact.
Mindfulness for busy people

Mindfulness takes practice, but just five minutes a day could help to improve your mental well-being

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.

If I said you could change your life if you could spare five minutes every day, would you do it? Five-minute mini meditations are for people who are too busy for anything more. As veterinary professionals, we have ridiculously busy lives; we multitask in our sleep. Everyone is talking about mindfulness for a reason. The benefits are immediate and multiple. It costs nothing. You can do it anywhere, in any clothes, at any time.

What is mindfulness?
Jon Kabat-Zinn says mindfulness is “paying attention, on purpose, to the present moment, non-judgementally, as if your life depended on it”.

The simple (note, I didn’t use ‘easy!’) act of pinpointing concentration on the ‘here and now’ can have profound effects on our psyche and can be a very powerful tool. Mindfulness can be taking a moment to appreciate a view, taking a few deep breaths, mini meditations, or full meditation in cross-legged posture for an hour every day. No act is better or worse than the others. What matters is that you choose what works for you.

Have you ever felt overwhelmed to such a degree that you wish you could step off the rapidly revolving world for a few moments for a break and then step back on?

Yoga, pilates and even tennis can be ‘escapism’ from the rollercoaster of life, where we concentrate on our bodies, posture, breathing, etc. This is useful for those of us who find it difficult to concentrate on ‘nothingness’. While mindfulness is another way of freeing oneself from automatic and unhelpful ways of thinking, it is not a method of avoiding our emotions, or escapism.

Mini meditations
Mini meditations are a calming, anxiety-relieving strategy that we can do at any time of the day. While mini meditations are a good place to start, they are essentially ‘fire brigade treatment’ for those of us experiencing a difficult time in our lives; a ‘band aid’ until we make the time to use mindfulness more deeply.

There are thousands of meditation apps available, but proceed with caution. I would suggest instead disappearing somewhere for five minutes without your phone; sit and focus on nothing other than your breathing for five minutes. Toilet cubicles are an obvious place in a busy veterinary hospital. Closing your eyes while on the Tube or walking to work concentrating on only your feet are others.

Deeper meditation
Deeper meditation is easier than you would think. Start with ‘guided mindfulness’ like ‘sitting meditation’ by Kabat-Zinn on YouTube, where you can learn how to get into that deeper state of consciousness. Then learn to do it by yourself.

Posture is important. Focus entirely on the present moment, your breathing, and clear your mind of all thoughts which are trying to get your attention. Gently push them to one side. Push the past to the left and the future to your right and concentrate fully on the here and now.

Once your mind is clear, reintroduce and observe your emotions, in a direct and open manner one at a time. Face them; give them a description and a name. Be non-judgemental. No thought or emotion is right or wrong. Just accept it as the emotion it is. This is difficult. Once analysed, decide how much you want to hang on to or let go of that emotion, then gently push it aside. You can choose the degree to which you feel that emotion from now on. If it is anger, you may wish to feel it less. If it is joy, you may wish to grow it so that it fills your mind for the day.

Laura Woodward
LAURA WOODWARD COUNSELLING
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.
Chiropractic care for animals

A discussion of the myths, realities and practical applications

DONALD MOFFATT
Donald Moffatt, BSc, DVM, DVSc, MRCVS, graduated from the Atlantic Veterinary College and has a postgraduate degree in population medicine/epidemiology. He received his AVCA certification in 1996, and he and his wife, Sybil Moffatt, opened a referral practice for veterinary chiropractic in Northern Germany.

SYBIL MOFFATT
Sybil Moffatt, DrMedVet, MRCVS, graduated from the Tierärztliche Hochschule in Hannover in 1992 and worked at the Equine Research Center in Guelph, Canada, to receive her postgraduate degree. She earned her basic certification in animal chiropractic from the AVCA in 1996. Since 1999 she has been working in her own chiropractic referral practice.

VETERINARY CHIROPRACTIC

Veterinary chiropractic care is a rapidly emerging field throughout much of Europe. Its applications have become a daily routine in many veterinary practices and clinics, for example in the treatment of horses with back pain or performance issues, or geriatric dogs with degenerative joint disease. Chiropractic therapy can be applied as part of well-designed rehabilitation programmes in both horses and companion animal species, postsurgically or following injury.

Because animal chiropractic is a very young field, most veterinarians lack a thorough knowledge and understanding of this treatment method and possible applications. Unfortunately, in many cases, patients are still turning away from the veterinarian, looking for the advice and treatment of animal ‘manipulators’, who have neither a sound veterinary nor a human chiropractic education.

Misinformation, as well as myths and prejudices about chiropractic, are widespread within the veterinary profession, caused by insufficiently-trained people who claim they can put the spine or the pelvis ‘back into place’. Trained human and veterinary chiropractic professionals are aiming to effectively integrate chiropractic care to a position within modern medicine.

This article aims to give a short introduction about the principles of chiropractic care as it has developed in both the human and animal fields, and hopefully give the reader a better understanding as to how chiropractic applications within veterinary practice can improve the health of our animal patients.

Structural versus dysfunctional conditions

The very limited correlation of structural changes, diagnosed by radiology and other imaging techniques, with the clinical symptoms of back patients is recognised when dealing with human and animal back patients. The human chiropractic profession has long applied a holistic approach to the diagnosis and treatment of joint dysfunction.

It offers additional diagnostic and therapeutic means of identifying and treating primary causes of musculoskeletal disorders compared to more traditional veterinary clinical approaches alone.

Combining the careful functional examination of the individual joints of the spine and entire spine function (often called motion palpation) with the results of diagnostic imaging can aid in evaluating the clinical significance of structural changes. Chiropractic examination techniques and response to therapy can also help identify biomechanical causes of spinal dysfunction and back pain in patients that have no obvious structural pathologies, but clearly suffer from musculoskeletal problems.

The Motion Palpation Institute describes the health profession of chiropractic as follows: “Chiropractic is concerned with the relationships between structure, primarily the spine, and function, primarily the nervous system, of the body, as that relationship may affect the restoration and preservation of health. Chiropractic practice is that discipline of the scientific healing arts especially concerned with the aetiology, pathogenesis, diagnostics, therapeutics and prophylaxis of functional disturbances, patho-biomechanical states, pain syndromes and other neurophysiological effects related to the static and dynamics of the neuromuscular system, partially those related to the spine and pelvis.”

Identifying the pathology

The functional unit of the musculoskeletal system is called a motion unit. A vertebral motion unit includes two adjacent vertebrae and the associated soft tissues that bind them together. During the chiropractic examination, every motion unit of the spine is evaluated for functional changes. Motion palpation is the core of the exam. It consists of taking each joint through its entire range of motion to determine if there is loss of normal motion or increased resistance to induced motion of any vertebral body. Spinal segmental dysfunction is a lesion of a vertebral motion unit, which can be characterised by the following criteria:

1. Asymmetrical or symmetrical loss of joint mobility in one or more planes
2. Localised pain
3. Increased pain sensitivity to pressure on paraspinal muscles and bony structures in the affected area
4. Visible or palpatory signs of active inflammation or chronic tissue changes (oedema, fibrosis, hyperaemia, altered surface temperature)

The dysfunction of a motion unit has also been described as a disturbance in the ‘fine tuning’ of a joint’s function. The complex neurological ‘control program’ of the joint (or
several joints) is faulty. The joint may appear completely normal upon imaging, but the range of motion is very often changed (hypo or hyper mobile).

Reduced mobility between two vertebral bodies can irritate the nerves exiting the spinal cord through the intervertebral foramen, leading to a disruption in the innervation to the tissues and impairment of proprioception. This altered nerve function causes functional difficulties such as pain, muscle changes such as spasms and weakness, inappropriate loading of the limbs, uncoordinated movements and abnormal posture.

Other consequences may be acute or chronic muscle hypertension, increased tension of the dura mater spinalis, altered biomechanics of the intervertebral joints, as well as increased tension of the joint capsules and ligaments close to the joints.

The basic principle underlying all chiropractic theories is that the dysfunction of a joint can influence the normal neurological balance of a healthy body.

The chiropractic treatment
The goal of chiropractic treatment is to restore normal joint mobility, and reduce pain and muscle tension. The primary technique utilised is specific joint manipulation (historically often called an adjustment). The chiropractic manipulation is typically a specifically applied short lever, high velocity, low amplitude, controlled manual thrust. Thrusts are applied to specific articulations or anatomic regions as close as possible to the joint to induce a therapeutic response via changes in joint structures, muscle receptors and function, and neurological reflexes.

The mechanical effect of the adjustment leads to a momentary low pressure in the joint; the joint surfaces move apart, during which synovial adhesions and cross linkages are disrupted.

The chiropractic treatment is thought to have a specific influence on mechanoreceptors (muscle spindle cells, golgi tendon organs and joint receptors) to induce reflex inhibition of pain and reflex muscle relaxation and to correct abnormal movement patterns.

This therapy can be very useful in alleviating pain caused by chronic disease, but like so many therapeutic applications, chiropractic benefits are optimised when performed early in disease processes.

Chiropractic research
Animal chiropractic research is still very limited, but indicates that there is a positive effect, especially regarding the treatment of the equine spine. Research in equine chiropractic has focused on assessing the clinical effects of chiropractic techniques on relieving pain, improving flexibility, decreasing of muscle tension and restoring spinal motion symmetry.

Interestingly, and contrary to most emerging areas of medicine, there have been many more research studies regarding human chiropractic spinal manipulation than have been performed in animals. Currently, veterinarians looking for evidence-based research in support of chiropractic will find some animal studies, but extrapolation from the human-based literature is also valuable in understanding manipulation therapies as a whole, as well as current and potential animal clinical applications.

Knowing how
A thorough knowledge of structural anatomy, neurophysiology and biomechanics, as well as pathology of the spine and the extremities, is required to understand the principles and therapeutic goals associated with chiropractic, and to apply its techniques properly. Medical and specific chiropractic training are essential. Chiropractic evaluation and treatment should only be provided by licensed professionals (veterinarians or chiropractors working under the supervision of a veterinarian) who have pursued additional postgraduate training in animal chiropractic.

Conclusion
The relatively new area of animal chiropractic offers the veterinary profession cost-effective additional diagnostic and therapeutic means of identifying and treating primary causes of musculoskeletal dysfunction and suboptimal health and performance. It represents an excellent opportunity in both equine and companion animal practice to benefit a significant portion of the typical patient base, and as such, also for personal professional development and practice growth.

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Diagnosis and treatment of feline pancreatitis

Though clinical signs may not be severe, it is important to take a proactive approach in the treatment of chronic feline pancreatitis.

