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“What it’s like to be one of two vets working on a tiny Caribbean island with an active volcano”

Welcome to the joint December and January issue of Veterinary Practice magazine. This month, we have reports from several insightful conferences – one on the influences of technology on the profession from the BVA Congress at London Vet Show, another on the progress with Brexit from the NOAH Conference and a third on the impacts of lead poisoning on wildlife from the BVZS Conference.

In the small animal section, there is an article looking at anaesthesia decisions from a procedure-specific point of view. There is also a piece on healthy feline ageing, with a focus on developing “senior clinics”. In dermatology, David Grant looks at the difficulty of diagnosing cutaneous adverse reactions to food and Alex Allen considers the steps owners can take at home to improve the management of skin disease.

News from APHA briefs OVs on topics such as Brexit and TB testing in the Official Vet column, and answers are provided to commonly asked questions on companion animal and small animal exports revalidation for OVs with grandfather rights. There is also an interview with the Chief Veterinary Officer in Montserrat – find out what it is like to be one of two vets working on a tiny Caribbean island with an active volcano.

For large animal vets, Richard Gard has provided us with reports from the BCVA Congress and there is an interesting piece by Peter Edmundson on robotic milking machines and mastitis in our “In focus” section.

Turn to the equine section for a detailed and graphic guide to decision making in the treatment of equine tumours by Derek Knottenbelt. A report from the World Horse Welfare Conference focuses on equine welfare post-Brexit.

The government’s (somewhat delayed) move to making tax digital is explained in the practice management section. The Veterinary Defence Society describes the importance of leadership, and in the legal column, Natasha Thomas looks at how to plan for selling a practice.

Finally, for those of you who will be on call over the festive season, be sure to read Gareth Cross’s column. In this piece, Gareth provides a breakdown of the best non-alcoholic beers available in supermarkets – as judged by an expert panel of experienced beer drinkers.

Jennifer

JENNIFER PARKER EDITOR
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Women in the veterinary profession still face discrimination

Women in the veterinary profession still face discrimination and it is those who believe they are no longer experiencing it who are most likely to discriminate, a new study has revealed.

Researchers at the University of Exeter, working with the BVA, surveyed approximately 260 UK-based employers, partners and managers to see whether they would show bias when reviewing the work record of male and female vets. The study, designed by Chris Begeny and Michelle Ryan and launched at BVA Congress at London Vet Show on 15 November, showed that gender discrimination was present in many of the employers’ recommendations on pay, competence and career advice but was most prominent among those who believe that “discrimination against women in the veterinary profession is no longer a problem”.

The experimental study asked respondents to review a performance evaluation of a vet. Everyone in the study was shown the same evaluation but half of the respondents were randomly assigned a version in which the vet’s name was “Mark”, while the other half reviewed “Elizabeth”. The researchers also asked questions to explore their views on the veterinary profession, including questions about whether they believed discrimination remained a problem.

Differences in the treatment of the male and female evaluations were most evident and systematic among those who believed female vets no longer experience discrimination. Altogether, 44 percent of respondents held this belief, of whom 66 percent were male.

Those who held this belief offered “Mark” a significantly higher salary than “Elizabeth”, ranging from £1,100 to £3,300 more. The strongest pay disparity was among those who most strongly endorsed the belief, but even those who were generally indifferent or uncertain about this issue systematically paid “Mark” more than “Elizabeth”.

Those who believe female vets no longer experience discrimination also perceived “Mark” as significantly more competent than “Elizabeth”. This was important as with greater levels of perceived competence employers and managers indicated they would: (a) be more likely to let this vet take on more managerial responsibilities, (b) more strongly encourage them to pursue promotions and (c) be more likely to advise other vets to look to this vet as a valuable source of knowledge.

By comparison, those who believed female vets still experience the negative impact of gender biases and discrimination (42 percent) showed little to no difference in how they perceived or treated “Mark” versus “Elizabeth”.

BVA President Simon Doherty said: “The results of this study are disappointing but possibly not surprising for many of us – they clearly show that gender inequality and discrimination in the veterinary profession is still present, albeit sometimes subtle.

“We have been aware for some time that a stubborn pay gap exists between men and women in the profession but there has been a pervasive feeling that this will rectify itself as the large number of young female vets progress further in their careers. This report shows that this will not happen automatically. It is unacceptable that in 2018, when everything about two vets is equal, their gender can still have a significant impact on how they are perceived, treated and paid.

“We will undertake further research with the University of Exeter into ways in which we can address these beliefs and tackle such subtle inequalities but in the meantime we all have a role to play in engaging with these discussions.”

The study was the second piece of research on workforce issues conducted as part of the Vet Futures project to explore confidence, motivation levels and retention within the profession. The first study revealed that women in the profession were more likely than their male peers to struggle further in their careers. This report shows that this will not itself as the large number of young female vets progress.

Doherty said: “We have a role to play in engaging with these discussions.”

The follow-up study with employers was carried out in spring 2018.

Veterinary capacity is number one concern in Public Accounts Committee Brexit report

The BVA has responded to the Public Accounts Committee report, “Defra’s progress towards Brexit”, welcoming its recognition of the need for urgent action to guard against shortfalls in workforce capacity after Brexit. The report’s first recommendation calls on Defra to urgently develop a “credible plan” to increase veterinary capacity for export health certificates and ensure that there is sufficient coverage in place nationwide. It recognises that in a no-deal scenario, UK exports of animals and animal products could be delayed if there are not enough vets to meet the increased demand for veterinary certification and border checks.

Exports of animals and animal products will be carried out subject to the EU listing the UK as an accepted third country. Even when access to the Single Market is achieved, there have been warnings that a no-deal Brexit could lead to a 325 percent increase in the volume of products requiring veterinary certification as they leave and enter the UK. The BVA is calling for vets to be reinstated on the Shortage Occupation List to safeguard against shortfalls in capacity.
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Majority of pigs are still tail docked in Europe, despite legislation

Pig tail docking is still routine practice in many European countries, despite legislation which bans it from being performed unless other measures to prevent tail biting have failed, according to a study in the open access journal Porcine Health Management. Researchers at the Federation of Veterinarians in Europe found that in 24 surveyed countries, 77 percent of pigs are routinely tail docked, except in Finland, Norway, Sweden and Switzerland, where less than 5 percent of pigs are tail docked.

Reducing tail docking has the potential to improve animal welfare by avoiding pain and risk of consequent infections, according to the authors, who suggest that countries work together with veterinarians and farmers to implement action plans aimed at ending pig tail docking.

To prevent tail biting, surveyed veterinarians underlined the need to provide sufficient enrichment materials, water, food and space for the animals to drink and feed, and to ensure that limits on how many animals are housed together are respected. According to survey respondents, only 67 percent of pigs across all 24 countries are provided with enrichment materials such as straw, toys or chains. In the four countries that stopped tail docking almost completely, enrichment materials are provided, animals are housed together in smaller numbers and high standards are observed regarding temperature and air quality of the pigs’ living environment, their diet, health status and competition for food and space.

The authors suggest possible ways of facilitating the raising of pigs with entire tails. These include routine recording of tail biting, training from national authorities on how to avoid it, and increasing awareness of existing legislation. In countries that had stopped tail docking, 83 percent of people surveyed for this study reported the existence of training for veterinarians, compared to only 28 percent in countries with routine tail docking.

RCVS begins process of selling Westminster headquarters

The RCVS has started the process of selling its current premises in Belgravia House, Westminster and looking for new premises.

At its November meeting, the RCVS Council agreed, in principle, the sale of the building and for the RCVS and its London-based staff to move to different premises. The sale of the building and the move will be overseen by the College’s Estate Strategy Project Board headed by former RCVS President Barry Johnson and including current and former RCVS Council members and RCVS staff.

The RCVS has been based at its current premises in 62-64 Horseferry Road for 25 years but, due to a projected increase in the number of staff and the need for more up-to-date and modern facilities, over the past few years the College has been looking into its Estates Strategy, and this forms part of its current Strategic Plan.

BVA responds to Godfray Review of Bovine TB Strategy

The BVA has responded to the review of the government’s 25-year Bovine TB Strategy. The review, which was commissioned by Environment Secretary Michael Gove and led by population biologist Charles Godfray, aims to inform future strategies around the government’s goal of eradicating the disease by 2038. BVA’s Senior Vice President, John Fishwick, gave oral evidence to the review in May.

John Fishwick said: “We are pleased that this review recognises the major role that vets play within TB control and the importance of maintaining strong working relationships with farmers and wider industry. Collaboration and mutual ownership of the task in hand are key to curbing the spread of TB and building on the progress made to date.

“The recommendation for creating a new body to oversee disease control in conjunction with the Livestock Information Programme is one that we would support, provided that the government taps into veterinary expertise to make this as effective and evidence based as possible. It’s also positive to see that the report recommends that new testing regimes and approaches to vaccination should be explored, supporting our view that all the tools in the toolbox need to be considered in the fight against bovine TB.

“There is also a need to critically evaluate the economics behind the levels of cattle movements in England and farmers should be factoring these in as part of their overall farm biosecurity strategy.

“BVA supports the principle of badger control where there is a demonstrated need and where it is done safely, humanely and effectively. We will continue to emphasise the importance of a rigorous evidence base for informing decisions but welcome this review’s extensive scope and recognition that badger control is necessary as part of a comprehensive strategy, particularly in high risk areas.

“It is now down to Defra ministers to consider the options presented and weigh up how they take them forward. We would urge them to take early and decisive action and ensure that vets continue to be engaged in this process given the vital role they have to play in understanding and eradicating this devastating disease.”
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RCVS Council members request further development on telemedicine trial

The RCVS Council has voted to refer a proposed telemedicine trial to the RCVS Standards Committee for further development. The aim of the proposed trial is to assess the benefits and risks of the remote prescription of prescription-only veterinary medicines (or POM-Vs) where there has been no physical examination of the animal and a more detailed proposal will come back to a future meeting of Council for discussion.

The discussion over the proposed trial, which would be limited and time-bound, took place at the November 2018 meeting of RCVS Council. Council members raised points about the potential animal welfare implications of the trial. Issues raised included how this would affect the provision of 24/7 emergency care and pain relief, considerations around antimicrobial resistance and the effect such a trial might have on the current definition of an animal being “under his or her care”.

Members of council also spoke about the possible benefits of tele-medicine, saying that it has the potential to extend the reach of vets and empower clients and that, as the technology is already being developed, it is key that the college, as regulator, remains on the front-foot and safeguards the public.

After a lengthy debate, council members voted to refer the trial back to the Standards Committee to consider the issues that were raised, alongside the parameters and scope of the trial, and to carry out further consultation with a number of external stakeholders as they develop a more detailed proposal.

Pilot to explore extended use of lay TB testers as part of the vet-led team

The BVA and British Cattle Veterinary Association have welcomed the announcement that Defra intends to extend the use of Approved Tuberculin Testers (ATTs) as part of a veterinary-led team to perform tuberculin skin testing of cattle in England. A pilot will test the principle of private veterinary businesses deploying ATTs to carry out some TB skin tests.

Senior Vice President, John Fishwick, said: “ATTs have the potential to fulfil a useful role within a vet-led team offering a fulfilling career option as well as expanding the veterinary practice offer. BVA supports the decision to develop an evidence base through a pilot project before final decisions are made on veterinary supervision, test types, auditing and management of ATTs.

“We look forward to hearing more detail on how the pilot will incorporate different practice sizes and models and different geographies and cover the experience of the high risk area, edge area and low risk area where the testing regimes have diverged.”

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Is “hands-on” care a thing of the past?

The changing definition of “in our care” was discussed in the BVA Congress at London Vet Show on 16 November

Rapid technological advances and the pressure on vets to delegate some of their traditional responsibilities to other professional groups are changing the meaning of the term “under our care”. But how can veterinary organisations direct the pace and direction of this process to ensure that practitioners are able to keep their promise to safeguard the welfare of their clients’ animals?

A changing profession

Practitioner and BVA past president Robin Hargreaves chaired the committee set up to investigate these issues. He told colleagues that a complex task was made more difficult by the lack of a legal definition of what is meant by “under our care” in the 1966 Veterinary Surgeons Act.

At that time, legislators would have understood this to mean any patient being assessed and treated by a veterinary practitioner. But there are now many other groups – such as hydrotherapists and nutritionists – responsible for aspects of the animal’s welfare. Meanwhile, the growth in monitoring technologies and the intensification of livestock systems means that vets no longer provide hands-on care for their clients’ animals. There is also a growing public scepticism about professional expertise, which has encouraged some to seek advice from other sources, he said.

The veterinary profession is not alone in facing pressure to change. Only a few days earlier, the Royal College of Physicians (RCP) had issued a statement claiming that the concept of delivering medical services through face-to-face consultations was rooted in the 18th century. The RCP insisted that it was not just desirable but essential for human doctors to develop more cost-effective methods.

However, “while the NHS and the veterinary profession may be working towards a similar model... we are doing it for different reasons. They are trying to save money while we are trying to achieve better animal welfare outcomes – it is critically important that this remains the driver,” he said.

The BVA committee has been exploring options for creating a vet-led team of associated professionals. The core principles must involve the vet’s right to diagnose, the integrity of the veterinary signature and the establishment of clear lines of responsibility between the vet and those other professionals, Robin said.