According to cat specialist Susan Little, pancreatitis in cats can be classified into three forms: 1. acute necrotising, 2. acute suppurative, which is unique to cats, and 3. chronic non-suppurative, which is the most common, and differs slightly from the canine variety.

While often idiopathic, on rare occasions the cause can be identified as trauma, organophosphate poisoning or viral infection. Another important point to note, particularly with regards to management of the patient, is that unlike dogs, no link between high-fat foods or obesity and pancreatitis has been made (Little, 2016).

The acute condition is generally associated with high mortality, but the chronic version causes gradual deterioration of exocrine and endocrine functionality while also causing pain and reducing quality of life for the patient.

One necropsy study of 115 cats (De Cock et al., 2007) found that 67% of pancreatic tissue examined showed signs of chronic pancreatitis, even though 45% of the cats had not shown any clinical signs. This could mean that despite pancreatitis having been established as an important and significant disease in cats, it may remain undetected and therefore appear clinically irrelevant in some animals.

Making a diagnosis

Diagnosis can be tricky and presenting signs are generally fairly non-specific, including anorexia, lethargy and weight loss, with vomiting and diarrhoea being more variably present. Abdominal pain is not often reported in cats, but the reason for this is thought to be more that unlike dogs, no link between high-fat foods or obesity and pancreatitis has been made (Little, 2016).

A naso-oesophagal tube should be considered if the cat is anorexic.
How to treat
Treatment of the feline pancreatic patient should include replacing electrolytes lost through vomiting and diarrhoea with crystalloids. The calculation for hydration deficit is BW(kg) x % dehydration = loss (Davis et al., 2013) and generalised supportive care. Analgesia should also be a priority, particularly in acute cases, even when the clinician is unable to detect abdominal pain because it should be assumed that some degree of abdominal pain is present.

In terms of nutrition, it is not ideal to withhold food from pancreatic patients that are not vomiting and when controlled with antiemetics, food with a moderate fat level and high-quality protein content should be offered. As is usually the case, oral feeding is best, but it’s important to consider tube feeding via a naso-oesophageal, oesophagostomy or gastrostomy tube in cats that are off food but not vomiting, and in the case of uncontrolled vomiting, a jejunostomy tube could be considered.

Finally, many studies have reported a strong association between chronic pancreatitis and the development of other serious conditions such as hepatic lipidosis, diabetes mellitus, inflammatory bowel disease or exocrine pancreatic insufficiency. For this reason, we should always take a proactive approach to feline pancreatitis, even when signs are mild.

References

Many studies have reported a strong association between chronic pancreatitis and the development of other serious conditions such as hepatic lipidosis, diabetes mellitus, inflammatory bowel disease or exocrine pancreatic insufficiency.
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Protein-losing enteropathy (PLE) is encountered in several gastrointestinal (GI) diseases in both the dog and the cat, though it is less common in cats than dogs. The condition varies in severity from mild to severe, with life-threatening complications such as pulmonary thromboembolism.

The syndrome occurs when loss of plasma protein through the GI tract exceeds that of protein synthesis and results in hypoproteinaemia.

Plasma proteins such as albumin and globulin are essential for maintenance of plasma oncotic pressure. Oncotic pressure draws extracellular fluid forced out of the vascular space by hydrostatic pressure at the arterial end of the capillary network, back into the venous space. Alteration in oncotic or hydrostatic pressure can result in alteration of fluid balance between vascular and extravascular compartments and the development of ascites (see Figure 1), oedema and pleural effusion.

A careful, problem-oriented approach to investigation allows accurate diagnosis and tailored management of treatment and prognosis.

Aetiology
Causes of PLE are shown in Table 1. Most commonly encountered causes in canine practice are idiopathic inflammatory bowel, lymphangectasia (primary or secondary) and lymphosarcoma. GI lymphosarcoma is the most common feline cause. In juveniles, endoparasites should always be considered.

Clinical presentation
PLE is likely to present with symptoms of chronic gastrointestinal disease, the exception being acute presentation of GI intussusception or obstruction. Diarrhoea, vomiting, melaena, haematemesis and weight loss associated with panhypoproteinaemia are the classical signs of the condition with or without ascites. The development of ascites is far less common in the cat than the dog. Not all cases of PLE will present classically; lymphangectasia patients, for example, often present with ascites alone.

Diagnosis of PLE
Diagnosis of PLE requires that the clinician establish that protein loss is from the gut and then pinpoint the disease causing gut damage.

Laboratory work
Serum biochemistry often reveals a panhypoproteinaemia with a decrease in both albumin and globulin. However, certain conditions such as lymphoma can produce a globulin increase high enough to produce a normal total protein. Other differentials of low plasma protein include protein-losing nephropathy (PLN) and failure of hepatic Table 1. Causes of PLE in dogs and cats

<table>
<thead>
<tr>
<th>Cause</th>
<th>Clinical Presentation</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inflammation</td>
<td>Idiopathic inflammatory bowel disease, lymphocytic-plasmacytic but also eosinophilic and granulomatous</td>
<td></td>
</tr>
<tr>
<td>Neoplasia</td>
<td>Lymphoma</td>
<td></td>
</tr>
<tr>
<td>Infectious</td>
<td>Parvovirus, salmonellosis</td>
<td></td>
</tr>
<tr>
<td>Lymphangectia</td>
<td>Primary, lymphatic disorder, secondary to right-sided heart failure, IBD</td>
<td></td>
</tr>
<tr>
<td>Endoparasites</td>
<td>Giardia, ancylostoma, uncinaria</td>
<td></td>
</tr>
<tr>
<td>Anatomic</td>
<td>Intussusception, chronic obstruction</td>
<td></td>
</tr>
</tbody>
</table>

▲ FIGURE 1 Ascitic dog with a large pendulous abdomen. A fluid wave will be felt on ballottement (credit: Simon Swift)
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protein production. Biochemistry screens should include a full liver profile of ALT, ALP, GGT, AST and bilirubin if possible, with glucose and cholesterol, both of which may be low in chronic liver disease. Hypocholesterolaemia is often seen in PLE, as opposed to PLN where it may be high.

Renal parameters, urea and creatinine should be examined, combined with examination of a urine sample collected by cystocentesis. If protein is noted in the urine observation of a number of leucocytes, sediment, culture and a protein creatinine ratio should be performed to assess the relevance of this to the patient’s panhypoproteinemia. An active sediment may indicate a urinary tract infection, but a significant increase in protein creatinine ratio (normal is below 0.5) would suggest that the observation of low total plasma protein is due to a glomerulonephropathy.

**Abdominocentesis and fluid analysis**

A sample of any ascitic or pleural fluid should be taken, ideally under ultrasound guidance as it is safer and increases the likelihood of achieving a sufficient sample in smaller effusions. The site for single abdominocentesis is approximately 1cm lateral and to the right of the ventral midline, 1-2cm caudal to the umbilicus. The area is prepared aseptically. For a dog, a 21G, 1 to 1.5-inch hypodermic needle should be used to collect fluid, or a 23G, three-quarter-inch needle for a cat.

The fluid should be allowed to drain freely. Samples of fluid are collected into EDTA for cytology, a plain tube for protein and biochemical analysis, and a sterile tube for bacteriological culture. Abdominocentesis is a difficult procedure when performed blind; potential complications include organ perforation and bleeding.

Pleural fluid should be collected aseptically if present.

Fluid should be submitted to the laboratory for analysis, but a large amount of information can be gained by microscopy, measurement of protein content by refractometer and in-house biochemical analysis.

Thoracocentesis is usually performed at the seventh and eighth intercostal space unless radiography or ultrasound imaging suggest otherwise.

The needle is placed in the dorsal third of the thorax. Either a butterfly needle or over-the-needle catheter can be used. A three-way tap is attached and fluid sample collected. Potential complications include lung laceration, pneumothorax, pyothorax and haemorrhage.

Fluid should be submitted to the laboratory for analysis, but a large amount of information can be gained by microscopy, measurement of protein content by refractometer and in-house biochemical analysis. The make-up of the different types of abdominal fluids are listed in Table 2.

The most common effusion in PLE is a transudate. A modified transudate may be present if the effusion has been present for a while, resulting in reactive change in the peritoneum. If bacteria and characteristics of an exudate are seen, this may indicate gut perforation in PLE.

A highly fibrinous proteinaceous ascitic fluid in a cat would prompt consideration of FIP and coronavirus titres, in association with alpha 1 antiglobulins, albumin and globulin ratios, should be pursued.

**Faecal analysis**

Full faecal analysis with culture for *Salmonella*, *Campylobacter spp.* should be undertaken. This can be especially important in puppies where heavy worm burdens can result in gut damage and protein-losing enteropathy. Isolation from *Campylobacter spp.* is of uncertain diagnostic significance as similar numbers have been isolated from healthy and diarrhoeic dogs.

Investigation of GI disease should not stop with the detection of *Campylobacter spp.*, although due to the zoonotic potential it should be treated.

**Virus testing**

All cats with suspected PLE should be tested for FeLV and FIV before more invasive diagnostics are undertaken.

**Radiography**

Survey abdominal radiographs are of little help in animals

---

### Table 2. Abdominal effusions (adapted from BSAVA manual of small animal pathology)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Transudate</th>
<th>Modified transudate</th>
<th>Exudate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG</td>
<td>&lt;1.015</td>
<td>1.015-1.025</td>
<td>&gt;1.025</td>
</tr>
<tr>
<td>TP g/l</td>
<td>&lt;25</td>
<td>&gt;25</td>
<td>&gt;25</td>
</tr>
<tr>
<td>Cells X 10(9)</td>
<td>&lt;5</td>
<td>&gt;5</td>
<td>&gt;50</td>
</tr>
<tr>
<td>Cell type</td>
<td>Monocytes, mesothelial</td>
<td>Lymphocytes, neutrophils, monocytes, mesothelial</td>
<td>Neutrophils, monocytes, lymphocytes, red blood cells</td>
</tr>
</tbody>
</table>

---

28
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* Study conducted by the Royal Veterinary College. Data on file.
with suspected PLE due to the loss of abdominal contrast when ascites are present; the exception being acute obstruction of the GI tract by a radio-dense foreign body. Thoracic films may show the presence of a pleural effusion and/or metastatic neoplasia.

**Ultrasonography**

Ultrasonography is more useful than radiography in abdominal PLE investigation. Certain conditions have characteristic ultrasonographic changes, for example intussusception, where multiple concentric rings, like an onion, are seen. Evidence of obstruction may be seen as dilated fluid-filled loops of bowel.

The structure of gut wall, lymph nodes, presence of effusion and liver architecture should all be observed. Five ultrasonographic gut wall layers are seen. These represent the mucosa, submucosa, muscularis propria and subserosa-serosa.

Mucosa and muscularis propria are hypoechoic, whereas mucosal surface, submucosa and subserosa-serosa are hyperechoic. The ultrasonographer can assess wall thickness or disruption in these layers, perhaps indicating inflammatory or invasive neoplastic disease (see Figures 2a to 2c). The localisation of any changes is important as it guides the decision to take endoscopic versus surgical biopsies. Any jejunal lesion is beyond the reach of an endoscope and would indicate surgical biopsy; more generalised disease makes endoscopy appropriate. Evidence of lymphadenopathy is important, and ultrasound can be used to guide fine needle aspiration of nodes to aid in a differentiation of lymphoma and reactive changes.

Ultrasound can guide collection of ascitic fluid, especially where the effusion is small. In addition, lacteal dilation may be represented by bright striations within the small intestinal mucosal wall (Figure 3).

**Endoscopy and gastrointestinal biopsy**

Definitive diagnosis of PLE in dogs and cats requires intestinal biopsy. Endoscopy is the modality of choice for obtaining small intestinal and gastric biopsies where appropriate. It is minimally invasive, carries a minimal risk of gut perforation and allows the collection of multiple biopsies. If indicated, steroids can be started for treatment soon after the procedure without waiting for healing of surgical wounds.

Upper GI endoscopy allows inspection of the mucosa of oesophagus, stomach and duodenum (Figures 4a to 4c). In PLE, changes encountered in the duodenum may include cobbling or roughening of the mucosa (Figure 4c). If lymphangiectasia, either primary or secondary, is present then prominent dilated lacteals are seen (Figure 5) and lymph may leak from these on biopsy, producing a
milky fluid. The upper GI tract should be explored for the presence of masses and all areas of the stomach, including a retroflexed view of the cardia, should be examined. Biopsies should always be taken, as a diagnosis cannot be made on observation alone.

The disadvantages of endoscopy are the requirement for expensive equipment and technical demands. Examination of the stomach and duodenum are possible, as well as of the proximal jejunum in small dogs and cats and the distal ileum in larger dogs via colonoscopy. Laparotomy and surgical biopsy allow the collection of large full-thickness biopsies; however, there is a risk of poor wound healing and dehiscence of the enterotomy sites.

Where observed lesions are beyond the reach of endoscopy or are thought on ultrasonography to be submucosal, this is the modality of choice. Published mortality risk for full-thickness small intestinal biopsy is not insignificant and clients should be fully informed.

Biopsies are sent for histopathology and a WSAVA-recommended grading system for IBD is in place. Immunohistochemistry for differentiation of B and T cell lymphoma, and assessment of T cell clonality by PCR analysis of T cell receptor gamma gene rearrangement is improving accuracy of diagnosis of intestinal lymphoma.

**Summary**

PLE is associated with a number of GI conditions in dogs and cats. Accurately characterising the syndrome and pursuing an underlying diagnosis allows tailored therapy and more accurate prognosis for pet and owner. Careful consideration of potential side-effects of the condition, such as thromboembolism and malnutrition, combined with good nursing are instrumental in optimising individual patient outcome.

**References**


Feline dermatophytic mycetoma (pseudomycetoma)

An uncommon condition, feline dermatophytic mycetoma is typically caused by *Microsporum canis* and is most often described in Persian cats.

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**Clinical features**

Firm irregular nodules develop, gradually enlarging to coalesce in the dermis and underlying subcutaneous tissue; the nodules are not pruritic or painful. Commonly, if untreated, the larger nodules may ulcerate (Figures 1 and 2) and discharge a seropurulent to granular material, which may contain yellow grains. Liquefaction of the panniculus may impart an oily appearance to the exudate (Figure 2). The affected area is frequently, but not invariably, the dorso-lumbar region (Figure 1), leading to the speculation that traumatic implantation of *M. canis* resulting from cat fights could initiate lesions (Gross et al., 1992). More conventional lesions of dermatophytosis may be evident elsewhere, such as patchy alopecia, circular areas of broken hairs, and scaling. Some affected cats may be inapparent carriers of the dermatophyte (Gross et al., 1992). Systemic signs are uncommon. There is a zoonotic risk, which can persist for months due to the protracted treatment required (Paterson, 2008).

**Differential diagnosis**

- Other opportunistic fungal saprophytic infections.
- Bacterial infection (botryomycosis)
- Deep pyoderma
- Neoplasia

**Diagnosis**

The history and clinical signs are suggestive, particularly in Persian cats. Steps to diagnosing the condition include:

- Wood’s lamp examination of entire body
- Examination of broken hairs microscopically
- PCR examination of hairs
- Cytological examination of fine needle aspirate or impression smears of exudate. Pyogranulomatous inflammation is seen, which may reveal fungal hyphae and grains
- Cytological examination of crushed grains may reveal hyphae
- Fungal culture from lesion sites elsewhere if present, or McKenzie brush technique (sterile toothbrush whole body) in the absence of obvious lesions
For a definitive diagnosis, histopathological examination and tissue culture are required. Some colonisation of hair shafts with dermatophytic spores and hyphae may be seen. The main diagnostic lesions are found in the sub-follicular dermis and panniculus where there is a nodular or diffuse pyogranulomatous dermatitis. Large amorphous aggregates of fungal hyphae with thick-walled dilatations resembling spores are frequently present. Identification of these structures is facilitated by periodic acid-schiff or Grucott methenamine silver stains. The fungal aggregates are embedded in amorphous eosinophilic material (Splendore-Hoeppli reaction) representing an antigen-antibody reaction to infectious agents (Gross et al., 1992).

Sterile tissue culture for *M. canis* can be performed. In those countries where systemic fungi occur, tissue culture should not be performed until they have been ruled out by histopathological examination, as culture of some organisms may be dangerous (Gross et al., 1992).

**Clinical management and prognosis**

Solitary nodules should be excised if possible and may result in a cure. If a cure is to be obtained, a combination of surgical excision and medical treatment has the best chance of success. Itraconazole 10mg/kg every 24 hours by mouth is the medical treatment of choice and is licensed for dermatophytosis in the UK. Treatment may be required for many months (Medleau and Rakich, 1994). Terbinafine (not licensed) 30-40mg/kg should be given every 12 hours by mouth (Hnilica and Paterson, 2017).

Some cases do not respond and therefore the prognosis is guarded with relapse common even in those cases that do respond initially. The difficulties of treatment are well illustrated in the case of an eight-year-old female neutered Persian cat that failed to respond to treatment of more than four years, comprising repeated surgical resection, long courses of griseofulvin, itraconazole and finally eight months of terbinafine (Bond, 2001).

References are available on request

**Recommended further reading**


Shampoos in the management of skin disease

If chosen carefully and applied correctly, the right shampoo can be valuable in a multimodal approach to skin complaints.

Skin disease is one of the most common reasons for a vet visit (Nielsen et al., 2014) and due to the multifactorial nature of most skin complaints, a multimodal approach is necessary for the optimum outcome. The use of specially formulated veterinary shampoos, either as standalone therapy or as adjunctive treatment, can be very valuable in helping to achieve the desired result for the patient in terms of comfort, resolution of clinical signs or long-term management of chronic skin conditions. They may be used to remove surface allergens, control surface micro-organisms, remove scales and crusts and help to restore hydration, the epidermal turnover rate and the epidermal barrier.

Technique and frequency

Factors that influence efficacy include employing the correct shampooing technique, frequency of use and selecting the appropriate formulation for the specific skin condition. Ensuring a non-slip surface in the bath, using a towel or bath mat, will help to relax the pet during the process. Ideally, there should be two applications of shampoo, with a thorough rinse in between. The first application should cleanse the coat and skin of surface dirt and old epidermal cells, whereas the second application of shampoo should be left in contact with the skin for five to 15 minutes (according to individual shampoo recommendations) to allow the active ingredients to be absorbed and penetrate the deeper cellular layers of the skin.

It is important to thoroughly rinse off the shampoo after this second application. Frequency of shampooing will depend on the specific skin condition being managed; generally it is recommended to begin with twice weekly for the initial couple of weeks, but this can be reduced to once weekly or every two weeks as adequate control is achieved.

Choosing the right shampoo

There are many different types of veterinary shampoo available and the choice on which to use should be guided by the specific properties of each and the skin condition in question. It is not uncommon for animals to have a combination of skin issues, and it can be challenging knowing which shampoo to select. On the whole, greasy, scaly skin will require shampoos with keratolytic and keratoplastic properties, whereas for dry, itchy skin, shampoos with emollient properties should be used.

Many veterinary shampoos also have antimicrobial action, furthering their importance as adjunctive therapies for skin conditions as they can help to reduce the reliance on systemic antimicrobials in certain cases. In summary, shampoos should not be overlooked as an important component of topical therapy for the management of skin disease. Used properly, they are ideally suited to provide fast and effective relief of clinical signs associated with many scaling and pruritic skin disorders.

References


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Managing dermatology cases

A step-by-step guide to managing dermatology cases efficiently in primary practice, from booking appointments to monitoring and review

EWAN FERGUSON

Ewan Ferguson, BVMS, DVD, MRCVS, graduated in 1982, obtaining the Diploma in Veterinary Dermatology in 1993. A past chief examiner for the Diploma, he has worked exclusively in teaching and clinical referral dermatology practice for over 25 years, including at Anderson Moores Veterinary Specialists.

A recent survey of the UK veterinary profession (Nielsen, 2014) revealed that dermatological disease was the most common complaint reported in companion animal practice, occurring in no less than 32% of dogs and 27% of cats presented. In referral practice, dermatology specialists routinely emphasise how important a thorough history can be in assessing a case and as the history often stretches back over several years and different clinicians, this can take time to gather, extending the consultation. The challenge therefore, in primary practice, is to cover the same ground effectively and efficiently in a much shorter time slot.

Booking in

The streamlining process starts with the initial client contact; reception staff should ensure that the following key details are obtained in addition to the standard contact and animal information:

- Nature and duration of problem.
- Prior history and treatment – it is often useful to print out a long history as this can be reviewed far more rapidly on paper than on a computer screen and can be annotated to highlight details. If this is done in advance, it will allow the clinician to spend the valuable consultation time examining the patient.
- Permission to see the case if it is coming from another practice and request history.