He said the Veterinary Defence Society has highlighted a potential hazard when the vet provides a referral form for the patient to be seen by a non-veterinary professional. Such forms are intended to confirm that the animal is fit to undergo an intervention such as hydrotherapy – it is not an endorsement of the treatment. There is a risk that the practitioner may be in a position of “vicarious liability” if the treatment goes wrong. “If you are the better insured party then you are the one that the client will go after,” he said.

Nevertheless, the current shortage of veterinary manpower means there is a need to relinquish certain tasks. The emergence of RVNs as an associated profession was a model for how other professional groups could be absorbed into the veterinary team. But there are still some unresolved issues in making best use of the nurse’s skillset.

Robin cited the lack of understanding of tasks that may be delegated under schedule 3 of the Act as a stumbling block.

Using technology to improve care

Meanwhile, the developments in health monitoring technologies would have a huge impact on practice and open up fresh opportunities for providing clinical services, according to Anthony Roberts, director of leadership and innovation at the RCVS. He said that interpreting the data produced by wearable monitoring devices gave vets scope to engage with their clients and the RCVS was examining the responsibilities of its members in this area.

Robin agreed that telemedicine will provide opportunities for improving the health of many animals but would be unlikely to help reach those that are never seen by a vet. Many clients were unlikely to be influenced by the opportunities for an online consultation. He advised caution in changing the rules on providing long distance care. “The people who develop these technologies move very quickly but that doesn’t mean we have to as well - we have to be careful that we create a suitable regulatory structure.”

Anna Judson, a practitioner from mid-Wales and member of the SPVS board, argued that research was needed on matters such as the frequency that hands-on examinations reveal health problems unrelated to the reason for the original veterinary consultation.

There were also dangers in allowing other professions to take responsibility for any follow-up care as this would likely affect the economics of practices and their ability to maintain current services. Moreover, some clients may already have to travel long distances to access veterinary care. “If that care is no longer there, animals will die and so we must be wary of potential trade-offs when using technology to improve some aspects of animal welfare; it may cause a worsening of others. We must be aware of the law of unintended consequences.”
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What will animal health look like post-Brexit?

There were mixed emotions at the 2018 NOAH Brexit Conference as the industry gathered to discuss developments

The conference, entitled "Brexit and beyond: a strong future in animal health", was hosted by the National Office of Animal Health (NOAH) on 30 October 2018. The event brought together people from the animal health industry to discuss the risks and opportunities that Brexit may bring for the UK. There continues to be a lack of clarity around animal health policy and regulation, leaving many UK businesses sceptical of their future in the marketplace.

Progress in 2018

It is NOAH’s chief aim to ensure that UK businesses continue to operate and thrive beyond EU Exit, according to Dawn Howard, Chief Executive of NOAH, who opened the conference with an update on the progress to date. “When the Chequers paper was published, we were pleasantly surprised to see that there was quite a lot of reference in there to animal medicine and animal health, which is something we might not have seen had we not been so active in lobbying,” Dawn said.

The EU withdrawal agreement made specific reference to:

- Future participation in the EMA
- A common rulebook for many animal health areas, including medicines
- Access to relevant and critical IT systems
- Ensuring public routes for animal and human medicine remain available
- Provisions of human and animal medicines to reflect their unique status
- Release of individual batches of medicines by a qualified person based in the UK or EU
- The roles of qualified persons in pharmacovigilance

“Government has been running their no-deal planning, which includes over 100 technical notices covering all aspects of our future outside of the EU: finance, intellectual property and animal health, for example,” Dawn continued. “Our own veterinary medicines notices were published on 24 September 2018 and they cover a range of issues, including registration of veterinary medicines, accessing animal medicines IT systems, future regulation, importing animals and animal products and moving animals abroad. “The proposed Agriculture Bill was also published in September and, again, we were pleased to see specific mention of potential proposals to support animal health and welfare moving forward. This said, we were expecting to see a more environmental-heavy document on policy considering the preceding emphasis on a green Brexit.”

Contingency planning for “no deal”

Many companies began contingency planning immediately after the result of the referendum to ensure the smooth continuation of business and maintain product availability.

This year, NOAH carried out a number of surveys to assess the preparedness of their member companies. The results of these surveys indicated that up to 20 percent of UK products may face availability issues post-Brexit, with the primary concerns being customs delays and continuation of dual-package labelling.

Survey respondents identified that there will be financial impacts on their businesses, but much of this is currently unknown: tariffs, logistics and imported raw material costs, for example, are yet to be finalised.

Many respondents reported that they are planning additional product stockholding; however, 80 percent anticipate problems with moving their products into the UK. “An increasing proportion of companies are preparing for a hard Brexit,” reported Dawn Howard.

What’s happening in Europe?

Rick Clayton, Technical Director at AnimalhealthEurope, provided an update on consultations in Europe and discussed the results of the AnimalhealthEurope corporate survey, which indicated that it will not be possible by 29 March 2019 for all companies to be compliant in everything.

Major concerns included the need for repeat testing on EU soil, the impact on availability of products and interruption of distribution chains due to border restrictions and multilingual packaging. This is particularly critical for vaccines with very short shelf lives that could be subject to delays at the border.

The Brexit Barometer

This quarter’s NOAH Brexit Barometer indicates clearly that one of the greatest concerns for animal health industry representatives continues to be trade and bringing products to market. Post-Brexit animal health and welfare and research and development, on the other hand, received a more positive appraisal. This said, the general feeling towards the post-Brexit future was that of pessimism and frustration as many questions remain unanswered.”
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The vet’s role in conserving biodiversity

At the 2018 BVZS Conference, Ruth Cromie asked what skills are needed to address threats to ecosystem health

The British Veterinary Zoological Society Conference was held in Birmingham from 9 to 11 November 2018. The wide-ranging programme covered zoo, wildlife and exotic pet health, with sessions on nursing, rehabilitation and surgery, as well as career advice for students. Delegates left the conference informed about a variety of methods being used to tackle unusual health issues.

In her talk, Ruth Cromie, Wildfowl and Wetlands Trust’s Head of Ecosystem Health, asked whether vets should be concerned about biodiversity loss. The answer, of course, was a resounding yes. Environmental disruption leads to a loss of ecosystem services and biodiversity, and therefore an increased disease risk, Ruth explained.

The theme of the talk was making the work of veterinary professionals count – how can we look at what the drivers of diseases are and use that information to promote change in human activities?

Problem analysis
Ruth used lead poisoning as a case study throughout the talk – an issue that is largely caused by a human behaviour; hunting. Lead is a non-specific poison and there is no "safe level" at which it can be consumed, she emphasised.

The Wildfowl and Wetlands Trust calculated that, in the UK, about 10,000 tonnes of lead enters the environment from ammunition every year. Lead ammunition is today’s primary source of wildlife exposure to the metal. The major exposure route is through the ingestion of lead pellets directly from the environment, Ruth said. And the effect is significant: 75,000 wildfowl in the UK die of lead poisoning each winter. It has sub-clinical and welfare effects on many more birds, and wildfowl are not the only species affected.

Lead is also a risk to human health; it is a One Health issue, Ruth said. Lead ammunition pellets fragment into tiny pieces, which remain in the meat and may be consumed.

The best form of mitigation would be a switch to non-toxic ammunition. For these sorts of issues, Ruth recommended mapping out the stakeholders and looking at where the costs lie. Currently, the main costs of lead poisoning are with non-ammunition users – the conservation community, scientists and wider society. In a non-toxic future, the costs would be shifted to shooters and manufacturers, Ruth said.

These changes would bring benefits for manufacturers too, for example: reduced reputational risks, promotion of shooting as sustainable and healthy, and more birds to shoot.

Social science
Tackling this sort of ecosystem health problem is about human behaviour change, and social science methods must be employed. “We either need to be upskilling ourselves or working with people with these skills,” Ruth said.

In the lead poisoning case, questionnaires have been useful to find out why hunters use lead ammunition. “There are lots of dead birds we never see,” Ruth said, and there is a perpetual narrative (often fuelled by the media) that it isn’t a problem. She advocated the use of Q methodology to explore the perspectives of different stakeholders. It’s important to map the problems and goals, how you could get there and who the partners are who can help. Use a theory of change, she urged. Consider how you can change behaviours of all different stakeholders.

Communication and engagement
Persuasion of customers involves behaviour change, which is very complex. To make waves using this method, having good interpersonal skills is essential, Ruth said, encouraging the use of active listening. People don’t usually change their behaviours based just on evidence – the information needs to be disseminated persuasively.

There is little point in an anti-lead ammunition message coming from somebody from a welfare trust. For this project, the team made a film using hunters with the same values discussing their mindsets. Communication is also important to facilitate dialogue; sometimes, she said, in having a conversation with somebody, they self-reflect and alter their viewpoints with little active persuasion.

Make space for creative thinking and provide the opportunity to think of different ways to engage stakeholders, Ruth advised. If there is somebody in the team with good storytelling skills, use them to spread the message.

A total switch to non-toxic ammunition has never happened just with persuasion; policy alterations have been necessary to make the change. Advocacy and persuasion are important skills here. Other useful methods identified in the lead case have included: consensus statements, conferences, conventions and open letters.

Conclusion
To conclude, Ruth reiterated that the movement against lead ammunition is only going in one direction. Though things may not be moving as quickly as she would like, progress is being made. She recommended that for any ecosystem health programme, theories of change should be planned and stakeholders and barriers to change identified. The process involves lots of skills and “often in these cases, ‘soft skills’ are the most important”.

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The average amount settled on a policy for animals aged 9 and over is almost three times as much as the average for animals aged 4 and under!

Top 3 Conditions Dogs and Cats (Age 9+)

<table>
<thead>
<tr>
<th>TOP 3</th>
<th>DOGS</th>
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Agria lifts age barrier

This winter, Age Amnesty sees Agria lifting the usual age barrier to give owners a great opportunity to obtain lifetime cover for their older pets and benefit from the long-term peace of mind this provides. And as a vet, an insured animal gives you greater freedom to create a treatment plan that is developed for the best outcome, without price becoming such a barrier to care.

Age Amnesty will run from 1st December 2018 to 31st January 2019 inclusive, so make sure you let your clients know in plenty of time for them to get their quote by calling 03330 30 83 82 or going online for a quote at www.agriapet.co.uk/VetAmnesty

For further details, get in touch with your Agria Business Development Manager. The offer is only valid during the dates specified.

To get your free poster and leaflets enquire at: agriapet.co.uk/VP

For a quote, please call: 03330 30 83 82 or visit: agriapet.co.uk/VetAmnesty

An innovative tracker for equines

How could the use of a horse activity tracker benefit the animal, owner and vet?

Trackener Life is a 24/7 horse monitoring solution designed to help advance equine health and welfare. Worn by the horse around the clock, Trackener provides insights about activity, movement, sleep, anxiety, heart rate and exercise sessions on an app. By learning from each horse, Trackener helps detect and prevent health problems.

What problems does it solve?
Every year, too many horses suffer from colic and other preventative health issues. Although horse owners and carers provide the best care that they can to keep their horses in top condition, daily management relies principally on visual assessment and gut feeling, which is limited. Thanks to the data analysis provided by Trackener Life, we are offering a solution to help horse owners and carers detect subtle changes in behaviour and activity so that they can act as early as possible.

How does it work?
The Trackener device analyses the horse’s activity, location, movement, behaviour and heart rate 24/7. It can be placed either within our ergonomically designed horse bib, comfortable on the horse in the stable, in the field and during transport, or on a girth sleeve for when the horse is being exercised. The kit consists of a small phone-sized device, which fits into either the bib or sleeve, and an app accessible from any phone, computer or tablet. Users have access to all the information in an easy and user-friendly format from anywhere in the world.

Who will it be most useful to?
It is suitable for horse owners, trainers, breeders, riders, vets and researchers.

Why should a surgery invest in it?
- Horses can be monitored 24/7 every minute of the day
- Saves time watching CCTV
- Gives evidence behind anecdotal reports from owners
- Helps vets provide a better service and aftercare when inpatients return home still under the eye of a vet

- Reduces risk of injury to the vet as the horse’s state can be pre-evaluated
- Allows the vet to monitor the progress of a patient’s rehab and adapt the plan accordingly

Has it been proven in practice?
Yes, it is currently used by the University of Liverpool, Leahurst Equine Hospital and the RVC.

How do you use it?
Once the batteries are charged, simply place the device and bib on the horse, follow the simple app set-up and review the horse’s data.

What sets this product apart from the competition?
- No other product monitors the horse both during exercise and at rest. Performance is largely affected by health but exercise sessions account for less than 5 percent of the horse’s time. 24/7 monitoring is crucial to maintain a healthy and fit horse for purpose.
- Data on the app can be accessed anywhere in the world; users do not need to be within close proximity of their horse.
- The product is designed and supported by research. The parameters we chose to monitor were dictated by research and we have several validation studies using the kit in progress.

What would you say is the best feature of the device?
Everyone knows their horse well but we can’t be with our horse 24/7. Trackener provides a broader picture of the horse’s health and well-being and presents even the most subtle changes that we are unable to see. In particular, our users love to discover how much each horse actually lies down in sternal versus lateral recumbency.

How much does it cost?
£449.00 plus £9.99 monthly membership for data analysis, customised alerts and technical support. There are alternative pricing plans and rental options available on request.

For more information, visit: trackener.com, email: contact@trackener.com or call: 020 3150 3117
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Please come and explore our range of engineered timber doors and windows available in **40** stunning showrooms nationwide.
What is the best bedding option for cows?