Appointment allocation

It is important to decide who will see the case and how long will be allowed for the initial consultation. If there is a clinician in the practice with an interest in dermatology, they should be the first choice for a new case. If this is a follow-up, it should be booked in to see the clinician who last saw the case to ensure continuity. This is much more important than it may seem as it will shorten subsequent consultations, permit effective monitoring of progress and treatment and help to build the co-operative clinician/client relationship essential for long-term management.

- Normal appointment – the clinician should be advised in advance that a skin case is booked.
- Extended appointment – some practices routinely book a double appointment for new skins.
- Special appointment – consider booking an extended appointment during a quieter period of the day. Many clients will respond very positively to the suggestion of special treatment. Double or extended appointments should not be loss-leaders and need to be charged for appropriately, as a substantial proportion of the final cost to the owner will consist of consultation charges.

Consultation priorities

There will often be a limited time available and it will not be possible to review the whole history during the first

Clinical challenge: What questions would you ask the owners of this eight-year-old crossbreed presenting with severe dorsal pruritus of 12 months’ duration?
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consultation. Ensure that the owner understands this and that further visits will be required. Explain that a systematic, step-by-step process of investigation is needed to achieve a long-term solution and that effort and patience will be required.

**History and clinical examination** – try to identify the principal problems that concern the owner and focus questions on the areas that will help you quickly understand those specific issues.

**Clinical pathology** – some samples can be collected and examined within a short consultation. Other samples require longer as may a more detailed clinical examination. Admit the patient to do the job thoroughly.

**Action plan** – the goal at each visit should be to definitively eliminate one or more differentials. A parasitic, infectious or allergic component can usually be readily recognised and addressed. Endocrine issues will require further investigation as will any suspicion of neoplasia. Anything that does not respond to empiric treatment or which cannot be readily and reliably categorised needs to be admitted for sampling or biopsy.

**Follow ups** – it cannot be over-emphasised how essential follow-up appointments are as each consultation builds upon the previous one. The same clinician should see the case on each occasion to avoid wasting time catching up. Progress will not be made if a problem can relapse before a revisit is booked and it is unreasonable to expect owners to recognise when treatment should change or be stopped.

The secret of successfully managing dermatology cases in practice is to break the consultation and investigation processes down into shorter, achievable phases which follow on from each other to maintain momentum and continuity. This places considerable emphasis on communication skills as the clinician must collect a concise history, clearly explain the goals and processes involved and maintain owner motivation and support.

**Monitoring progress**

Many dermatology cases require long-term monitoring as the underlying problem cannot be eliminated. Owners should be made aware that this may happen and know how to respond. This may involve changing treatment or contacting the practice.

**Monitoring/maintenance review appointments** – for long-term or life-long problems such as atopy and the endocrinopathies, regular monitoring revisits are useful as the clinician will gain a better understanding of the day-to-day problems the case presents and be able to encourage and support the owner. It also provides an important opportunity to monitor treatment and make sure that an appropriate treatment protocol is adhered to and is not being altered or added to by the owner.

It cannot be over-emphasised how essential follow-up appointments are as each consultation builds upon the previous one.

**Relapses** – the original clinician will have the clearest understanding of the clinical pattern and history, progress of the problem and details of management. These will not have to be repeated or looked up by someone new to the case. Failure to do this regularly leads to owner dissatisfaction and disillusionment and cases will be lost to follow-up, resulting in unnecessary prolongation.

**Problem cases**

- Establish treatment continuity and check treatment dose, frequency and storage.
- Establish relapse interval and look for patterns that may have been overlooked.
- Check any assumptions that have been made to see if they are still valid.
- Consider a case review with colleagues. Sometimes a fresh pair of eyes is all that is needed to identify where further investigation, or an alternative interpretation, is required. Colleagues may recall seeing or reading about a similar case and be able to outline what was done to confirm the diagnosis and avoid any pitfalls.
- Telephone advice is available through most of the referral centres, both university-based and those in private practice. Excellent quality photographs are invaluable, as is a complete history and all relevant laboratory work. Remember most clinical software stores laboratory results as attachments that will not automatically be displayed when the records are emailed or printed.
- Referral to a specialist centre is always an option, but should not be left until the owner’s patience or finances are exhausted or the pathology has become irreversible.

**Clinical challenge**

This case is all about history. The pruritus was caused by a Malassezia overgrowth between the folds of skin on the back that quickly responded to shampooing. Your questions should have included request for information about the duration of the hair loss which would rapidly have led to breeding. This is a German Shepherd/Chihuahua crossbreed and has been bald since birth!

**References**

A look through the latest literature

Clinical aspects of *Macrococcus canis* and *M. caseolyticus* in dogs
Kerstin Cotting and others, University of Bern, Switzerland

*Macrococcus* is a Gram-positive coccoid bacterium that can be misidentified as a coagulase-negative *Staphylococcus* species. There is little published information on this organism which has been associated with cases of rhinitis, dermatitis, mastitis and otitis in dogs. The authors took samples from 162 dogs of which six harboured *M. caseolyticus* and 13 had *M. canis*. Six *M. canis* isolates and one *M. caseolyticus* were obtained from infection sites. The presence of *M. canis* strains in infection sites and their resistance to a range of commonly used antimicrobial drugs suggest a need for further investigations into this novel bacterial species.

*Veterinary Dermatology, 28*, 559-562.

Assessment of margins needed for surgical excision of canine mast cell tumours
Milan Milovancev and others, Oregon State University, Corvallis

Surgical excision of a malignant skin tumour requires the removal of all neoplastic cells, confirmed by the histopathological assessment of the surgical margins. The authors compare the level of agreement in margin assessment obtained using three methods: imprint cytology, shaved margin histopathology and radial section histopathology in dogs with cutaneous/subcutaneous mast cell tumours or soft tissue sarcomas. They found that imprint cytology and shaved margin histopathology are feasible methods, but their results frequently differ from those obtained using routine radial section histopathology.

*Veterinary Surgery, 46*, 879-885.

Effects of a lipid-based emulsion on clinical signs of dogs with atopic dermatitis
Rosanna Marsella and others, University of Florida, Gainesville

A defective skin barrier that allows allergens to penetrate the epidermis is known to be an important factor in the aetiology of atopic dermatitis. Impairment of the skin barrier has been linked to deficient levels of a group of waxy, lipid molecules known as ceramides. The authors investigated the effects of treating 45 client-owned dogs with mild to moderate atopic dermatitis using an emulsion containing ceramides and both omega 3 and omega 6 essential fatty acids derived from the blackcurrant plant. The treatment did have transient beneficial effects, but was ineffective for the long-term control of pruritis when used as a monotherapy.

*Veterinary Dermatology, 28*, 577-582.

Acute onset erythroderma in dogs with gastrointestinal disease
Christine Cain and others, University of Pennsylvania, Philadelphia

A severe eosinophilic dermatitis with oedema has been described in dogs with and without concurrent signs of gastrointestinal disease, particularly vomiting and haematochezia. The authors describe the clinical features of this condition, known as acute erythroderma, in 18 dogs with gastrointestinal disease. The histological features of the condition were found to be more variable than previously described. Most of these cases responded favourably to treatment for the skin lesions, together with the withdrawal of systemic treatments such as corticosteroids and antihistamines.

*Journal of the American Veterinary Medical Association, 251*, 1,439-1,449.

An autologous skin substitute for the treatment of deep wounds in dogs
Laura Ramio-Lluch and others, Univet SL, Barcelona, Spain

Reconstructing skin using the patient’s own cells offers a promising approach for repairing large, deep skin wounds. Autologous bio-engineered skin grafts have been successfully developed for use in human patients and similar treatments have emerged in the veterinary area, albeit with varying success. The authors describe a proof of concept study for a method in which punch biopsy samples were taken and grown on a fibrin-based matrix. The canine skin constructs were ready for use within 12 to 14 days and were grafted on to naturally-occurring wounds on the backs and legs of client-owned dogs. The engineered skin showed good grafting capacity and achieved complete and permanent re-epithelialisation of the wound site with no evidence of rejection. The authors conclude that this full thickness skin substitute developed for large skin defects appears to be a safe and clinically effective tool for managing patients in veterinary practice.

Is more effort required for BVD eradication?

How far have we come over the last year and what are the next steps?

A year ago, at VetsSouth 2017, delegates discussed the technical and practical aspects of BVD control involving veterinary surgeons and farmers. Joe Brownlie provided the anchor for the discussions and the group thrashed out the current situation and the way forward. As part of the day, advisers from three vaccine companies (Elanco, MSD and Boehringer) shared their experiences together with views from Dick Sibley, Roger Blowey, Derek Armstrong and Eamon Watson.

There was a very positive feeling that, at last, real progress could be expected towards eradication on individual farms and for the whole of the UK.

A major issue had been highlighted by the RVC that veterinary surgeons were not confident in advising clients about BVD control and that the impacts of the disease and the testing options and procedures were not easily understood.

How far have we come?

In February 2017, the British Cattle Veterinary Association launched an online training and registration programme. Some 132 veterinary surgeons have taken the tutorial, passed the test and are registered on the interactive online map. One of the aims of registration is to indicate to farmers and others that a raised level of expertise to help control the disease is available.

Though many veterinary surgeons have participated, there are around 90 individuals who have paid the registration fee but have not opened their mobile, or laptop, to engage with the details.

It is debatable how many veterinary surgeons in cattle practice are currently advising clients on BVD eradication. Other agencies are also promoting many of the technical aspects and it seems important that there is agreement over herd assessments and action. It would be a great boost to the initiative if 1,000 veterinary surgeons were registered as BVD advisers. Registration is currently voluntary, but this may well change to being compulsory, as with Johne’s Disease.

Although the Johne’s initiative has been going for over a year longer, it is understood that more than 800 vets have registered. The perceived wisdom is that around 5,000 dairy herds and 25,000 beef herds have been exposed to the BVD virus, so every cattle veterinary practice is likely to have client herds that are infected, whether anyone realises it or not. It is recognised that ‘Persistently Infected’ animals have, in the past, been traded.

One of the major points of clarification between veterinary advisers and farmers is a policy for managing PI cattle. Clearly national eradication will be blighted if infected beasts are passed from one herd to another.

BVDFree England has now been operational for 18 months with farmers registering their holdings and submitting test results to a central database. The latest figures from the Agriculture & Horticulture Development Board are that 1,111 holdings are registered with 163,963 cattle and 65,000 individual animal status results searchable at bvdfree.org.uk.

Meetings and workshops

Considerable energy is being applied with five farmer meetings and a veterinary workshop arranged over the past six weeks. More meetings and workshops are expected to be rolled out throughout the coming year. The past year has been described as a ‘slow burn’ towards eradication in herds, with the original target of national eradication by 2022 remaining in place.

It is believed within the industry that many more farmers are carrying out BVD testing privately than are engaging with the BVDFree database.

There is no central source of data to indicate the whole volume of national testing, but the following information from National Milk Laboratories strikes a positive stance: "We are seeing a year on year increase in the number of cattle tested for BVD through tag and test. For dairy herds there is also an increasing uptake of herd surveillance through bulk milk testing and investigation to eliminate Persistently Infected cattle, often in response to retailer driven initiatives."

"A lot of herds work closely with their vet to safeguard the health status of the herd and are already using..."
Innovation for agriculture

recognised health schemes for BVD and Johne’s.”

The Ruminant Dashboard within the APHA Vet Gateway allows collation of the number of PIs confirmed from samples submitted to government laboratories by county. Access is also available to the Scottish scheme, which has been credited with a significant reduction in cattle herds that are ‘not negative’ for BVD.

What are the future aims?

This month, the successful tender for the £5 million Defra scheme to pay for veterinary surgeon advice, blood testing and follow-up visits for clusters of herds is due to be announced. The exact details of how this programme is to be managed are awaited. Last September, the Gwaredu BVD project was launched in Wales with a £10 million budget allowing free testing until 2020.

Interestingly, blood samples are to be taken on the first day of bTB testing and the results available when the TB test is read. This appears to be a good use of veterinary and farmer time and it will be interesting to see if the same application of resources will be applied in England.

A major point about the eradication aims with BVD is that the whole industry needs to engage with the effort. At the VetsSouth conference, the input of the vaccine companies was encouraging and the technical point was accepted that vaccination alone was not the answer to remove the virus from infected herds.

Keeping free of disease

The role for vaccination was seen as being with BVD-negative herds to keep them free of disease. However, the point is made that many farmers, calving cows all year round, are only administering a single shot of vaccine and not a full course.

Elanco withdrew Bovidec from the market a few weeks ago, but the company is continuing to apply its expertise in support of disease eradication programmes.

The two other companies recognise that technical input into the support of eradication is commercially beneficial and that correct use of vaccination, in the right way at the right time, is the way forward.

More information about developments with BVDZero (Bovela, Boehringer) and Not on My Farm (Bovilis, MSD) can be anticipated. The BVD vaccine market is poised for expansion from the current level of £9 million; this is approximately £1 spent on vaccination for every bovine.

Various estimates of the financial impact of the disease range from £25 million to £61 million per annum.

More and more people within the cattle industry have become better informed about BVD during the past year. It is clear that more effort is required to turn good intentions into disease eradication.

My thanks to the many people who have responded to requests for information. A major observation and concern is that when the UK leaves the EU, it will be important to demonstrate BVD disease status nationally, by herd and of individual animals, to the best of our ability.
Is recruitment becoming harder?

These days, fewer students seem to be interested in equine practice; how can we make the role more attractive to newly-qualified vets?

Jonathan Pycock is an equine claims consultant for the Veterinary Defence Society and an equine reproduction expert. He is the current president of the British Equine Veterinary Association.

There is much said about the difficulties of recruitment into the veterinary profession generally, but less about equine practice specifically. When speaking with colleagues at UK veterinary schools, it would seem the past few years have seen a slight decrease in demand for places. While hard data in terms of surveys of potential students are not available, one can imagine that the cost of a five-year course weighed against the expected salary and working conditions on qualification must be a significant deterrent.

Feedback from academic colleagues also suggests there has been a considerable reduction in veterinary students interested in going into equine practice. Again, definite reasons for this are unknown, but the consistent requirement for out-of-hours work may be a negative. Certainly, small animal colleagues tell me that one of the first questions asked by potential colleagues is: ‘what is the out-of-hours rota?’

Since recruiting new veterinary surgeons into practice is vital for us as a profession, it is imperative for us to focus sharply on this topic to discover how to ensure we can recruit and involve the right people to enable our wonderful profession to thrive. This article does not seek to provide all the answers; rather it intends to stimulate us all to think about the issue.

Having always been keen to focus on positives rather than negatives, maybe the older and more experienced members of our profession could think about what has caused us to remain horse vets. Meanwhile the younger members of our profession, and even those yet to join, need to let us know, as potential employers, what they wish to see from an equine veterinary practice.

BEVA recently conducted a survey among its membership and posed the question: in order of significance, what are the three greatest challenges that you face in your working life? As can be seen from Figure 1, work/life balance was deemed the greatest challenge. These data, together with the opinions of colleagues, indicate that the most useful tool to put in place to aid recruitment would be a strong support programme. Mentoring schemes are difficult to run successfully and many organisations have tried with varying degrees of success.

Within a veterinary practice, young graduates are more likely to seek advice and help from colleagues who have not been qualified much longer than they have, i.e. of a relatively similar age cohort. This is not to say senior colleagues don’t have a role – they can assist with the development and availability of such mentoring/support schemes. While genuine evidence is lacking, a good support programme and structure to the equine vet’s working life would seem at least as important, if not more so, than salary. A regular appraisal scheme for colleagues is also attractive to new colleagues joining the practice.

There is a risk that equine practice is not perceived as bringing young people on, and that may make them reluctant to join us. We cannot let that happen and must do all we can to provide support and nurture for all new members of our practices. Along the way, we need to convey the reasons we have enjoyed and stayed in equine practice. Hopefully this will help us to continue to recruit keen, talented new professionals into the amazing job that is equine veterinary practice.
In the third part of his ‘ask the experts’ series, Kieran asks two equine vets how they approach the treatment of infection in various scenarios

Treating infections

The administration or dispensing of antibiotics are almost daily activities for practitioners in equine practice. There are very few licensed antibiotics available for horses in the UK, and a similarly small number are used off-licence under the therapeutic cascade. To ensure their continued efficacy, clinicians must use them appropriately. The BEVA ‘Protect Me’ toolkit provides some very useful guidelines for practitioners. Here we ask two experienced first opinion equine clinicians how they would deal with common clinical situations where antibiotic use may, or may not, be appropriate.

A client calls to your practice reception to ask for some antibiotics for his 10-year-old hunter whose nose is ‘pouring snot’. What is your approach to this sort of request?

**Jamie O’Gorman**
This can be a surprisingly sensitive situation and has cost vets clients in the past by insisting on an examination. I would certainly try to convince the client of the benefit of an examination, (a) to rule out anything serious and embark on an appropriate course of action earlier on if found (and explain that they’re likely to be publicly lynched if they spread strangles around the hunting field, which shouldn’t take much explaining!) and (b) it gives the opportunity to decide whether antibiotics are truly necessary. This seems to be a more effective argument than giving them a lecture about self-diagnosing and POMs.

**John Millar**
These cases should be examined before any treatment is prescribed. But there are occasions when I will have in-depth recent knowledge of the client, horse and yard and so after taking a history I may prescribe a course of oral TMPS or a bottle of procaine penicillin depending on the client/horse. Treatment failure would obviously necessitate examination.

You are asked to examine a severe case of ‘mud fever’ that the owner has been attempting to treat for a week. There is significant and very painful crusting of both hind pasterns and both lower limbs are swollen. The horse is mildly lame. How would you deal with this?

**JO’G**
I would take a thorough history and ensure that it was a straightforward bacterial dermatitis and that there is no underlying skin disease. If satisfied, I would clip the skin and ask clients to soften the scabs by soaking with hot water and concentrated chlorhexidine for five minutes before rinsing off, drying thoroughly and applying topical silver sulfadiazine. In severe cases, I will often treat them with an initial single dose of dexamethasone and follow up with systemic antibiotics as well as oral phenylbutazone.

**JM**
Assuming it is uncomplicated mud fever, the owner’s intervention can be unhelpful, and bacteriology can often be unrewarding. I would initially prescribe a long course of oral TMPS and keep the legs dry and clean. Treatment failure would warrant further diagnostics.

At a livery yard a horse, purchased from a dealer three weeks ago, is febrile and off its food. There is a purulent nasal discharge, and both submandibular lymph nodes are enlarged. You suspect strangles. The horse has been grazing with three others, one of which is a weaned foal. How would you deal with this?

**JO’G**
I would isolate the affected horse and recommend movement restrictions at least until a diagnosis is concrete. I would take both a swab from the nasal discharge and a blood for a strangles ELISA. I would also recommend bloods and nasopharyngeal swabs from the in-contacts and advise for the time being to manage them as an isolated group, though the swab on the foal may be a wrestling match! If the in-contacts are normal, I would recommend continued isolation and repeat the ELISA approximately two weeks later. As the horse is sick and off food, I would treat with NSAIDs and procaine penicillin and ask the client to hot-ferment the lymph nodes to soften the skin and encourage the abscesses to burst. I would tell the client to notify the dealer immediately of the situation so he or she can make their own investigation/management changes.
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If positive, repeat the nasopharyngeal swabs, and guttural pouch washes will be necessary until consistently negative. JM I would assume it is strangles. The affected horse and the in-contacts should be isolated. Culture/PCR of nasopharyngeal swabs or washes to try to confirm the diagnosis is necessary. Antibiotics are not usually required, and the pain associated with strangles can be managed with NSAIDs. The foal should be closely monitored and penicillin administered only if essential. Post-outbreak testing to confirm recovered horses are not carriers is ideal, but unfortunately the expense often precludes this.

**What adverse reactions have you seen to antibiotics in horses?**

**JO’G** I have seen a handful of diarrhoeas, urticarias, hyperexcitability following intramuscular procaine penicillin, and hypotension following systemic pre-anaesthetic administration of crystalline penicillin. I have used a lot of intravenous oxytetracycline and oral doxycycline in my career with no diarrhoea cases, but I have had a few when doxycycline is given to horses that have received TMPS. JM Thankfully, I rarely encounter adverse reactions to antibiotics. I see the occasional CNS excitation to the procaine in procaine penicillin. I have seen one case of a fatal colitis resulting from oral administration of doxycycline following a course of oral TMPS. I avoid using doxycycline as a second line antibiotic now.

An elderly client asks you to look at her retired horse’s eye, which has been abnormal for several days. There is a mucopurulent ocular discharge, chemosis, and blepharospasm. The cornea seems normal and no fluorescein is retained. You are concerned that the rather frail client will be unable to medicate the eye herself. What is your approach?