Current evidence suggests that sand is the preferred bedding for dairy cows, while mattresses and straw are worse options.

Clean, deep-bedded sand is associated with better outcomes in clinical and subclinical mastitis, hock lesions, cow cleanliness, cow lying times and cow preference. Similarly, recycled sand also appears to provide increased cow comfort and hygiene compared to straw and mattress systems, as does composted manure, which, if kept clean and frequently renewed, maintains a lower bacterial load.

Those conclusions are important considerations for veterinarians tasked with advising dairy clients on their best options for bedding, taking into account other criteria such as financial considerations, suitable housing design and logistics like restrictions on recycled manure solids.

The findings are from a critical appraisal of 59 studies, trials, case series and systematic reviews from 14 different countries, published as an extensive Knowledge Summary entitled “Are sand or composted bedding cubicles suitable alternatives to rubber matting for housing dairy cows?” in Veterinary Evidence in October 2018.

Key take-away messages from the evidence

- Clinical mastitis incidence was lower in herds bedded on deep sand cubicle systems
- Cows have been reported to have lower cleanliness scores (cleaner cows) on sand systems than on straw
- Lower bacterial counts have been reported from inorganic (sand/crushed limestone) bedding material versus organic (straw/manure)
- Higher bacterial counts have been found on teats on mattress systems versus sand and lower counts found on clean, new sand versus manure
- Heat treating or composting sand or manure has been found to reduce contamination
- The dry matter content and amount of organic material in the bedding has been found to affect bacterial growth within bedding of all types, so summer conditions appear to favour growth
- Associations have been found between increased Streptococcus spp. in manure and sand systems versus more coliforms and Klebsiella found in straw, manure and sawdust systems
- Bacterial coliform levels on bedding equalled faecal output within two days and treatment with inorganic compounds in an attempt to delay this did not reduce further bacterial growth in bedding
- In preference tests, cows appear to choose bedding types in the following order: sand>mattresses>water-beds>concrete/straw
- Sand-bedded systems appear to have fewer lame cows
- Time spent lying in stalls is increased in sand-bedded systems versus others, with increased length of time of the first lying bout
- Cows may be seen spending more time in mattress stalls but they are standing rather than lying
- Compost manure and sand systems can both be shown to have reduced hock lesions versus mattress bedding
- When kept clean, there may be no differences in mastitis, somatic cell count, locomotion score and hock lesions between compost pack systems and deep sand cubicle systems
- When using straw for bedding material, it appears that chopping the straw can be associated with less hock hair loss than whole straw
- Lying time decreased by 11 minutes in a 24-hour period per 1cm depth of sand bedding

Full Knowledge Summary
veterinaryevidence.org/index.php/ve/article/view/148
Author: Mike Steele
Let’s protect our golden oldies this winter!

Agria is hosting an “age amnesty” to encourage those looking for a new pet to adopt an older animal

This time of year remains as popular as ever for buying pets, despite popular campaigns which continue to explain that pet ownership is for life and a pet shouldn’t be bought or adopted without careful consideration.

Agria takes this very seriously and is hosting an age amnesty, from 1 December 2018 to 31 January 2019, to encourage pet owners, both new and experienced, to consider adopting an older pet with the reassurance that they will be insured for vet’s fees into old age. It is also an opportunity for those owners with an older aged pet to get a lifetime pet insurance quote when they may have been refused it in the past due to age restrictions from other insurers.

A significant problem with treating older pets not covered by insurance is the limitations this can place on treatment options that can be offered. Yet, due to the age cap most insurers place on new pet policies, once an animal has reached a certain age, it becomes very difficult to obtain insurance for them – often at a time when they are likely to need it the most.

Just like us humans, animals can suffer from certain illnesses and diseases associated with old age (Table 1). These can be very costly to treat and animals don’t have “free at the point of delivery” healthcare like we do with the NHS to support them through their later years.

This winter, Age Amnesty sees Agria lifting the usual age barrier to give owners a great opportunity to obtain lifetime cover for their older pets and benefit from the long-term peace of mind this provides. And as a vet, an insured animal gives you greater freedom to create a treatment plan that is developed for the best outcome, without price becoming such a barrier to care.

Age Amnesty will run from 1 December 2018 to 31 January 2019 inclusive, so make sure you let your clients know in plenty of time for them to get their quote by calling 03330 308382 or going online for a quote at agriapet.co.uk/ageamnesty. For further details, get in touch with your Agria Business Development Manager. The offer is only valid during the dates specified. Terms and conditions apply.

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TABLE 1 Top conditions of dogs and cats aged nine or above
Empathy in leadership

How to use empathy to enhance your leadership status

The greatest leaders allow others to thrive based on their strengths. Daniel Goleman has done some work in the USA, drawing on research involving over 3,000 executives, which has been published in *Leadership that gets results*. The research concluded that a manager's leadership style was responsible for 30 percent of the business's profitability; that isn't just money, but staff productivity and engagement, creating a negative or positive working atmosphere.

Last month, we looked at how authentic empathy can result in greater profitability in our practices. This month: how we as leaders, can show by example how cognitive empathy, emotional empathy and empathic concern can become part of who we are as individuals, leading to greater success at work.

Cognitive empathy means "I understand how to listen to the team as a whole and I can communicate with individual team members by listening, understanding and feeding back." Communication must be tailored to the individual and varying needs of the team members, requiring more one-on-one meetings as well as group staff meetings. It’s time consuming.

Emotional empathy creates a leader who can assess the staff morale as it changes from day to day. If management has emotional empathy running at high levels, there will be rapport among the team and a reduced gap between management and staff. However, it requires flexibility and the ability to change tack at short notice. Leadership can and should be situational depending on the needs of the team.

Empathically concerned leaders create highly bonded team members. These are the leaders who organise CPD for vets who are struggling clinically, the line managers who remember if a nurse’s parent has cancer and make sure they have compassionate leave, the head vet who knows the name of every receptionist and PCA and the manager who books mental-well-being seminars for the team that’s lost direction.

So how do I cultivate authentic empathy at all three levels in myself so that it becomes part of the culture of the team? How do I learn the difference between empathy, sympathy and apathy and the impact on the human connection?

Mindfulness mini-meditations
Allocate 20 minutes each morning to clear your mind and attain pinpoint concentration on your breathing. Next, consciously decide to make the effort one day at a time to be more mindful of hidden cues in others, and to understand “emotional data” in your staff. This increases cognitive and emotional empathy. It takes effort at the start and then becomes a habit and a firm personality trait. Finally, putting your “compassionate hat” on for the day, resolve to be mindful of your thoughts and actions at work, ie be acutely aware of each thought and each action.

Make yourself aware
Make sure that you are aware that lack of empathy in one-on-one encounters has the potential to abolish any positive effects which that time-consuming one-on-one encounter could have had; it can hinder communication and can even cause psychological harm.

Be more emotionally intelligent
Resolve to be more emotionally intelligent, where you can identify and manage your own emotions and identify and manage the emotions of your staff more effectively, thus setting the standard for behaviour in the practice. Refer to the March 2018 issue of *Veterinary Practice* for more information on self-awareness, and the April 2018 issue for self-regulation.

Understand yourself better to safeguard your own mental health and personal well-being. Be more reflective personally and professionally, thus having empathy but not becoming emotionally exhausted with sympathy.

Listen more actively
Pause to digest and absorb what has been conveyed to you.

Understand reflexive leadership
Understand reflexive leadership and how to use these skills for staff well-being and productivity. Respond with wisdom and show that you have tailored your response to the individual. As Viktor E Frankl said, “Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

Plan one act of empathic concern each day
Plan one act of empathic concern each day at work thus avoiding apathy and showing the team that you are a leader who is not jaded.

Empathy breeds empathy. By showing you have a high EQ (emotional quotient) as well as a high IQ, your charisma and leadership status will improve in your team’s eyes. It becomes infectious. Don’t be bashful about it. Spell it out and be honest.

In the words of Joshua Freedman, CEO of Six Seconds Emotional Intelligence Training, “Leaders influence the team’s mood. The team’s mood drives performance. What’s your conclusion?”

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**LAURA WOODWARD\* L. 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.

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*In the words of Joshua Freedman, CEO of Six Seconds Emotional Intelligence Training, “Leaders influence the team’s mood. The team’s mood drives performance. What’s your conclusion?”*
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The role of vets in animal charity work

How can veterinary practices work with animal charities to help with the rescue of wildlife and pets?

With more and more wildlife being rescued, the workload of animal charities is on the rise. Many of those involved have to seek veterinary advice before they can consider rehoming a pet or returning an animal to the wild. On a visit to the Grove Lodge Veterinary Group in Worthing, I met with team members from Worthing and District Animal Rescue Service (WADARS) to see how both parties work together.

Grove Lodge has been running for 60 years and the main hospital is supported by a further six branches situated from Brighton to Ferring, with a total of 20 veterinary surgeons making up the team. Two years ago, they became part of Independent Vetcare. This has given the practice the chance to retain its working values and independence while providing them with the corporate support that has allowed them to invest in their long-term future.

Nicola Bromley, Clinical Director of the Grove Lodge Veterinary Group, said, “It was an important decision for us to take. I have been with the practice for 16 years and others even longer. It is about client loyalty and many of our team, including our qualified nursing staff – one of whom has recently celebrated 30 years with us – are able to provide first-class care to all that visit us.”

Adapting to evolving expectations

Nicola, who qualified in Bristol, has seen a lot of changes with more to come. “It is all about what clients expect and what we as a practice can provide. With the practice expansion, we are able to do more on site at the Worthing Hospital, including an out of hours service. Specialist care is important also – for example, one of our vets is able to deal with heart-related cases and another with orthopaedics. Updating equipment is an ongoing exercise – it’s what our clients expect – and a new CT scanner is being installed very soon with a practice refurbishment also planned. It’s an exciting time for us all!”

Also there was Billy Elliott, Animal Rescue Officer from WADARS. The service was formed in 1969; the then RSPCA Inspector was moved to another area and one of the Grove Lodge team had a meeting and suggested that Worthing form its own animal rescue organisation, which is now based in Ferring.

Billy said, “Like Grove Lodge, we are in a process of expansion and we have seen our rehoming centre develop. Early in 2019, we are having a new cattery built. We have a site of 15 acres and a total staff of six; it has been a delight to have personally been involved for 20 years.”

The charity-practice relationship

All animals that come into WADARS have to be vet checked before they can be rehomed. Billy went on to say, “Our working relationship with Grove Lodge is that they will come out and do their examinations on site. Our survival rate is 70 percent because all cases have been seen by a vet first, even if they go direct to the practice before us.”

With more wildlife cases now coming on board, things are changing a lot. For example, seagulls are a protected species up to one mile inland, and this year alone so far
WADARS has seen over 500 of them. Nicola said, “Any work we do with wildlife is done for free and we have a dedicated wildlife unit here at the practice.

“Today you have seen several hedgehogs. The unit has been here for 13 years now, and it is a place where you can examine and care for them, ready to move them on. We call October our ‘Hogtober’ awareness month for hedgehogs. Wildlife offers a lot more fresh challenges, which we enjoy.”

Regarding pets, these require a different approach. Nicola went on to say, “For example, we may have a situation where a cat was hit by a car and brought in by a member of the public. Sometimes we will be able to trace the owner using the cat’s microchip – other times we will not. Major surgical procedures may well be required. This is where things could become very difficult.

We can call the owner (if we have their details) only to find out their pet may not be insured. Major surgery could cost well over £1,000, and as is sometimes the case, the owner cannot afford that money. Hence, the only option is to put the animal to sleep. And we don’t want to do that.

“This is where WADARS comes in; we can approach them as a charity and they, with the owner’s approval, can take [the pet] under their care and when fully recovered, it will be rehomed to lead a perfectly happy life.”

This was endorsed by Billy: “Sometimes, following an accident, ongoing care may be required and by doing this the owner will again not have the worries of finding more funds. The last thing we want to do is to take anyone’s pet away from them. A whole package has to be looked at – aftercare, way of life and its future. We can do our home checks and make sure that it will be going to the right home. Grove Lodge also gives us a significant discount on our veterinary care bills which helps us a lot.

“Only the other day we had a cat brought to us that sadly had been shot. Following surgery, one of his legs had to be amputated. Thanks to the veterinary skill at Grove Lodge, he is now well on the way to recovery and a new future with a new owner.”

WADARS spends approximately £60,000 a year on veterinary costs – this would be more had they had to pay for their wildlife work, which is provided free. “We have regular fundraising events and again, Grove Lodge supports these. They even had a ball for us several years ago. There are so many charities now that it has become a very competitive market. The local press supports us often and I think about 80 percent of funding comes from legacies where, sadly, it is often too late to say thank you. We would not be here had it not been for Grove Lodge.”

The team at Grove Lodge, along with many UK veterinary practices, are prepared to work to help animals in their time of need, including wildlife. Hardly a day goes by when one’s attention is not brought to an incident of cruelty and neglect to animals – the dual role of animal charities and veterinary practices working together can only help to reduce this by bringing it to the public’s attention.
A procedure-specific approach to recovery after surgery

What techniques can be used to enhance recovery from surgery?

Enhanced recovery after surgery (ERAS) has been on the agenda of our medical colleagues since the 1980s when Kehlet et al. first determined that the more pronounced the stress response is in the perioperative period, the longer the recovery from surgery. Recent guidelines typically list 15 to 20 perioperative factors to be considered for enhanced recovery programmes and this article highlights those relevant to veterinary practice.