**JO’G** Initially, I would sedate the horse and administer a supra-orbital nerve block. It is easy to do and makes examination so much easier. If following a thorough examination, including under the third eyelid, I find no other specific changes, I would ideally take a swab and then thoroughly irrigate with isotonic saline. If the pupil was miotic, I would apply topical atropine, warn of its long-lasting effects and advise to keep the horse out of bright sunlight until the pupils are symmetrical. I would administer intravenous NSAIDs and leave her with oral NSAIDs to follow up with and re-assess the horse the following day. A lot of these cases will improve significantly within 24 hours following a thorough lavage, but if no improvement is recognised, ideally, if affordable, I would consider fitting a subpalpebral lavage system to assist with topical treatment if necessary.

**JM** Once confirming there is no foreign body lodged in the lower fornix, I would advise twice-daily Fusidic acid. If the client can’t manage that, I would hospitalise the case and treat topically with a suitable antibiotic.
Performing equine embryo flush

A step-by-step guide to undertaking successful equine embryo flush in practice

MADELEINE CAMPBELL
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Embryo flushing and transfer (ET) has become increasingly popular with non-Thoroughbred breeders over the last five to 10 years. The availability of centres maintaining a herd of recipient mares, which receive embryos for transfer, has led to an increased interest among practitioners in providing embryo flushing and shipment services to their own clients. This article reviews the factors and techniques which affect the success of this assisted reproductive technique.

Choice of donor
Before commencing, mare owners should check that the stud book in which they wish to register the foal permits the use of ET. The major application of ET is in enabling top-class sports horse mares to produce foals while still competing, rather than having to defer their stud careers. Embryo transfer can also increase the number of foals produced per mare per year. ET may be appropriate for valuable mares that are unable to carry a foal safely to full term themselves, e.g. due to previous colic surgery or a ventral rupture. Some sub-fertile mares with specific problems, e.g. cervical injuries, may be good candidates for embryo transfer. However, research has shown that old mares who have failed to conceive themselves are poor candidates for ET, since the fundamental problem is at the level of their aged oocytes.

Breeding the donor mare
Donor mares should be bred using good quality semen/a stallion of known fertility, following conventional protocols (McCue, 2010). Despite research interest in the development of a technique for superovulating mares, this is not currently commercially available. Donor mares should be assessed for post-breeding endometritis, and treated if necessary.

Embryo flushing
Embryo flushing in the mare is a non-surgical trans-cervical technique (Hartman, 2011) which is minimally invasive and generally well-tolerated. The risks associated with any transrectal examination in the mare also apply during embryo flushing. Mares should be restrained or sedated as necessary to minimise these risks.

All embryo flushing and holding media and equipment are now commercially available.

The flush is usually performed at day seven or eight post-ovulation for immediate transfer or chilling of embryos. Embryos are recovered more efficiently later, but are more robust earlier. Recovery rates from aged mares may be improved by flushing on day eight rather than day seven. In brief, the technique may be described as follows:

- Restraining donor in stocks, wrap and elevate tail, aseptically prepare hindquarters. All residues must be rinsed off.
- Using a sterile plastic sleeve-covered hand and arm, delicately introduce a uterine flushing catheter (80 or 150cm long, balloon-tipped, silicone catheter, Figure 1) through the cervical opening and into the posterior uterine body.

Some sub-fertile mares with specific problems, e.g. cervical injuries, may be good candidates for embryo transfer. However, research has shown that old mares who have failed to conceive themselves are poor candidates for ET.
Performing equine embryo flush

- Fill the balloon cuff with 60-80ml of air and pull the catheter caudally to establish a seal at the internal cervical os.
- Use 1,000-3,000ml of commercially prepared equine embryo flushing media for each flush (depending on mare size and tolerance).
- Run the flush into the uterine lumen by gravity using Y-tubing attached to the foley catheter (Figure 2).
- Depending on the parity of the mare and the size of the mare’s uterus, it may help to massage the filled uterus per-rectum before retrieval, to ensure that the fluid has reached all of the uterus.
- Run the fluid from the uterus back through the Y-tubing and into an in-line embryo filter/cup (Figure 3). The filter must always be bathed in fluid to prevent embryo dessication and must not be allowed to overfill.
- Depending on the parity of the mare and the size of the mare’s uterus, an i.v. injection of oxytocin may be given prior to the final flush to aid uterine evacuation.
- After the final flush, rinse the tubing before disconnecting it, in case the embryo is trapped between the cuff and the cup.

Embryo processing and assessment

Whether embryos are to be transferred directly or chilled for shipment to a recipient mare, the initial processing and assessment is the same. Briefly, the technique can be described as follows:

- The fluid retained in the embryo cup/filter is placed in sterile Petri dishes by gently swirling the fluid in the cup and tipping it quickly into the Petri dish.
- Rinse the cup using some of the flush media which has been retained for the purpose.
- Examine the contents of the Petri dishes using a dissecting microscope (x 10-25) to locate the embryo(s). Gentle swirling of the Petri dish brings the embryo and any endometrial cells to the centre; embryos are heavy and so sink to the bottom of the Petri dish. Push any cellular debris out of the way during searching with a sterile semen straw.
- Using a sterile semen straw, transfer embryo(s) into a small Petri dish containing commercial embryo holding medium.
- Wash up to six times by transfer between small Petri dishes containing commercial embryo holding medium.
- If the embryo is to be shipped chilled to a specialist facility for transfer, it should be loaded into a shipper as per the receiving facility’s instructions.

Vets should be aware that the fact that an embryo was not recovered from the uterus does not necessarily mean that the mare did not conceive. It is therefore normal practice to treat a donor mare with a luteolytic dose of prostaglandin F2α after flushing, to avoid the possibility of the donor mare remaining pregnant herself.

Conclusion

The ability to ship embryos to centres maintaining recipient herds, for transfer, has reduced some of the logistical issues previously associated with using ET in the UK. The commercial availability of embryo flushing materials and equipment has also made it easier for veterinarians to offer an embryo flushing service in practice.

Nonetheless, veterinary expertise in equine reproduction and appropriate selection of embryo donors are necessary prerequisites for a successful embryo flushing programme.

References


Sitting at a dinner a few nights ago in college, I attempted a conversation with my neighbour, a professor of mathematics. “What does the next term hold in store for you?” I asked. “Two new PhD students to supervise,” came the brief response. “And can you explain to me in terms I would understand what they are looking into?” I asked. “No,” was the single-word answer, which rather halted conversation, as you might imagine. The meal was good and the wine excellent, which somewhat made up for the lack of interaction! But on my return home, I looked up the professor and his work.

Sure enough, a review of his key book ended with the words: “Far too hard to read, and not for the faint-hearted.” Never to be classed as faint-hearted, I thought that Wikipedia at least might give me a way into the topic. Not so! A ‘topos’ is this professor’s key research area, says Wikipedia, ‘a category that behaves like the category of sheaves of sets on a topological space (or more generally: on a site). Topoi behave much like the category of sets and possess a notion of localisation; they are in a sense a generalisation of point-set topology’.

Well, this incomprehensible gibberish (as far as I was concerned at least – don’t let the professor know I said that!) really saddened me because I remember in secondary school maths being fascinated by topology where a doughnut was the same as a mug was the same as a polo mint. I could see that and understand it, while the professor’s topoi left me cold!

And that got me thinking whether what I said to owners when they brought their dogs to me was understandable or not. Understandable to me of course – 2018 marks 30 years in ophthalmology for me, so if I don’t understand what I am saying, there’s no hope left is there?! But my understanding it too well can make me reel off words and phrases that owners are not likely to grasp. “Your dog has a mature cataract” seems simple to me, but if the owner doesn’t know some ophthalmic jargon, I may be blinding them with science. That’s where students come in. If I say something that assumes prior knowledge they haven’t got, they’ll tell me pretty quickly. That keeps my feet on the ground, and makes sure that what I am saying to students and owners is intelligible – or at least that’s what I hope.

The only trouble, of course, is that if we’re not careful we might end up like Sir Lancelot Spratt, the overbearing consultant from Doctor in the House, the 1970s TV series. Where there is a power differential – and that can be just as easily between a new graduate and a senior partner in a practice as between a student and a lecturer at vet school – there is the opportunity of the overbearing ambience that Sir Lancelot exemplifies. The number of new graduates feeling they need to move shortly after starting their first job shows, to my mind at least, that there is a sizeable problem here. Surely, supporting staff as much as we can is a double if not triple or quadruple winner – best for them, for their employer and for the animals and owners relying on them for their care.
Now is a good time to look ahead and make plans, and HMRC is doing its bit to assist businesses in that regard. With a raft of announcements in the November Budget, there are a number of proposals that, when implemented, will affect the way a practice runs its tax affairs from 2018. However, with some judicious feedback into HMRC, it may be possible to shape how the proposals are implemented. Experience has shown that when merited, HMRC does listen.

Feeding back to HMRC on the digital tax switch

Sending your feedback to HMRC could help to shape how the new tax proposals are implemented

The proposals include a suggestion that penalties for tax paid late should be like a parking fine, and halved for prompt payment, with a 14-day grace period

Take HMRC’s Making Tax Digital (MTD), an initiative under which practices would have been required to report on their affairs, not annually, but quarterly and online with extra workload and costs. Few other than HMRC liked the idea and the outcry led to MTD being watered down; now it’s only VAT which is absolutely guaranteed to be compulsory – from April 2019. However, public criticism hasn’t stopped HMRC moving forward with plans and supporting framework for MTD. It’s going to be a huge shake-up for most – so if you haven’t started planning for MTD yet, you most certainly should.

Compliance penalties

HMRC has been putting plenty of thought into how to deal with anyone who gets their tax compliance obligations wrong. For several years now there’s been a steady stream of HMRC consultations on what penalties are for, and how HMRC can achieve compliance.

Points-based penalties

Based on those consultations and responses, the government is reforming the penalty system for late or missing tax returns; soon there will be a new points-based approach in place. The details are all in a document (see http://bit.ly/2ASN8pU), but in essence, you will start accruing penalties on annual returns after two defaults, for quarterly returns after four defaults, and for monthly returns after five. To reset the score to zero you need to make two, four or six submissions on time for each return type respectively. Your scores run independently for each tax (VAT, PAYE, and Income or Corporation Tax). Alongside this, the government “will also consult on whether to simplify and harmonise penalties and interest due on late payments and repayments”.

Grace periods

Nothing has yet been costed for any of this while the other measures are still at consultation stage (see http://bit.ly/2iybKgm). But, because they’re still consulting, you can still make a difference by getting in touch with HMRC to make your views known. The proposals include a suggestion that penalties for tax paid late should be like a parking fine, and halved for prompt payment, with a 14-day grace period where no penalty would arise at all. Interest rates would change, and the existing VAT surcharge model would be replaced. But one of the conditions to get a penalty reduced is that if you can’t pay, you will have sought to finalise a ‘time to pay’ arrangement with HMRC, if that can be done within 14 days there will be no penalty; if completed within 28 days, the penalty will be cut by 50%. The professional bodies aren’t convinced that HMRC can meet its side of the bargain to have time to pay arrangements in place within those time frames.