The stress response is a homeostatic mechanism comprised of hormonal and metabolic changes, which occur in response to anaesthesia and surgery (and anaesthesia without surgery). It is described as an ebb and flow, whereby catabolism occurs to provide substrates for the subsequent recovery; however, this evolutionary survival mechanism is most likely deleterious in a modern surgical context (Desborough et al., 2000).

Minimising the stress response

As an example from human medicine, an optimal ERAS programme for major abdominal surgery (and specific to this surgery) includes minimally invasive surgery (ideally a laparoscopic approach), avoidance of mechanical bowel preparation, avoidance of overloading with fluids before administration of epidural analgesia (or preferably avoidance of epidural analgesia), goal directed fluid therapy, aggressive post-operative nausea, vomiting and pain prophylaxis, limitation of intraoperative and post-operative opioids by using non-opioid analgesics and avoidance of unnecessary drains and catheters (Joshi and Kehlet, 2016). Such elements have been shown to reduce post-operative complications such as ileus, nausea and vomiting, and to encourage early feeding. Early mobilisation is essential.

The questions posed by Kehlet (2017) that we should consider with our patients are:

- Why is the patient in the hospital today?
- What are the reasons for developing a complication?

Encouraging early discharge is a key area of ERAS. Failure to mobilise following surgery in people is a huge risk factor for thrombotic events and, while we don’t tend to see this in our canine and feline patients, there are risks such as hospital-acquired infections to avoid. Of course, we would all rather see our patients returned to the care of their owners as soon as possible.

One of our aims for reducing initiation of the stress response has to be a smooth anaesthetic, where depth of anaesthesia and use of analgesics prevent noiception while at the same time avoiding excessive depth. It is known in humans that even short periods of deep anaesthesia correlate with a greater incidence of post-operative delirium, which is linked to a decline in cognitive function. The alpha-2 agonists fit the bill perfectly here, providing dose-dependent sedation and analgesia, working synergistically with opioids (Grimm et al., 2000). Preliminary studies in dogs indicate a reduction in measured stress hormones.
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A full list of references is available on request.

with medetomidine premedication compared to acepromazine (Vaisanen, 2002) and clinical experience shows a smoother anaesthetic with either medetomidine or dexmedetomidine premedication.

Using locoregional techniques

The opioid crisis in the USA is driving a change to opioid-free regimens in human post-operative pain management, with increasing evidence that other analgesics are more effective in the immediate post-operative period. Opioids have their place in daily surgical and anaesthetic practice but come with adverse effects. With multimodal techniques, notably preventive local anaesthesia, we can improve patient comfort and reduce our post-operative opioid use.

Bini et al. (2018) compared the effects of methadone 0.3mg/kg either every four hours or according to pain score (prn) in dogs undergoing TPLO surgery, in which a locoregional technique was used. Dogs in the prn group showed improved food intake, less vomiting and less vocalisation compared to the “by the clock” approach to administration.

Further evidence in support of the huge role of locoregional techniques comes from a study in which dogs undergoing stifle surgery received a femoral and sciatic nerve block (Figure 1), spinal anaesthesia or a fentanyl infusion. Outcome measures included plasma glucose and cortisol measurements to document the stress response and pain scores to guide interventional analgesic requirement (methadone 0.1mg/kg). Analgesia with a peripheral nerve block or spinal anaesthesia prevented the glycaemic and cortisol responses to surgery, promoted better recovery quality and decreased post-operative pain scores compared with fentanyl (Romano et al., 2015).

What must be considered with these two examples is that analgesia must be specific to the procedure. With this knowledge, anaesthetists are beginning to determine optimal analgesic options for common veterinary procedures. It is recognised that nerve blocks for cats undergoing dental extractions result in reduced anaesthetic requirements and improved comfort post-operatively (Aguilar et al., 2014). Further work also recommends long-term analgesia for cats with severe dental disease following extractions (Watanabe et al., 2018), with the aim of enhancing recovery.

Clearly, pain scoring plays a pivotal role in determining patient comfort. Studies in people show that post-operative assessment must include a procedure-specific functional outcome in addition to patient-reported pain scores. The example for the dog undergoing stifle surgery would be the ability to undergo physiotherapy in the 24 hours following surgery with minimal pain. This also highlights the need to move the pet from the kennel to perform the pain scoring.

With optimal perioperative management we can enhance recovery from the stress of anaesthesia and surgery. Focusing on suitable outcome measures for each surgery is necessary to determine the success of our interventions. 

A full list of references is available on request.
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Healthy feline ageing

It may be possible to increase the period of healthy life in feline patients through regular visits to the clinic.

Aging is "the process of growing older" and has recently become the focus of intense research in people. Geriatric medicine focuses on the progression and management of age-related diseases; healthy ageing is growing older in the absence of age-related disease. However, the difference between what changes constitute healthy ageing and what changes are the results of a pathological process can be difficult to determine. The average lifespan for cats has been reported as 14 years but, given that cats have been known to live to 30 years (AnAge database), there is scope for improving both the healthspan (period of healthy life) and lifespan of our feline companions.

The main causes of death in UK cats over five years of age include kidney disease (14 percent), non-specific illness (13 percent), neoplasia (12 percent) and mass lesion disorders (12 percent). Mass lesion disorders referred to conditions associated with a mass without further specific aetiology; there is likely overlap with neoplasia. The average age for cats that die of non-specific illness is 16 years. It is likely that many such cats are suffering from multiple co-morbidities and owners might be reluctant to pursue additional diagnostic investigations in cats they perceive as "old".

While early recognition and diagnosis of these diseases might enable lifespan to be extended, this is not guaranteed; however, it should be possible to increase the quality of the life that remains – the so-called "healthspan" of the cat. Encouraging owners to bring their cats into the clinic for regular "senior clinics" is currently our best tool for achieving this.

Visit frequency

The optimal frequency and timing of visits has not yet been confirmed. The current recommendation is for annual visits for a complete veterinary examination with interim six-monthly nurse clinics to monitor weight, blood pressure, dental status and mobility for mature cats. Geriatric cats usually need to visit the clinic more frequently, although this is determined by their current health and medical requirements, not their age.

For healthy seniors and super seniors, increasing the frequency of veterinary examinations to every six months is suggested, although this will depend on how the clinic’s nurse appointments are structured and what is contained in these appointments, as well as the experience and confidence of the nurse running them.

A well run and structured nurse clinic could pick up on changes in weight, body condition, blood pressure and dental health and changes to the heart. Any concerns can then rapidly be reported to the vet for further investigation. In this scenario, senior cats may only need to see a vet annually and super senior cats could have quarterly nurse appointments and biannual veterinary exams.

History

Making owners aware of what changes may start occurring as their cat ages is important. Many owners dismiss signs of disease as "normal" for older cats, especially changes in mobility. When taking a history in a senior health clinic, it is best to have a checklist of questions (Table 1). If you are regularly seeing the cats from seven years of age, repeating the same questions each year to have the owner thinking...
about what has changed will aid in the early recognition of potential disease processes.

Diagnosis of feline OA/DJD also often relies on owner-observed changes in combination with veterinary examination and further diagnostic investigations. Having a checklist of common signs of feline arthritis can also help to increase suspicion in a particular case (See Table 1 – activity and behaviour).

Currently, one of the best validated tools is the musculoskeletal pain index; an online tool has been created for this and is free to use at: painfreecats.org.

**Physical examination**

A general physical examination is advisable in every cat each time it is seen. However, there are particular aspects that should be prioritised in ageing cats. First, cats should always be weighed, since it is a useful measure of health in senior cats. It is important to ensure that the weight is always recorded on the clinical record. In addition to bodyweight, body condition score should be recorded, using a nine-point system, and muscle condition should be assessed, ideally using the four-category system recommended by the WSAVA.

<table>
<thead>
<tr>
<th>Example Questions</th>
</tr>
</thead>
</table>
| **Lifestyle**     | Is your cat spending more time inside or outside?  
|                   | Where do they toilet? Has this changed?  
|                   | Are accidents starting to occur, eg missing the litter tray?  
|                   | Are you having to clean the litter tray more frequently?  
| **Diet**          | How often are they fed and what do you feed them? Has this changed?  
|                   | Do they always finish their food?  
|                   | Are they often asking for food even if there is still food in their bowl?  
|                   | Are they messier when they eat?  
| **Drinking**      | How many water bowls are available?  
|                   | Do you see them drink? Where do you see them drinking from? Has this changed?  
| **Behaviour**     | What time of day is your cat most active? Has this changed?  
|                   | Where do they sharpen their claws? Has this changed?  
|                   | Has your cat become more or less friendly with people? And with other pets?  
|                   | Has your cat become more or less vocal? Is there a pattern to when this occurs – night or day?  
|                   | Has there been any change to their temperament? Are they becoming grumpy with people or other pets?  
|                   | Do they show aggressive behaviour for no apparent reason?  
|                   | Do they ever seem forgetful or confused, fearful or frightened?  
|                   | Are they still rubbing around your legs?  
|                   | Are there areas of the body that they get upset about being patted or groomed over?  
|                   | Are they still grooming well? Have you noticed areas they are not grooming or any they are over-grooming?  
| **Activity**      | Where does your cat sleep? Has this changed?  
|                   | Is your cat sleeping more?  
|                   | Do they seem reluctant to move out of their bed? Has the way they sleep changed? Does it take them longer to get comfortable?  
|                   | Are they withdrawing or hiding away more?  
|                   | Have you noticed your cat is not jumping or climbing as much as they used to?  
|                   | Have you noticed any changes in your cat’s activity levels?  
|                   | Are they still interested in playing?  
|                   | Have you noticed any lameness or differences in the way they are walking?  

**Table 1** Suggested questions for age-related changes and mobility changes
FELINE DISEASE

CLINICAL INDICATION | DIAGNOSTIC TESTS
---|---
Owner observed PU/PD | Minimum database +/- T4
Reduction in weight/BCS/muscle condition/development of entropion | Minimum database +/- T4
Dental disease | Minimum database pre GA
Hypertension | Minimum database +/- T4
New heart murmur/increasing grade of murmur | T4 and PCV
Palpation of a goitre | T4
Abnormal renal palpation | Minimum database
Arthritis diagnosed and NSAIDs are prescribed | Minimum database
Urine specific gravity under 1.035 without dietary explanation | Minimum database +/- T4

TABLE 2 Clinical indications for performing additional diagnostic tests

Second, given that dental disease is a common problem in senior cats, veterinarians should always take time to examine in the cat’s mouth. In particular, try to observe the lower premolars as feline absorptive lesions are common on these (see Figure 1). Third, always palpate for a goitre, which would increase the suspicion for hyperthyroidism, and help in clinical decision making; for example, which blood tests might be required. Fourth, if possible, listen to the heart several times during the examination, since the presence and intensity of a heart murmur will vary during the examination and this will increase the chances of detecting a murmur. Fifth, examine the coat and make a note of areas of under- and over-grooming as this will help aid in the diagnosis of musculoskeletal pain and the interpretation of your orthopaedic examination.

Finally, try to observe the cat moving around the room to assess for possible orthopaedic disease. For cats that are too shy to move during the examination, owners can video record the cat walking and moving at home. Try to perform as much of an orthopaedic examination as the cat will allow. Of course, it can be challenging in cats to determine if any reaction to your manipulations is due to pain and discomfort or is just because the cat resents being handled. The advantage of starting to assess the orthopaedic system routinely during senior wellness examinations is that the prevalence of OA is likely to be lower, and signs less marked. Therefore, it is easier to be certain that any new reaction to manipulation is likely to be due to disease. This will make you more comfortable with making a diagnosis, especially if combined with owner-observed mobility changes.

Additional diagnostic testing

Which diagnostic investigations you include for healthy senior consultations will depend on how you wish to run the clinics. It is strongly advisable to include a blood pressure measurement at least annually and, again, performing this regularly will make the cat more familiar and so reduce the potential of a white coat effect. High blood pressure readings can prompt you to investigate further, rather than waiting for clinical signs to appear. Untreated hypertension leads to target organ damage and/or hypertensive retinopathy, causing acute blindness; this is sufficient reason for including this in your plan.

Depending on the costs the client is willing to pay, further diagnostic investigations such as urinalysis, biochemistry, haematology and total thyroxine measurement can be included as part of an annual plan, or can be performed only if there is a clinical suspicion. See Table 2 and Table 3.

Summary

Ageing is an individual process of every cat and healthy ageing will be influenced by genetic and epigenetic factors. Regular health assessments enable earlier recognition and management of age-related disease, reducing the negative impact on the cat’s health. The best timing of these visits and additional diagnostics testing is still to be determined. The Feline Healthy Ageing Clinic at the University of Liverpool hopes to answer these questions and determine what factors influence the ageing process in cats. In the future, we may be able to manipulate the ageing process to extend both the healthspan and the lifespan of our feline clients.

A full list of references is available on request.

TABLE 3 What to include in a minimum database

<table>
<thead>
<tr>
<th>Haematology</th>
<th>Packed cell volume, total protein, smear evaluation or complete blood count if clinically indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biochemistry</td>
<td>Albumin, total protein, urea, creatinine, phosphate, ALT, ALKP, glucose and electrolytes if clinically indicated</td>
</tr>
</tbody>
</table>

TABLE 2 What to include in a minimum database

FIGURE (1) Soft tissue of the lower lip needs to be retracted to visualise teeth 307 and 407 (Photo courtesy of Feline Healthy Ageing Clinic)

Lintbells_YuMove_Advance_360_Vet_Practice_Aug 2018.indd   1

* Kynetec VetTrak Sales Data, MAT Values (June 2018).
Now you have a new product for the support of the metabolism of joints in the case of osteoarthritis in cats.