Operating PAYE

Moving on, for those with employees, there’s a further planned tweak to the operation of PAYE codes through the Real Time Information (RTI) system.
Of course, it’s a good idea for everyone to know exactly what’s going on with their taxes – what they’re paying, and why

Since May 2017, you may have noticed an uptick in the number of PAYE codes you’ve been receiving for employees – and perhaps the number of queries from them that you’re having to field as a result.

This is all a part of the new system of ‘dynamic coding’ (http://bit.ly/2B1XzXU), which aims to use the information that HMRC is gathering from various different sources to estimate an individual’s total annual income, and from that work out what their final tax bill is going to be and adjust things on the fly accordingly.

However, based on the results so far, the system is struggling with irregular amounts like bonuses, commission or variable pay – let alone dividends, or income from overseas.

Dynamic coding
The solution to many of these problems associated with dynamic coding lies not with HMRC or the employer, but with the employee. Like it or not, the easiest way to resolve the issues is for employees to activate their Personal Tax Account (PTA) (see http://bit.ly/1O4EOoo) so that they can check the amounts charged for themselves.

In principle, of course, it’s a good idea for everyone to know exactly what’s going on with their taxes – what they’re paying, and why. But there’s a balance to be struck here, and quite a few people feel that HMRC has gone too far down the ‘forced engagement’ route.

One of the big advantages of the PAYE tax withholding system, and in particular the tax codes it uses, is that it should save a taxpayer in steady employment on a steady wage having to constantly think about their tax position; it should save them time, let HMRC know what’s going on, and allow the system to collect the right payment at the right time.

But with the constant fine-tuning of liabilities, HMRC has created a model where employers will be getting code updates far more frequently than they previously might have, and that’s something which in the short term is going to prompt more queries from employees. And whatever HMRC might suggest about the PTA, individuals are still going to query their affairs with their employer if they notice that their monthly payslip has a smaller ‘net payment’ number on it.

Faster tax debt recovery
But there’s another change that few seem to know about. With the announcement of ‘Faster recovery of Self-Assessment debt’, HMRC is to use technology to recover additional Self-Assessment debts closer to real-time by adjusting the tax codes of individuals with PAYE income. This change will take effect from 6th April 2019 (see http://bit.ly/2je9Wpf).

It’s interesting given that the first results of HMRC using RTI information to try to reduce the level of inaccuracy in the system saw them issuing around eight million P800 (notification of wrong tax paid) forms, two-thirds of which were for refunds where the taxpayers involved were not earning enough to pay tax in the first place.

So, if the first round of dynamic coding effectively accelerated repayments by replacing the P800 forms with in-year adjustments, HMRC will now think they’ll be identifying tax that hasn’t yet been paid by Self-Assessment taxpayers, but which should have been. In simple terms, this means HMRC will be adjusting employees’ take-home pay downwards more often than upwards, so be prepared for the queries.

Comments can be sent to HMRC via mtdta@hmrc.gsi.gov.uk, ideally by 2nd March 2018

To conclude
HMRC is clearly under pressure both to cut costs and bring in more tax revenue, all without the government openly increasing tax rates.

Technology is aiding HMRC’s compliance but in so doing, it’s moving the burden from the state to the taxpayer for whom ignorance is no defence. Quite simply, unless you want to be burdened with whatever HMRC gets passed, you need to feed back into the process. You’re unlikely to stop it, but you may be able to shape how these proposals are implemented.

Comments can be sent to HMRC via mtdta@hmrc.gsi.gov.uk, ideally by 2nd March 2018
What is the new General Data Protection Regulation?

Dubbed by the Information Commissioner as "the biggest change to data protection law for a generation", the General Data Protection Regulation (GDPR) is set to revolutionise the way we all hold and process personal data.

The GDPR is an EU regulation which aims to strengthen current provisions under the Data Protection Act and give us control back over the use of our personal data. New obligations, greater accountability and heftier fines mean businesses, including veterinary practices, should be taking steps now to make sure they will be able to comply with the GDPR when it comes into force on 25th May 2018.

How will this affect me and my practice?

Your practice will most likely hold personal data relating to both your customers and your employees, which all need to be collected, held, processed and protected in compliance with the GDPR. While the GDPR brings with it improved protection for your customers' and employees' data rights, you will be placed under greater burdens as a holder of personal data, with serious non-compliance bringing potential fines of up to the greater €20,000,000.

Your first steps in ensuring you are complaint are mapping the flow of your data and undertaking a GDPR audit

What key things do I need to consider as part of my practice’s GDPR strategy?

How do you collect your customers’ data? How do you communicate with your customers? Do you have the right consents from your customers?

These are just some of the questions you need to be asking yourself when thinking about the GDPR in relation to your customers' data. The regulations place much greater obligations on you to ensure that you communicate in a clear, transparent way with your customers and obtain the correct consents from them or, if you don’t have explicit consent, to show that you have a lawful basis for how you use their data.

If you are sending emails to your customers to arrange appointments, provide treatment reminders or market a new brand of worming drugs, you will need to make sure you have already obtained the right consents to do this. Any consent you obtain needs to be granular and done via positive opt-in consent, so catch-all opt-out tick boxes are no longer an option!

How is the data you collect stored? Do you have a practice management system? Do you outsource to any third parties? How is your customer and employee data protected? Again, a whole host of issues are introduced when thinking about storage, processing and protection of any personal data and any third parties who have access to that data. Your first steps in ensuring you are complaint are mapping the flow of your data and undertaking a GDPR audit. This will allow you to identify what happens to the personal data, from the point of collection to its erasure and how you can ensure it is adequately protected.

Prevention is better than cure!

Every veterinary practice, whether using CRM systems or just booking appointments over the phone, will be holding or processing personal data at some point. With the regulations only four months away, you need to be thinking now about how you can ensure that your practice's contracts, policies and procedures surrounding personal data are compliant with the new legislation.
How to spot, avoid and report pension scams in the digital age

Every day, fraudsters are using more and more sophisticated ways to part money from savers. Pension scams are on the rise and include offers of 'free pension reviews', 'one-off pension investments', 'pension loans' and upfront cash.

Unfortunately, the increased reliance on the internet for doing business and advances in digital communications mean these kinds of scams are becoming more common and harder to identify.

The relaxation of pension rules that came into force in April 2015 has enabled schemers and fraudsters to inundate the marketplace. It has been reported frequently that pension scams are on the increase in the UK, despite significant efforts from the industry to mitigate the issue.

What constitutes a pension scam?
There are different types of pension scam, but they can all lead to you losing a lifetime’s worth of savings in a moment. Under the pension freedom rules, you have more choice about how you can access your pension pot than in the past. Fraudsters take advantage of these rules by trying to persuade people to cash in their pension and hand the money to them to invest.

Watch out particularly for people contacting you out of the blue over the phone, via text message or in person door-to-door by a person or company you have had no previous dealings with.

Situations where you aren’t given long to make a decision, or you feel pressured into making one immediately.

Claims that they can help you or a relative unlock a pension before the age of 55.

Claims of knowledge about tax loopholes or promises for extra tax savings.

Companies that only disclose a mobile number and a PO box address on their websites.

Firms that do not want you to call them back.

Some outfits may be very sophisticated and have convincing websites. Some may imply that they are part of the government-backed Pension Wise service by sneakily including ‘wise’, ‘guidance’ or ‘pension’ in their name. Pension Wise offers impartial and free information and guidance on your pension options. It will never contact you out of the blue to offer you a pension review and it has only one website: www.pensionwise.gov.uk.

Once you’ve transferred your pension or handed over your pension savings, it’s too late. Many victims have lost their entire pension savings. Even if you don’t lose your money, you could be asked to pay a large tax bill on top.

What to do if you think you are being targeted
You should never be rushed into making a decision. Make sure the firm is registered with the Financial Conduct Authority (FCA) to conduct business before you agree to anything. Use the FCA’s online firm check (fca.org.uk/register) or call the FCA directly.

To be sure it’s the same firm in question, call them back on the switchboard number given on the FCA’s website, not any other number they give you. If you think you have been scammed or that someone has tried to scam you, immediately contact the FCA’s Consumer Helpline on the number mentioned above.

If you do get any calls that you suspect to be scams, you should report them immediately to the relevant authorities. If anything is offered that seems ‘too be good to be true’, it probably is!
2018 EU legislation changes

The purpose of the 2018 EU legislative changes and what they might mean for your practice

Laura Thomas
Head of Compliance and Governance, Agria

Laura is a compliance professional with over 13 years’ experience within the compliance function. She has worked in several different areas of financial services including mortgages, banking and insurance, and joined Agria in 2015.

Is your practice aware of the two significant changes in EU legislation set for 2018? All veterinary practices will be affected by one of them, and if yours is a practice involved in promoting pet insurance on an appointed representative (AR) basis or otherwise, both will affect you.

General Data Protection Regulation
The General Data Protection Regulation (GDPR) affects all companies that handle personal data – so this includes every veterinary practice, and mostly likely every organisation in the UK – in both public and private sectors.

GDPR is being introduced to ensure a consistent approach to data protection and security across the EU. This applies to all companies which process personal data – which is described as ‘any data relating to a living individual’. GDPR brings in requirements designed to ensure that all personal data is processed securely and that everything firms do with it is transparent.

While the existing Data Protection Act of 1998 gives us in the UK fairly prescriptive guidelines to adhere to, for other countries in the EU without such a structure and more relaxed legislation, GDPR will bring a lot of change.

Nevertheless, in the UK, GDPR will present some new challenges for the vet and insurance industries. These include ensuring that the correct authority or consent is obtained from customers regarding where their personal data is being processed and that this is done on a lawful basis. Companies must be up-front about the data they obtain, exactly what they will do with it, and be able to reassure a customer that their data can be provided to them or destroyed if requested. Organisations must be compliant with GDPR by 25th May 2018.

Insurance Distribution Directive
The Insurance Distribution Directive (IDD) entered into force on 22nd February 2016 and compliance with IDD requirements was due on 23rd February 2018. However, following a vote by the EU Parliament and an open letter from member state regulators (including the UK), the EU Commission sanctioned a six-month delay in the compliance date until 1st October.