YuMOVE ADVANCE 360 is the new premium addition to the YuMOVE range. It is our most advanced joint supplement ever, which means your clients’ cats will feel the benefit as quickly as they can run.

To explore how YuMOVE ADVANCE 360 could help your clients, call 01462 790 886 or visit bit.ly/VPSeptember

*Kynetec VetTrak Sales Data, MAT Values (June 2018)*
The Vet-Tome is an automated electric periotome with foot pedal operation that offers precise tooth extraction with minimal or no alveolar bone loss and less trauma.

- Ultra-thin tips allow easy insertion into the periodontal ligament space on all canine & feline teeth
- The flexible tip bends (unlike rigid tips) and follows the curve of the root, the tip (40mm long) will reach the apex of most canine teeth, making it ideal for canine extraction.
- The mechanical in and out action of the tip generated by the electric handpiece advances the tip into the PDL reducing the physical work normally associated with extractions.
- The replaceable tips come from the end of the handpiece (straight out) allowing better access to the tooth unlike other systems where the tip functions at right angle to the Handpiece.
- The non-twisting action of the Vet-Tome results in minimal tissue damage (see video below) compared to units that reciprocate or use gentle vibration. The Vet-Tome tip does not generate heat.
- 10 adjustable power settings and different sized veterinary specific tips for small cats to large dogs (even lions).
- The Vet-Tome operates independently from your air driven dental unit allowing both units to function at the same time, increasing overall dental efficiencies.
- Educational extraction videos performed by Dr Anthony Caiafa BVS BDSc MANZCVS are supplied with the system.

- Satisfaction guaranteed or your money back - manufactured by iM3

Today, with the Vet-Tome, I had one of the most satisfying professional experiences of my career!

Thank you.

Dr Nick Taylor BVSc(Hons) GPCert(SAP) Dip. Mgt. ESVPS MRCVS (N7011)
The iM3 Vet-Tome offers a paradigm shift in the way we, as veterinarians, extract teeth in our patients.”

Today, I operated on a 4kg PoodleX with two retained upper deciduous canine teeth. Both teeth were complete with no resorption of the roots. Total time per tooth from gum incision to removal of the tooth - 4 & 1/2 minutes per tooth - I used setting 2 and went very carefully, and with practice will become more competent and confident.

The key benefits are intra-operative time saving for the surgeon and the reduction in trauma to the patient.

I would recommend this machine to every practice owner.”

Greg Mahon
B.V.Sc., B.Vet.Biol
Mountain View Veterinary Surgery
www.animaldentalclinicnw.com

I got to use the Vet-Tome for the first-time last week. I was extracting a lower canine in a Staffy dog. The nemesis for most practitioners. Normally, to extract this tooth, I would raise flaps on both the lateral and medial sides of the tooth. I would also remove bone on both sides of the tooth, and then with the use of luxators and elevators and a fair amount of angst, I would extract the tooth with the fear of fracturing the lower jaw in the back of my mind. The dog would then be left with a fairly big hole as well as bone loss from the surgical extraction and the flap would then be sutured over this cavernous hole. I figured that hopefully in the future, something would arrive that would take away the fear, the sweat and sometimes the tears that has been associated with difficult extractions. The future has arrived.

The Vet-Tome is basically a mechanical periotome with 1-10 power settings that follows and cuts the periodontal ligament. It can be used 360 degrees around the tooth. The idea is that you normally do not need to remove alveolar bone, but the Vet-Tome creates a space around the tooth and will loosen the tooth. In my hands, I then use elevators to elevate the tooth out of the socket, finally allowing for extraction forceps to finish the job. The hole that is left is much smaller than in a surgical extraction. The Vet-Tome gives you the ability to perform a truly minimally invasive extraction, which means more rapid socket healing and less pain for the pet. In my humble opinion, the Vet-Tome will be a game changer for the veterinary profession.”

Anthony Caiafa
BVSc BDSc MANZCVS

The Vet-Tome turned up this week and I got to pull it out today for a slab fracture of the upper carnassial PM4 in a 35kg Chow chow. With absolute L-plate learner speed and due caution, the entire extraction took 12 minutes. I felt in complete control the whole time, zero sweating, and my nurses tell me my language remained civil the entire time. There is no doubt the trauma to surrounding tissue was substantially less than I would normally create. Dr Caiafa predicts this will be a game changer for the profession- It certainly is for me!”

David Neck
Cottesloe Animal Hospital

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V2000 Vet-Tome extraction system
Complete with 2 standard and 2 heavy S/S tips.

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Cutaneous adverse food reactions

The variable and non-specific nature of food reactions in cats and dogs can make them difficult to diagnose

Before assessing cutaneous adverse reactions to food (CAFR), ectoparasites and infections need to be identified and treated, and for this a thorough history, physical and dermatological examination with appropriate patient-side tests is essential.

Signs of adverse food reaction are non-specific and variable. In dogs there is a non-seasonal pruritus affecting many parts of the body and clinically indistinguishable from atopic dermatitis. Otitis externa is seen in many dogs and may be the only sign in some. As with atopic dermatitis, secondary infection with Staphylococcus pseudintermedius or Malassezia pachydermatis is common. In other dogs, recurrent superficial pyodermia is a feature. In cats, CAFR may result in any cutaneous reaction pattern, such as milky dermatitis, symmetrical alopecia, eosinophilic granuloma complex or head and neck pruritus.

All dogs and cats suspected of an allergic skin condition should be subject to an investigation for CAFR. In theory, this should be straightforward. A "hypoallergenic" diet containing a novel protein that the animal has not been exposed to, and so not likely to be causing food intolerance, is fed for a period until resolution of the pruritus, and then challenged with the original diet. If relapse occurs within a short time, and improvement is noted on resuming the hypoallergenic diet, diagnosis of adverse food reaction is made. If there is no improvement on the diet, the diagnosis by default in allergic skin cases is atopic dermatitis.

Diagnosis of CAFR is challenging but stringent efforts to diagnose it are very worthwhile. A literature review (Olivry and Mueller, 2017) has estimated that the prevalence of cutaneous AFR in dogs and cats with skin disease is about 5 percent. The authors conclude that among dogs and cats with pruritus and those suspected of allergic skin disease, the prevalence of CAFR is high enough to justify that this syndrome is ruled out with an elimination-provocation dietary trial. This must especially be considered in animals with non-seasonal pruritus or signs of allergic dermatitis.

Currently the most reliable diagnostic test for CAFR is an elimination "hypoallergenic" diet. This might be a home-cooked diet, a commercial select protein diet or a hydrolysed diet. There is no consensus as to how long the diet should be fed. One study has indicated that the diet should be fed for as long as 12 weeks (Rosser, 1993).

Recently, an extensive literature search sought clarity on the duration of the elimination diet (Olivry et al., 2015). Based on the information gathered from 209 dogs with CAFR, it was estimated that after three weeks of a diet change, approximately half the dogs had achieved a marked reduction of their signs. From five weeks onwards, signs had returned to normal in 85 percent of dogs and this percentage increased to more than 95 percent if the dietary trial was extended to eight weeks. Fewer than 5 percent of dogs needed an elimination diet of up to 13 weeks.

To diagnose CAFR in at least 80 percent of dogs and cats, an elimination diet trial should last a minimum of five weeks in dogs and six weeks in cats. Increasing the duration of the trial to eight weeks will increase the sensitivity of diagnosis to more than 90 percent of cases.

Home-cooked diets

Most authorities have stated that a home-cooked diet is the most appropriate. Only one protein source, to which the dog or cat has no known previous exposure, is selected (e.g. venison), and fed with rice or potato. No other substances such as colourings or preservatives are present. Due to the length of time required, the home-cooked diet is challenging, requiring a dedicated owner and very good communication with the entire family and may therefore be more likely to result in failure due to lack of compliance. Furthermore, home-cooked diets are not balanced, and cannot be fed for any length of time, with supplementation being necessary.

If an animal responds to the diet, challenge with individual proteins one at a time for two weeks is undertaken until a relapse is seen. If the causative food is identified, it can be avoided with selective feeding. Many dogs and cats that respond to a hypoallergenic diet can be maintained on commercially available diets with limited novel proteins; this is a suitable option in these cases (Miller et al., 2013).

Commercial hypoallergenic diets

Commercial hypoallergenic diets have the attraction of being convenient, and therefore increase the possibility of good compliance. They are also balanced so they may be used for long-term management. Although these diets offer convenience, they are not 100 percent effective. Commercial hypoallergenic diets consist of either a select protein with one carbohydrate source (for dogs) or are hydrolysed.

Select protein diets

There are many commercial diets with alleged hypoallergenic properties. Select those that are accurately labelled (if possible) to ensure the diet does not contain a food known to have been previously eaten. Advice from a veterinary dermatologist will be useful in selecting appropriate diets. A recent study (Olivry and Mueller, 2018) found that it was
common for there to be unexpected protein sources, detected by PCR, ELISA or mass spectrometry, in some “hypoallergenic” diets, which may explain why some diets fail. The authors state that there is insufficient information to determine if the presence of contaminating components will lead to an allergic reaction to such ingredients. Of interest, in this study, the testing of hydrolysate-containing pet foods found only one instance of possible mislabelling.

Another study suggests that prescription vegetarian diets may be effective in diagnosing and managing CAFR if any potential contaminant proteins can be shown to be absent (Aufox et al., 2018). A pilot study was undertaken with three dogs that had a history of pruritus and recurrent pyoderma. The dogs were fed a vegetarian prescription diet that had been subjected to PCR analysis for DNA of 11 mammalian species and for poultry DNA, with negative findings. Two of the dogs were diagnosed with CAFR and the third, which had already been diagnosed, was successfully managed long-term with the diet.

**Hydrolysed diets**

Hydrolysed diets were introduced in recent years with the aim to improve the diagnosis and management of CAFR. It is suggested that these diets are hypoallergenic because the protein component is broken down into small units that do not induce hypersensitivity. Initial studies have shown comparable success rates in diagnosing CAFR to home-cooked diets (Miller et al., 2013). Residual antigenicity to a protein source cannot be ruled out completely, however, and some dogs may not have type 1 hypersensitivity.

Compliance problems are best addressed with a teamwork approach involving veterinary surgeons and suitably trained veterinary nurses, emphasising the importance, particularly during the diagnostic phase, of ensuring that the animal only eats the prescribed diet. This may involve an attempt to keep cats indoors for the first six weeks at least, and strict supervision of dogs when they are outside. Cats are more likely than dogs to refuse the diet. If this problem occurs, it may be solved through trying several hypoallergenic diets; one may prove to be more palatable.

**In summary**

Dogs and cats with allergic skin disease will be pruritic in the majority of cases. Parasitic and infectious causes are eliminated before an allergy investigation; a hypoallergenic elimination diet is the next step and essential in all cases, as the incidence of CAFR is sufficiently high to warrant investigation. Elimination diets offer the best option for diagnosis and long-term control of CAFR. Commercial hypoallergenic diets are increasing in number and should be checked for ingredients. Advice from a veterinary dermatologist on suitable diets is advisable. Teamwork is essential to help the owner overcome hurdles during the diagnostic phase; in the majority of cases, this is six to eight weeks.

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A full reference list is available on request.
Topical therapies and environmental management

What can pet owners do at home to contribute to the successful management of skin disease?

Alex Allen, BVM&S, MRCVS

Veterinary surgeons are very fortunate to have some outstanding medicines available to treat the aetiology and clinical signs of atopy, potentially giving both the pet and the owner relief from the angst of allergic skin disease. However, it is easy to overlook the value of topical therapies and simple environmental management routines, which can also play an important role in managing the condition while helping to cultivate relationships with clients.

From adequate flea control to the use of shampoos, owners can make a real difference when it comes to improving the quality of life for their pets; it just takes a conversation to improve that bond between the vet and the owner.

Encouraging flea control

Every vet has experienced a client vehemently denying that their pet has fleas and refusing to believe that fleas have caused the pet to scratch. In this situation, maintaining a good relationship with the client and taking time to discuss the benefits of flea control is crucial, especially in dogs with underlying allergic skin disease.

Flea infestations are a well-known flare factor for canine atopic dermatitis. Atopy will predispose dogs to develop hypersensitivity to flea saliva antigens which, if exposed repeatedly to flea bites, will eventually lead to flea allergic dermatitis (Sousa and Halliwell, 2001; Olivry et al., 2010). This is why it is so important to convey to pet owners the importance of a strict anti-flea treatment strategy for atopic dogs.

Controlling allergens

Environmental control against the developmental flea life stages should go hand in hand with the discussion of topical flea treatment, as it is well known that infested environments often account for more than 95 percent of the total flea population.

Regular washing of covers on which dogs rest and the daily vacuuming of resting sites should be performed to reduce the number of flea stages. The use of adulticides in combination with IGRs can also be utilised and some of the available products have persistent activity over several months.

As house dust mite glycoproteins are the most common canine allergens worldwide, their environmental control would seem an appropriate measure to take.

Studies have shown a statistically significant reduction in levels of mite allergens collected from carpets in the homes with atopic dogs when the environmental flea control was used in the preceding year. Dust mite control needs to be sustained due to the persistence of mite allergens in the environment.

The importance of shampoos

The pathogenesis of allergic dermatitis is still being unravelled but there is increasing evidence to suggest that defects within the epidermal barrier are likely to contribute to disease by facilitating contact with environmental allergens.

For this reason, maintaining and improving skin barrier function remains a vital component in control of allergic dermatitis. The simple act of bathing dogs at least weekly with a non-irritating shampoo will help to aid skin barrier function by physically removing surface allergens and increasing the levels of skin hydration. A direct soothing effect from the shampoo and through the process of bathing can also relieve some of the clinical signs.

Topical lipid formulations

A sometimes forgotten therapy for the management of allergic dermatitis is a topical formulation containing biomimetic lipid complexes, which comes in a pet owner-friendly spot-on applicator.

The aim of topical lipid formulations is to improve epidermal barrier function. Studies have proven that complex lipids applied as a spot-on help to restore lipid anomalies within the stratum corneum of dogs suffering from allergic dermatitis (Piekutowska et al., 2008). Another suggests therapeutic and clinical benefits in dogs with the condition (Fujimara et al., 2011).

Remembering some simple options before moving on to more arduous tasks like food trials and advanced therapies like allergen-specific immunotherapy could provide a way of keeping both the pet and the owner happy in managing this frustrating condition.

A full reference list is available on request
Prescribe me Credelio™ (lotilaner) - a small and palatable monthly chewable that acts fast to treat puppies and dogs like me when I have ticks and fleas.

*Approved from 8 weeks of age and 1.3 kg or heavier

3. Murphy, M et al. Laboratory evaluation of the speed of kill of lotilaner (Credelio™) against Ixodes ricinus ticks on dogs. Parasites and Vectors. 2017; 10:541.

Credelio™ chewable tablets for dogs contains lotilaner. Legal category POM-V UK, POM IE. For further information call Elanco Animal Health on +44(0)1256 353131 or write to: Elanco Animal Health (the animal health division of Eli Lilly and Company Limited), Lilly House, Priestley Road, Basingstoke, Hampshire RG24 9ML, United Kingdom. For further information consult the product SPC. Refer to the product packaging and leaflets for information about side effects, precautions, warnings and contra-indications. Always seek advice on the use of medicines from the prescriber.

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Changes to OCQ(V) Export modules and OV instructions in the event of a no-deal EU Exit

There would be changes required for the movement to the EU of pet cats, dogs and ferrets and commercially traded dogs, cats and ferrets travelling under Directive 92/65/EEC (as amended) as well as other pets (birds, rabbits, etc) in the unlikely event of the UK leaving the EU without a deal. Changes will also be required for the export to the EU of other commercial small animals (eg laboratory animals, primates, zoo carnivores), excluding ungulates, travelling under Directive 92/65/EEC (as amended).

The Technical Notices published on 24 September 2018 set out the possible implications of “EU Exit without a deal” on the UK’s ability to export animals and animal products or move pet animals (ie pet dogs, cats and ferrets) to the EU. The conditions that apply to pet animals travelling into the EU are set out in the EU Regulations. As explained in the Technical Notice on “Taking your pet abroad if there’s no Brexit deal”, pets would continue to be able to travel from the UK to the EU in the event of “no deal”, but the requirements for documents and health checks would differ depending on what category of third country the UK becomes after Exit.

There are three categorisations of third country: listed: Part 1; listed: Part 2; or unlisted. Third countries can apply to the European Commission to be listed under Part 1 or Part 2 of Annex II to EU Pet Travel Regulations. A small number of countries and territories are Part 1 listed; pet animals from these countries and territories can enter the EU in a similar way to pets from other EU Member States. The majority of countries are Part 2 listed. This means that health preparation requirements for pets originating from those countries are the same as those from Part 1 listed countries but pet owners can only enter the EU with a valid “EU Model Animal Health Certificate (MHC) for the non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 25(1) and (2) of Regulation (EU) No 576/2013”. If a country has not applied or been accepted as a Part 1 or Part 2 listed country, it is an unlisted third country, and pet owners must take some specific actions several months before they wish to travel.

Defra is seeking technical discussions with the European Commission to allow the UK to become a listed third country on the day we leave the EU. The APHA will continue to press the Commission to discuss this option with them. However, to allow for effective contingency planning, the APHA has provided a briefing note that explains the impacts of all three different types of listed status and the preparations needed under each possible scenario. The briefing note also covers the movement of other pets not covered by the EU Pet Travel Regulations.

Further briefing will be provided once the outcome of negotiations is known. Until then, as part of sensible contingency planning, pet owners who wish to travel with their pet(s) from the UK to the EU on or after 30 March 2019 will need to be aware of the steps they may need to take, and OVs need to be prepared for pet owners to contact them with queries and to start pre-travel preparations. OVs can read and understand the implications of the Technical Notices on “Exporting animals and animal products if there’s no Brexit deal” and “Taking your pet abroad if there’s no Brexit deal”. In particular, note that the APHA is advising pet owners who plan to travel on or after 30 March 2019 to contact their vet at least four months in advance to check what health preparations they need to undertake.

Note that the module content/guidance/assessment for OVs as part of their initial training and subsequent revalidation (ie for the OCQ(V)-SX and CA modules provided by Improve International) and the OV instructions available through the APHA Vet Gateway will be amended once the final EU Exit position is known and these will clarify the health and documentation requirement for movement of pet dogs, cats and ferrets to the EU.

Note that if the UK becomes a Part 2 or unlisted third country, pet owners would need to obtain a new MHC each time they wish to take their pet from the UK to the EU. This would increase demand for OV services from pet owners that travel more than once with their pet (currently they obtain a pet passport that covers multiple trips). If the UK becomes an unlisted third country (or whilst the outcome of the application for listed status is unknown) blank MHCs and accompanying Notes for Guidance will be produced by APHA and issued from March 2019.

More information on the documents that would be required to enter or re-enter the UK if the UK leaves the EU without a deal will be available on gov.uk in due course.

For more information, read the full briefing note at: apha.defra.gov.uk/documents/ov/Briefing-Note-1718.pdf
Alternative multi-dose TB testing syringe

It has been brought to the attention of APHA that articles have been published in recent editions of veterinary publications about new TB testing guns available in the UK market. This new model is known as “V-grip” and is manufactured by N J Phillips.

In these articles, the author states that: “UK vet practices carrying out government bTB testing work have access to a new tuberculin gun.” And that: “There is no official requirement to use a single make of gun for TB testing work, so with tightening margins for work in this arena it makes sense for practices to explore valid cost-saving options.”

APHA has reviewed the information contained within the above articles and sought views from policy teams in all three administrations (England, Wales and Scotland). In principle, APHA does not endorse any specific type, design or model of TB testing syringes as long as they can all consistently deliver 0.1ml of tuberculin intradermally, leading to the formation of a skin nodule (“bleb”) shortly after injection. However, before any novel TB testing equipment can be used in the field, APHA, as the Competent Authority in Great Britain, needs to be satisfied that any alternative design is fit for purpose.

APHA has not been approached by the manufacturer of the V-grip multi-dose injecting syringes, neither has the veterinary practice that trialled this new equipment consulted APHA to consider it for use during official tuberculosis skin testing. APHA has not yet been provided with any data on performance characteristics (eg accuracy, repeatability), especially in relation to the currently approved models. APHA is concerned about alternative TB testing equipment being used without its prior knowledge or approval.

The current tuberculin skin testing instructions for Official Vets and APHA TB testers state that one pair of McLintock or dental type syringes calibrated to administer 0.1ml must be used to inject tuberculin. Consequently, for the time being, the use of V-grip syringes for tuberculin skin testing is in breach of the standing tuberculin skin testing protocol.

Official Veterinarians who during audits are found using these V-grip multidose injecting syringes while carrying out official tuberculin skin testing will have their audit result recorded as non-compliant. APHA is open to review its current position once it has had the opportunity to evaluate any robust evidence available that supports the suitability of the new multi-dose syringe for the purpose of carrying out tuberculin skin tests.

Further OV briefings

4 SEPTEMBER
Changes to compensation paid for cattle compulsorily slaughtered for bovine TB control in England

From 1 November 2018 there will be changes to The Cattle Compensation (England) Order 2012. There will be a reduction in compensation of 50 percent for animals which arrive at the slaughterhouse too dirty to process and a reduction in compensation of 50 percent for animals brought into a herd during a TB breakdown which are subsequently removed as reactors or direct contacts prior to the herd regaining official TB-free status. Compensation will be paid for privately slaughtered reactors if they are found to be totally condemned for reasons of TB only.

Where reactors are found at a skin test and the animals are in a dirty condition, the owner needs to be advised of the requirement to present the animal clean enough to be processed at the slaughterhouse. The FSA has an information leaflet “Clean Beef Cattle for Slaughter (a guide for producers)”, available online, which defines the criteria for “too dirty to be processed”. If found to be too dirty at the slaughterhouse, a welfare investigation visit is likely to be conducted and compensation reduced by 50 percent in addition to any other reductions already in force.

25 JULY
Additional TB control measures in Wales

Additional TB control measures are being implemented in the Intermediate TB Area North (ITBAN) of Wales from 13 November 2018. In response to the sustained and significant increase in the incidence of new TB breakdowns in the ITBAN seen since late 2016, from 13 November 2018, the Welsh government is introducing additional TB control measures in this area. These measures will support the Welsh government’s TB Eradication Plan and will provide further protection for the adjoining Low TB Area of Wales from the spread of bovine TB.

The introduction of additional contiguous testing aims to enhance surveillance and the provision of bespoke advice to cattle keepers will enable them to reduce the risk of TB entering the herd, to detect infection quickly and slow the rate of new TB incidents.

Cattle herds neighbouring a TB breakdown herd in the ITBAN will be subject to additional contiguous testing. Following the initial contiguous test (CON test), the herd will be subject to a contiguous (CON6) test, six months after the initial CON test, followed by another CON6 test after a further six months. This will be followed by a final contiguous (CON12) test, 12 months after the second CON6 test.

Cattle keepers in the ITBAN, whose herd has carried out and passed a CON test, will be offered the chance to have a Cymorth “Keep it Out” visit from their OV. Those whose herd did not pass the CON test will continue to be offered the normal Cymorth TB breakdown visits. The Cymorth “Keep it Out” visit can be accessed once within the 18-month period from the initial scheduling of their qualifying CON test.

The full OV briefing notes can be viewed at apha.defra.gov.uk/official-vets/briefing%20notes.htm
Revalidation and grandfather rights

Improve International answers questions on companion animal and small animal exports revalidation for OVs with grandfather rights

If you have grandfather rights to complete small animal export certification are due to revalidate their qualifications by 31 March 2019. Improve International have answered some commonly asked questions regarding the requirements.

I have grandfather rights to four small animal OCQ(V)s. Do I have to revalidate all of them?
No. When you claimed your grandfather rights, APHA awarded you all the small animal qualifications that you were entitled to hold. Now is the time to decide which ones you need.

The options are:
- Companion Animal (CA), or
- the combination of Essential Skills (ES), Exports General (EX) and Small Animal Exports (SX).

How do I decide if revalidating the OCQ(V) CA will cover all the export work I do?
The OCQ(V) CA entitles you to complete pet passports and export certificates for companion animals as listed below:

- Export of pet dogs, cats, ferrets, small mammals (guinea pigs, mice, rabbits, etc)
- Export of pet birds; these are all birds (excluding poultry and pigeons) that are accompanied by their owner and are not intended to be sold or transferred to another owner
- Export of pets from breeding establishments and rescue centres as a commercial exercise
- Export of more than five pets for shows or competitions
- Export of more than five pets not intended for shows or competitions (ie travelling with their owner on holiday)

Export can be to the EU or countries outside the EU. If you only do companion animal work and the OCQ(V) CA covers all the export work that you will be asked to do, you do not require Essential Skills.

Which exports can I complete if I revalidate the combination of ES, EX and SX?
You need this combination of qualifications if your export certification work is for commercial organisations. This combination of qualifications covers everything in CA plus the following:

- Commercial export of small laboratory animals including all primates
- Commercial export of zoo animals including primates, carnivores, etc (except zoo ungulates (hoofed animals), which fall under UX)
- Reptiles and snakes as they are not considered as pets
- Zoo birds
- Bees
- Exports to the EU or outside of the EU

You may also choose to complete the combination of ES, EX and SX if you already hold ES and EX for another export qualification such as Avian Exports (AX).

I don’t want to change my revalidation due date in the future. I understand there is a two-month window for resetting my next revalidation date. Do I have to wait for this window to open before I enrol on the revalidation course?
You can enrol on the revalidation courses and start at any time. Your next revalidation date is set from when you complete the declarations at the end of each revalidation. If you sign the declaration within the two-month window, your next revalidation due date will be taken from the end of the window. So for revalidations which have a due date of 31 March 2019, the window for signing the declarations and resetting the next date to 31 March 2024 is 1 February to 31 March 2019.

This means that you can do the work in good time and then choose either to complete the declarations and bring your next revalidation date forward or to wait until the window opens and complete the declarations between 1 February and 31 March 2019.

I am worried that I might forget to return to the course to complete the declarations. Will I get reminders?
Provided your email address is correct on the OV database, you will receive revalidation reminders. These reminders will continue until you have completed the declarations.
I haven’t been receiving any OV email communications. Why is this?
If you are not receiving OV communications to your personal email address, please log in to the OV database and check your details are correct. If they are correct, check your spam folder and if the emails are going there, change the settings to make enquiries@improve-ov.com a trusted sender.