As the name suggests, IDD relates specifically to the insurance industry and, in its wider context, the directive also applies to insurance and other intermediaries – including partners such as vets.

While pet insurers and the vet practices they work with already have certain regulatory requirements they must adhere to, set by the Financial Conduct Authority (FCA), the introduction of IDD presents additional, potentially more onerous, requirements.

For example, staff involved in insurance distribution, such as ARs of insurance companies, will have to complete at least 15 hours of insurance-related CPD training every year to ensure the best possible service to the end customer.

Agria has been focusing on both GDPR and IDD and will continue to do so over the coming months, enabling timely compliance and ensuring fully transparent communications with all their veterinary partners, whatever the status, on the implications for their business.

To ensure clarity for partner vets, Agria met with the FCA, and although concerns were expressed about how parts of the insurance industry in general manage ARs, Agria’s current training and support programme is a robust process designed to protect AR vets and keep their insurance activity compliant. In the two years since the IDD came into force, Agria have had plenty of time to ensure the existing process will easily extend to incorporate the new requirements.

While this new legislation does not cause concern for companies already working responsibly, these are very positive amendments for the insurance industry and the partners we work with. They will deliver improved clarity and transparency for customers and provide even greater assurance over how personal data is used and the quality of service customers will receive.
The leadership challenge

What comes to mind when you hear ‘leadership’? Is it clarity of vision and motivation? Or is it a feeling of slight indifference or a raised eyebrow and scoffed ‘It would be nice to have some round here’? Maybe it’s a heaviness that comes from feeling like you’re delivering the vision alone. Perhaps it’s dread of needing to deal with poor performers, or being fed up with always putting work first. There are many models of leadership, but it’s best to think of it as a pyramid.

Leading self, others and the business

‘Leading self’ is how we show up for our patients, clients and colleagues. Self-leadership is about acting with integrity. It requires self-awareness so we can use our strengths and manage our weaknesses. It necessitates a growth mindset – striving for development. In our profession, it is also about self-care so we can continue to deal with pressures of practice without burnout or compassion fatigue. As vets, we lead others every day and others look to us for leadership. We lead our clients by empowering them with knowledge and tools and share a vision of how we can help their animals.

We can lead even when we are not in positions of management; we can empower, support and mentor others. We can provide direction, implement a plan and delegate appropriately, and at other times we must lead by example and be a good follower.

The veterinary profession is expected to provide high standards of clinical care and excellent customer service despite increasing costs and demands to charge less. We are increasingly operating within the social media spotlight and a culture of people wanting everything. Fundamentally, however, the business is nothing without its people and those people need to feel valued.

The challenge is real

Investors in People reported this January that almost half of UK workers (49%) plan to change jobs this year. Bad management and feeling under-valued were among the top reasons for leaving.

This theme echoes the 2014 RCVS survey of the veterinary profession, which found that only 58% of vets were satisfied with the support given by their employer. Of the veterinary nurses who indicated that they planned to leave the profession, not feeling valued (54%) was second only to pay (70.5%) as their reason for leaving.

We asked vets, nurses and practice managers signed up to our current leadership programmes what they considered to be their key challenges and there were many common themes:

- Performance management and appraisals
- Developing resilience and finding work-life balance
- Motivating colleagues
- Effective communication with the whole team
- Improving staff retention and engagement
- Developing others
- Finding the balance between management and clinical work

Those in positions of leadership and management often lack confidence and feel ill-equipped to face the demands of their position. This creates further stress in an already pressurised environment.

If we want to make changes in the profession, we need to commit. Just as we invest in development of our clinical skills, we must invest in continuous personal development and the development of our team, to ensure those in positions of management and leadership have the skills and tools to perform confidently and at their best.
Achieving great customer care

There are four focuses that can help a practice achieve excellence in customer care: train, measure, manage, inspire. 

Last December, I was invited to deliver a day’s Cx focus on the customer experience at the Finnish Veterinary Association’s annual congress. Stepping outside the UK market, talking with colleagues working with a different set of constraints and concerns, not only gave me a new perspective on Cx, but also proved that by focusing on four concepts (Train, Measure, Manage and Inspire), excellence is perfectly possible.

The customer experience is vital in attracting and retaining clients – if it’s poor, not only will your customers go elsewhere, they’ll stop others registering with you through negative word of mouth. Conversely, if the customer journey is smooth and engaging at every stage, clients will come back more often, spend more money and tell more people about you. Most practices get this general principle now, but what I see being missed time and time again is attention to detail and consistency.

Getting the customer experience right is a team game, and it’s crucial that everyone plays their part – if the receptionist is friendly and professional, but the owner is kept waiting for ages to see a vet who is so busy they keep leaving the room to collect equipment and test results, the good feeling is soon gone.

Creating a bond

Great customer care requires every single member of the practice team to understand not only what to do, but why it matters. Getting it right can be helped enormously by proven processes such as telephone customer care, and communication skills in the consult room. But processes alone don’t make for a great customer experience – it’s people and an inspiring, personal approach that really make the difference. There’s a wonderful quote from Maya Angelou that I use a lot when talking about customer experience: "I’ve learned that people will forget what you said, people will forget what you did, but people never forget how you made them feel.”

The most powerful loyalty is driven by emotions. I collect lots of Avios points when travelling with work, so it makes sense to book flights with BA in order to use them. You might say that makes me loyal to BA, but my emotional loyalties lie with Emirates, who truly understand how to deliver a superior customer experience. I recommend Emirates, but I most often use BA.

Buying goods and services online or face-to-face (just as our clients do), I make choices shaped by how convenient and warm the whole experience is – I aspired to a Robert Thompson bread board, but the ordering process was so lengthy and difficult that I bought one from Ikae.

Emotional attachment to the practice is equally important for clients and team – your vets, nurses and customer care colleagues must live your practice values in everything they do, and clients should be able to see these in action in every communication and interaction with and from the practice.

Having values and a mission statement help focus everyone on the needs of the customer, bonding clients and colleagues to the practice and creating a whole that is greater than the sum of its parts. How the practice ‘feels’ is a vital component in its success, or a cause of its failure.
New year’s resolutions
By now you’ve almost certainly lapsed on abstaining from alcohol or chocolate. But there are two resolutions that every successful practice should focus on, and both play a significant part in the customer experience:

1. First call resolution. A potential customer has phoned the practice – offer to see them! Small animal practices should be converting 40% of inbound calls into paid appointments, with twice as many in equine ambulatory practice. Train the team in a proven process and use the Onswitch Index to measure performance and highlight areas for focus.

Without evidence, how do you know if you’re getting better?

Five steps – telephone customer care
Onswitch’s simple, but highly effective process helps practice teams deliver excellent customer care over the telephone:

1. Give a great greeting
2. Get the pet/horse’s name, get the picture
3. Demonstrate love-value-price (in that order)
4. Give extra information: web, social media, opening hours, etc.
5. Offer an appointment

2. First consult resolution. The client has come to see you – give clear recommendations and establish a collaborative process to ensure the pet or horse receives tailored care.

Seven steps – communication skills for the consult room
1. Prepare yourself
2. Create a rapport
3. Ask open questions
4. Carry out an obvious pet or horse examination
5. Make recommendations
6. Check understanding and signpost next steps
7. Book the next appointment/contact

How does your practice measure up?
One thing that many practices overlook is the importance of measuring business performance. Yet without data, how can you set realistic targets? Without evidence, how do you know if you’re getting better?

Measure team engagement with the Gallup 12 questionnaire, measure business health with the Balanced Scorecard, measure client feedback with Net Promoter Scores, measure your telephone customer care with the Onswitch Index and your consult customer experience with ConsultTrack. Don’t guess, measure. Then guess what – your customer experience will get better!

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"This month, it’s the turn of someone at the peak of their career"

Gareth Cross

In our series on the hopes and expectations of aspiring and qualified vets, we have heard from school leavers, vet students and recent graduates. This month, it’s the turn of someone at the peak of their career.

Clive graduated from Liverpool in 1985 and is a director of a group of practices in the Midlands. I put to him a similar series of questions as I did to the others and asked what he thinks the future will bring for our previous interviewees.

Why did you want to be a vet?
As a teenager in a state school secondary modern (not a comprehensive but a school for children who were just post 11+ and unable to afford private education), I was good at science and maths and seemed to shine academically. I wanted to work for myself, own my own business and do a bit better in life than my parents. The school careers officer laughed me out of his office and told me that my ‘sort’ would do better by getting an apprenticeship with a local French tyre manufacturer. People like me did not do well at university. All the teachers at that school sent their children to the private school across the road. So, I think I was just very bloody-minded.

Is it what you expected it to be (financially and in more general terms)?
I had no financial expectations. My first job was a one-in-two on-call rota in Antrim; it paid £6,000 a year plus a car and a flat in an average dairy practice with endless TB testing. They were very nice people who would give you anything except money. Today I probably earn what I want to earn and it’s fine, but it has been a long road getting there. It’s always been exactly what I expected it to be.

If you were 18 now, would you do it again?
Equipped with my current knowledge of the profession, probably not. Poor people become vets less frequently now than in 1980-85. The starting salaries would not compensate a poor individual for all the borrowings required to navigate the course. Social mobility has been stilted by tuition fees. I [started my career in a] minimalist referral culture. The only places to refer in 1985 were the universities; you just had to get on with it most of the time. That creates pressures, but it also creates opportunities. These days I may be performing intra-ocular surgery one day, spinal surgery the next day, a TPLO on Wednesday and a day of routine neuters and dentals the following day. In today’s world, I would have to have undergone a training residency and passed diploma examinations to perform [any] one of the first three days’ surgeries. The prospect of getting to my current level of expertise and experience in someone else’s practice without a procession of internships and residencies is zero. I would have no wish to become a routine neuter and minor surgery person; [that’s] not something I find at all palatable.

What do you think the future will bring for the next crop of graduates?
I think the corporates and out-of-hours clinics have probably made life better or more stable for new graduates. There were a lot of bad small practices run by some not very nice people until the last 15 years, and it’s a relief that most have changed hands and been bought out. What is left then is a profession of employees, with no real prospects of ownership. As fees are pushed downwards, salaries must follow, combined with a saturated market and over-production [of vets]. The current Brexit-induced famine will be a short-lived glitch. Quality of life will be less because spare time is useless without spending power, a nice home and home life. It will become a profession of part-timers who have a spouse who does something else that makes the money. The bloated referral world will collapse when the insurance bubble bursts; sadly, the skill base at first opinion level will have been so depleted and eroded that no one will be in a position to take advantage of the vacuum. All things considered, it looks a bit grim.
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