I haven’t completed many exports recently and am concerned that I won’t be able to fulfil the case log requirements. Is there an alternative?
You can complete certification exercises as an alternative to case logs. You will find these at the end of the course. There is an example activity within each course so you know what is expected in these exercises. Note that case logs are not required for ES and EX.

I am not confident using a computer and am concerned that I will find it difficult to navigate the online course. Is there an alternative?
There is no alternative but the Improve International team are happy to help. Please feel free to call 0330 202 0380 for support.

What about EU Exit? Is there a chance that APHA will delay the revalidation?
This is to some extent dependent on EU Exit negotiations and the APHA will consider if the deadline for completion should be extended beyond 31 March. If any changes are agreed, OVs will be notified by the APHA without delay, but the APHA recommends that you don’t wait until the last minute to start the revalidation.

Will the content of the courses change in light of EU Exit?
The content of the courses is under constant review by the APHA and will be updated when required. In the interim, OVs will be notified of all updates through OV briefing notes and technical notices. This information will be added to the courses as it is published.

Will I need to pay to get the new information?
Once you are enrolled on a revalidation course you will continue to have access to the course material even when you have completed your revalidation. You will be able to return to the course to view any updates at no extra cost. New content will be highlighted and dated.

I have enrolled on the wrong course. What should I do?
If you have enrolled on the wrong course, please contact Improve International by calling 0330 202 0380 or emailing enquiries@improve-ov.com.

Can I ask for my revalidation date to be postponed?
If you are unable to complete the revalidation because you are away from work for a prolonged period and you would like to apply to have an extension to your revalidation period, please email the APHA OV team (CSCOneHealthOV-Team@apha.gsi.gov.uk) with your request.

Can I write case logs when I only issue pet passports and have not completed any export certificates?
Case logs should be relevant to the export work that you do and pet passports are as relevant as completing export certificates. Also, there is now the option to complete certification exercises instead of writing case logs if you prefer to do this.
Life as the Chief Veterinary Officer in Montserrat

Selvyn Maloney, CVO of the tiny Caribbean island, describes the job’s charms and challenges following years of volcanic activity

Montserrat is famous for its endemic wildlife; nature enthusiasts travel from afar to glimpse the Montserrat oriole, a beautiful passerine bird, and the Montserrat galliwasp, an elusive reptile, in the forests. At the forefront of current conservation efforts is the mountain chicken – a unique species of frog found only on Montserrat and Dominica. A few decades ago, the mountain chicken’s call could be heard all over the island and the frog was served to tourists as a delicacy.

Unfortunately, with the accidental introduction of the invasive chytrid fungus, the mountain chicken population dropped dramatically, and the species is no longer seen or heard in the forests. Durrell Wildlife Trust has been working with partner organisations to save the giant frog and planning is underway for a reintroduction to take place next year, using a soft release method with heated ponds to give the frogs an advantage over the fungus and provide an environment that will facilitate the development of resistance to the chytrid.

Driving around the mountainous roads, you are sure to see sheep and goats tied up near the roadside. With the eruption, many farmed animals escaped their enclosures and have since established feral populations. Dogs and cats...
are popular pets among the locals, so veterinary work remains important on the island. I spoke with Selwyn Maloney, Montserrat’s Chief Veterinary Officer and one of just two vets on the island, to find out what it is like to work in such a unique setting.

Why did you decide to become a vet?
My father was into animal healthcare, and he was a former permanent secretary of agriculture. I remember going to the government livestock farm in the area that has since been devastated by the volcano, and a feeling of love coming over me – a fascination. I applied to a school in Guyana for my undergraduate studies and did a double award diploma in animal health and veterinary public health. That got me into St George’s University in Grenada in 2001. At the time, there wasn’t actually a vet school building – we were sharing it with the medical university. I transferred to the University of the West Indies in Trinidad, and that’s where I did my five-year stint and got my degree in veterinary medicine. And here I am, many years later, as the Chief Veterinary Officer in Montserrat.

What does a typical work day look like?
There are two vets [in Montserrat] right now, myself and Dr Antoin, as well as two animal health assistants, Rudolph and Elvis. Before the volcano [erupted] there were more vets, more livestock, more people and more farming was done. We are probably down to a third of our population and a third of our land mass – we used to have a lot more to do in terms of physical work out in the field.

The government provides free veterinary services for livestock, so the healthcare of chickens, sheep, goat, cattle, pigs and horses is subsidised to the point that the owner only has to pay for worm medicine. Pets like cats and dogs go private. That’s where we come in as private veterinarians. But due to the low income from private practice, it’s very hard to invest in any kind of quality clinic.

Mostly, during the week, we do government work – unless it’s an emergency cat or dog surgery. My typical work is administrative. If there’s a situation in the field that the guys can’t handle, I will go out and assist, since I am the most experienced. Maybe one or two days a week I will go to the field and see what’s going on with the farmers. Elective surgeries, unless it’s an emergency, are done on Saturdays.

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There are a lot of imports to the island – food and animal products and live animals – how do you ensure disease control?
We are a member of the Caribbean Community [CARICOM], and anything entering the CARICOM space will have gone through a risk analysis of the farm and factory – packaging, processing, everything – especially if it’s a country that may have had a zoonotic disease, or a disease that could harm the livestock industry, like foot and mouth or swine fever. Once CARICOM has done the risk analysis, we’re fine with it. As part of our border control, we use Antigua in our import protocol – a sort of first line and second line of defence since
all our visitors must be in-transit through Antigua to get to Montserrat. Once it gets here there’s nothing you can do – people and baggage come off the plane and ferry; if a disease is present on or in the cargo or among passengers, flies or physical contact can spread the disease very easily.

Are there any zoonotic diseases you need to be particularly aware of?
We have dermatophilosis, a skin bacteria that infects the hide of sheep, goats and cattle, but we haven’t had any reported cases in humans. It’s in feral animal populations as well, which is one of the reasons it’s very hard to control. The island’s topography is very unforgiving and unfavourable for animal capture; it is hills, cliffs and mountains. There’s no easy or clear path to get to these animals – no easy way of trapping them. So, when there’s a disease outbreak, either you go out and do a massive cull or you let nature take its course. Either way it’s a loss for the country.

Are you involved with the control of feral animals?
There have been attempts to control the feral animals – that’s part of the responsibility of the Department of Environment. Every year they have culling programs – especially in areas where our water catchment is. In the “safe zone” (which is our area), we have a loose livestock team, who are responsible for catching those loose goats, sheep and donkeys. They have dogs that are trained to capture (not kill) these animals. Sometimes we will hire them for a week, if we have a high number of loose livestock and a lot of people have complained. Sometimes we use a tranquiliser gun, but by the time the drug takes effect, they have reached an area where we can’t retrieve them, so they will just stay there, sleep it off, wake up and go. We have done aerial baiting before for culling to control the population.

What about feral donkeys? Are they controlled too?
There is no law against culling donkeys, it’s just that some people have chosen not to for religious reasons – they say Jesus rode a donkey. I’m pretty sure the ones that Jesus rode are not alive today. In the past, I have relocated them – I’ve captured them on this side, sterilised the males, taken them across to the “unsafe zone” and released them over there, where there’s tonnes of vegetation for them to eat.

Is there anything you would like to change while in the position of CVO?
One of the things I would love to change is the mindset of how people look at pets. We, as veterinarians, have to take a loss simply because we want to help the animals. To own a pet is a privilege, so if you want that privilege, you should be willing to pay for its health care. A lot of the time, if I decided not to help when the owner wouldn’t pay, the animal would suffer – and it’s not the animal’s fault. I have a very small building that I rent and use for a clinic on Saturdays; that building probably pays for itself for five months of the year at best. I don’t have any expensive equipment because I refuse to purchase it without knowing how the clinic can pay for it. I feel like if I purchase the equipment, I am robbing my family – I have two young kids, a wife, a mortgage on my house – I refuse to take a mortgage out on equipment that can’t pay for itself over time; I just cannot do it. I am a veterinarian, but I am a businessman as well and I understand profit and loss.

Are you involved with conservation projects on the island?
We have been involved in the conservation work, especially to do with the mountain chickens. I used to go on hikes with the Department of Environment to monitor, tag and treat the frogs and record data at the very early stages of the fungal infection outbreak. In my opinion, there is nothing much that can be done to stop the spread of the fungus and the death of the mountain chicken, and the only thing that can save them is natural selection. If they can develop resistance, then they will pass that gene on to their offspring. I think that the only way they can get the mountain chicken to survive in Monserrat is by introducing the fungus in a controlled environment and treating them to the point that they can survive and develop a response to the chytrid fungus. You can rebuild the population. It’s not as easy as it sounds, but you have to let natural selection take place. The current project is a soft version of that; some will survive and it could be successful.
There is a lot to be said for keeping things simple in a complex world. In our work as veterinary surgeons we are often bombarded by the need to make decisions, many of which will be based on incomplete information. The resulting complexity can lead to uncertainty and anxiety.

You may have heard of the butterfly theory that postulates that a butterfly flapping its wings in Tokyo could conceivably affect the weather in Chicago. In other words, multiple tiny changes with unpredictable results can result in very different outcomes and long-term weather forecasts can never be completely accurate! Is it any wonder then that the multiple variables involved in disease progression and patient care mean we often don’t know how things will turn out?

This idea was to underpin the foundations of chaos theory, which says that every system has the potential to fall into chaos. In the 1980s the concept started to be applied to management by Tom Peters. He argued that fluctuating economic conditions, competition, technology and the need to be responsive to customers meant that organisations had to change and be capable of reacting quickly. His suggestion was that to survive long term, businesses had to be open to change and respond to it in a way that didn’t rely on its fixed structures or rules. Flatter hierarchies, more openness and a creative approach to problem solving promised possible solutions.

Our profession is experiencing a huge amount of change right now and if we have incomplete information regarding how things are going to turn out, it’s clear that we have to be able to adapt and change. We can be more fluid – just as we would be when we manage a case and adjust the treatment depending on how the patient has responded.

Accepting that no plan is set in stone and that no practice protocol will ever be the “final-final” version might be disconcerting. There is a certain amount of security that comes from knowing what lies ahead, what might be expected of us and following the rules. But realistically, it’s probably something we will have to leave in the past more and more as the speed of change increases. Already, it’s predicted that artificial intelligence will mean jobs change and some disappear.

Practices can find smarter ways to work or generate passive income and look at other end goals

As highly qualified individuals we have an expectation that our salaries will be commensurate with the time we have spent gaining the knowledge we need to do our work and the specialised skills we have developed. When we feel that doesn’t happen, it can be a source of considerable dissatisfaction. A high salary could allow us to spend time travelling, enjoy beautiful things, perhaps work a little less. But there are clearly other ways to achieve those things too.

Practices can find smarter ways to work or generate passive income and look at other end goals, such as employee satisfaction and retention alongside financial measures; employees can be rewarded in ways that are more meaningful to them as individuals.

For me, simplicity is about thinking about what really matters to me as an individual and giving myself the freedom to find ways to achieve my goals. I’m not sure exactly what route I will take to get there and I will enjoy the view along the way. If you can hear the fluttering of butterfly wings, how will you react? What can you change? Where will your practice go next? We all need to stay mobile and to find better, simpler ways to deliver results that matter.

About Gudrun
Gudrun Ravetz is Chief Veterinary Officer for Simply Health Professionals and a BVA past president. Gudrun has worked in companion animal practice as well as in industry and management. Gudrun joined the Society of Practising Veterinary Surgeons and went on to be their President in 2012.
Updates from the cattle congress

Mastitis, antibiotics and Brexit were covered in the broad programme at the 2018 British Cattle Veterinary Association Congress

There was a great deal to absorb at the 2018 British Cattle Veterinary Association Congress, including perspectives from the Chief Veterinary Officer, effective cattle vet recruitment and the welcoming of a new president, but the room was overfull to learn about the innards of sheep. There was great enthusiasm for the subject, and many had travelled just to listen to Ben Strugnell from Farm Post Mortems talk through a host of photographs and graphic descriptions.

Formally, it was all about the gross pathological findings seen in the common diseases of sheep and how this fits into a flock health plan, but at heart many veterinary surgeons are happiest when dealing with the blood and guts of veterinary practice. Although the speaker ran out of time, it really didn’t matter; much of his enthusiasm will have been passed on to those present and his concluding observation that “sheep never really let you down with pathology” may well be remembered.

Mastitis control

Earlier this year, 54 key dairy stakeholders were charged with reviewing the current status of mastitis control initiatives. Their advice was that a lower or entry-level approach would be beneficial and cost effective on many farms. Total antibiotic usage on dairy farms is heavily linked to mastitis and the Responsible Use of Medicines requirements indicate the need for an alternative to the full AHDB Mastitis Control Plan. Martin Green, professor at the University of Nottingham, and Andrew Bradley, Director of Quality Milk Management Services and professor at the University of Nottingham, described that the full plan was seen by some farmers as only for herds with a serious mastitis problem.

The origin of intramammary infections is the key to accurate advice and management, and the development of an automated pattern analysis tool that collates and interprets herd data allows a rapid approach to monitoring and improving udder health and is available to any dairy farmer.

The Quarter PRO (predict, react, optimise) initiative offers quarterly reassessment to monitor progress and changes in udder health patterns, utilising data available from milk recording, somatic cell count and clinical mastitis records where available.

The tool has been compared to expert analysis of herds with known diagnosis and has been found to have a 90 per cent correlation. More information and support resources are available from the AHDB website and it is intended that the new approach is accurate enough to engage with more farmers and support veterinary advice.

Evolving antibiotic standards

The changes to the antibiotic standards set by the Assured Food Standards Board (Red Tractor) were described by Jess Sloss. An annual review of antibiotics used is to be undertaken by the vet with a record of the total volume of antibiotic use on the unit. One member of the farm staff is to be trained to handle and administer medicines and critically important antibiotics are to be used as a last resort.
following sensitivity tests and under veterinary direction. An annual inspection of animals by a vet would contribute to a written livestock health and performance review. An overall aim is to promote closer vet-farmer relationships.

As with other diseases, the more information that becomes available about *Streptococcus uberis*, the less is really known. Andy Biggs, Director at Vale Veterinary Group, highlighted that there are not only environmental strains of the organism causing subclinical and clinical mastitis but also cow adapted strains that exhibit contagious behaviour. This means that the organism has to be controlled within the environment and bedding and also in the milking parlour. Carrier cows of the organism within herds have been identified but different strains are environmental and cow adapted. It may be possible to have a "look up" table indicating the persistent or short-lived nature of the various strains, which would enable more accurate control on-farm.

**Altering the breeding season in sheep**

A detailed overview of the ways of manipulating the breeding season in sheep by Phillipa Page, from Flock Health, included the effective use of teaser rams, the careful planning required to advance the breeding season and the synchronisation of ewes for lambing. It was explained that "immense attention to nutrition and body condition" is required and that manipulation of breeding is not for flocks with poor current fertility. The speaker made an important point that some supermarkets specify in their purchase contracts that they will not purchase lambs that have been born as a result of hormone treatment to the ewe. It is worth seriously considering this development and identifying the source of the buyers’ concerns, as procedures in cattle may demand explanation.

**A perspective from the CVO**

Christine Middlemiss addressed the BCVA Congress for the first time since her appointment as Chief Veterinary Officer in March 2018. The title of the session was "A vet’s life post-Brexit" but the discussion with the delegates was wide-ranging. The concept of vet-led teams as a way of working was favoured by the speaker, with expertise being brought together for the team approach. There is an appetite for change, co-ownership and partnership working within government, with co-owned discussion, not a trend of government going away and doing its "thing".

Funding will be available to achieve the best benefits from improvements sought by government in assurance and welfare standards. “There is no intention to reduce animal health and welfare standards,” Christine said. Ministers are more aware, due to Brexit, of what vets do. Trade support is essential; that includes exotic and notifiable disease detection and an updated outbreak assessment online, which is evidence based. The monthly snapshot of biosecurity risks has demonstrated the need to invest in surveillance with the UK Surveillance Forum underpinning national credibility.

The speaker highlighted that the use of antibiotics is still highly important to animal health and welfare. The 2016 EU Commission Audit made no recommendations, indicating that they are satisfied with animal welfare in the UK. The veterinary workforce is 52 percent UK qualified and those vets from other countries that are registered with the RCVS at the time of Brexit will be able to continue working in the UK.

A 200 percent increase in the certification of food from animal origin is anticipated after Brexit. The future includes a Livestock Information Programme that combines databases including carcass quality, genetics and disease that makes smarter use of intelligence, with digital lifetime data attached to the animal, not the keeper. In conclusion, the speaker emphasised that exit from the EU provides the opportunity to devise more effective animal health and welfare systems, with vets leading the initiatives.

It was highlighted at the congress that the BCVA will continue to raise funds for Send A Cow but with the uncertainty of Brexit there is no one outstanding theme for the coming year. Members are encouraged to utilise the content of bcva.org.uk to stay updated on future developments with cattle practice.
Robotic milking and mastitis control

As an unbiased party, vets can help farmers make the right decision over whether to invest in a milking robot

Robots are becoming a more common way of milking cows. Farmers like robots because the process improves their quality of life and makes it easier to attract employees; they provide great data that allows farmers to improve performance and the robots give a consistent milking performance whenever the cow wants to be milked.

In the last decade, we have learnt so much more about robots and their technology has improved exponentially. Milk quality and mastitis levels have improved significantly. It is important that vets understand robots and how they function in relation to mastitis and milk quality.

Many farmers struggle to get truly independent advice. This is one of our strengths: we are independent; we don’t sell milking equipment and are able to offer an unbiased opinion to support our farmers.

There are so many questions that need answering for those who are thinking of moving from conventional to robotic milking; some examples include:

Do you like working with cows?
If you install robots, you still need to work with your cows; all you are doing is eliminating the chore of milking twice daily.

Do you have strong management skills?
All the robot will do is harvest the milk. It is up to the farmer to ensure that everything is working correctly and to maximum efficiency.

Do you like technology?
Farm staff should enjoy using the robot computer to get the greatest benefit from the system.

Does it make economic sense?
A milking robot is a big investment and the sums must add up.

Can you fit robots to your existing barns or should you build a greenfield site?
Some farmers have successfully placed robots into existing sheds; however, for others, this has proved unsuccessful.

Then there is a question about what type of robot the farmer should go for. Each will have unique selling points, and advantages and disadvantages over each other. A vital consideration is whether the dealer has skilled technicians for repairs, maintenance and support. We know that if a robot breaks down for a long time, things can get really out of control and the farmer can end up in a situation that is extremely difficult to manage.

A decision has to be made as to whether cows will be housed all year round or if cows will be grazing at certain times of the year. This can have big implications in terms of design of the facility and decision making.

Peter Edmondson, FRCVS, runs UdderWise, a mastitis consultancy offering troubleshooting, training and advisory services for farmers and vets. He is known for his practical approaches and runs a range of mastitis seminars giving vets problem-solving skills.

As an unbiased party, vets can help farmers make the right decision over whether to invest in a milking robot.

These two robots are empty. Is this good or bad?

This is the Lely dashboard. What are some of the KPIs?
Robot capacity is decided by the volume of milk harvested each day rather than the number of cows. Some cows are very robot efficient – that is, they know how to use the system to maximum effect and come in when they know that they will be milked and not rejected. Feed is the key factor that encourages animals to come to the robot. There are numerous important topics related to robotic milking; to begin, consider the following:

Cow cleanliness
It is essential that cows are kept clean to minimise clinical mastitis. This means having a well-designed housing system where cows lie down on clean beds. Most robot systems have cows housed all year round.

Spread of infection
Spread of infection will occur in any milking system irrespective of whether the herd carries out post-milking teat disinfection or cluster flushing after milking with a disinfectant solution. Robots rinse the liners with water after each cow, which helps reduce the amount of residual milk but does not sanitise. Most, but not all, robots apply post-milking teat dip through a fixed or moving spray nozzle.

Mastitis warning messages
It is easy to pick up a cow with clinical mastitis in a parlour. With robots, the farmer is totally reliant on technology. The robots detect mastitis in a variety of ways, including electrical conductivity and light emission through milk. Warning systems err on the side of caution and so there will be more warning messages than true clinical cases. This is a potential minefield and many farmers end up overtreating cows.

Cow flow
Cow flow and environmental management is key to success. Some people try to squeeze robots into existing facilities without fully considering the true impact of cow flow and acceptance. Cow flow is critical to success.

Labour input
Robots do not necessarily reduce labour input; people just work differently. With robots, you have to fetch cows for treatment and carry out lots of checks as you don’t see cows in the parlour twice a day. You have to work with the computer to find out where potential problems lie.

Milk yield
You need to feed cows well to make robots perform to their best. Lactation yield will reduce if you don’t achieve this. It is interesting that in early lactation, many animals, especially heifers, can be milked between four and six times a day. Robots will reject cows that were milked very recently.

Economics
It costs more to milk through a robot than a conventional system. Everyone agrees on this; the farmer is buying a lifestyle choice. However, well-managed systems use the time they free up from milking in a conventional parlour to improve management and so can increase yield and productivity. As a result, these systems can be more profitable and far more enjoyable places to work.

Peter Edmondson and Roger Blowey are running a two-day seminar on 12 and 13 February 2019 on robotic milking and mastitis control. This will be a very practical and interactive seminar with a visit to a robotic unit. There is also a problem mastitis herd for people working in small groups to resolve. This seminar will give vets the confidence and necessary skills to support their existing robot clients and those who are thinking of going down this route. The seminar will cover all these and many other topics in great detail. For further details about the “Robotic milking and mastitis control” seminar, visit: [udderwise.co.uk](udderwise.co.uk)
Working together to tackle mastitis

At the British Mastitis Conference, antimicrobials, dry cow therapy and teat sealants were highlighted as topics to discuss with farmers

Delegates at the 2018 British Mastitis Conference included researchers, milking machine specialists and those with other commercial interests, as well as veterinary surgeons, who accounted for about a third of all delegates. Tackling mastitis involves a wide range of technical abilities.

The previous day attracted overseas delegates to a research update. As well as the presentations, there were 13 posters for delegates to view and the best poster award was judged, by the delegates, to be "Maximising milking efficiency: A pilot study of current UK parameters and factors affecting the milking process" by Advance Milking. The data were processed to calculate "milk per hour", "cows per hour", "milk per stall per hour", "milk per milking unit per hour" and "milk per labour unit per hour". There is poor correlation between the metrics indicating milking efficiency, and different metrics are suitable to assess different types of milking system. Milking efficiency was found to be positively associated with rotary parlours, mean cow yield and automatic cluster removal at flow rates greater than 300ml per minute.

Phil Elkins from Westpoint Farm Vets discussed strategies for reducing antimicrobial use with mastitis; although all agree that antimicrobial use should be rational and appropriate, he advised that care should be taken when introducing changes on-farm. Identifying the causal mastitis pattern and taking steps to reduce the mastitis rate will often see the best return on investment. Care is needed when implementing selective dry cow therapy, the use of rapid diagnostics and pathogen-based treatment protocols. The speaker highlighted the need for consistency in assessing antibiotic usage over time as different parameters give widely different figures.

Dry cow therapy or teat sealant?

The selection of cows to receive dry cow therapy, teat sealant or both requires careful consideration and discussion with the farmer. Criteria include the attitude of the farmer to risk and the application protocol will be particular to that herd and fluid over time as confidence in the procedures increases. Any cow whose teats cannot be effectively sterilised prior to infusion, due to teat end damage or low ground clearance for the udder, may need dry cow antibiotic plus teat sealant. Rapid diagnostic kits, with clinical cases, have a role in indicating whether gram positive or gram negative organisms are implicated but waiting for the kit result before starting treatment of afflicted quarters risks a reduced disease clearance.

There was discussion about the use of a single tube treatment immediately and then applying specific therapy when bacteriology results are available. It was highlighted by delegates that injection of anti-inflammatories is increasing as an alternative to antibiotics. The need to reduce the volume of antibiotics used for mastitis on-farm is clearly acceptable.
to farmers but the speaker indicated that achieving a reduction without increasing disease requires deliberate and accurate veterinary involvement.

Andrew Bradley, Director of Quality Milk Management Services and a professor at the University of Nottingham, described a study, involving over 800 cows from six low cell count herds, that investigated the value of dry cow therapy administered to quarters rather than cows. Not all the cows have calved, but the preliminary results indicate that the potential volume of dry cow antibiotic used would be halved with quarter selection. The speaker advised that a quarter therapy programme would not be applicable for high cell count herds.

In general, the use of antibiotic dry cow therapy in low cell count cows appears unjustified. However, high cell count cows with California Milk Test negative quarters could also receive teat sealant alone. The herds that could benefit from quarter targeted therapy have low levels of contagious mastitis. With the changes recorded on UK farms, it is recognised that 80 percent of cows in the average herd are not infected at drying off and should receive teat sealant to prevent new infections during the dry period. Of the remaining 20 percent that would receive antibiotic and teat sealant, quarters uninfected with pathogens, receiving teat sealant only, have achieved acceptable self-cure rates.

Pablo Silva Boloña from the University of Wisconsin outlined that half of new milking systems in the EU will be automatic. The number of milkings performed by a robot each day indicates dairy efficiency. A study to assess the effect of teatcup removal settings on milking efficiency and milk quality in a pasture-based automatic milking system measured 20, 30 and 50 percent of the average flow rate settings. The 30 and 50 percent settings showed no difference in somatic cell count and milk production but enabled three extra cows to be milked per day. The milking duration and time in the robot were reduced.

Katharine Leach, Research Assistant and Scientific Administrator at Quality Milk Management Services, raised the question: Do herd mastitis patterns change over time? A study of 66 herds from 2012 to 2017 indicated that not only did the mastitis change over the years, but nearly half of the herds showed differences between the past three months compared to the year. The contagious, environmental, dry period and lactation infections were identified. The epidemiological patterns suggest that the greatest influence on mastitis in the UK is the environment. A pattern analysis tool (PAT) is available online from AHDB Dairy that enables rapid herd mastitis pattern analysis.

Rachel Hayton, a veterinarian at Synergy Farm Health, and Daniel Macey, Director at Underhill Farm, described the actions taken to overcome the high mastitis incidence in a Somerset dairy herd. In less than a year the clinical mastitis rate has fallen from 83 cases/100 cows/year to 39. Lactating cow tube usage has fallen from 3.90 standard courses per animal (DCDVet) to 0.66 and the farm is no longer in the top 10 percent of antibiotic users in the practice.

Data analysis led to a diagnosis of environmental mastitis of predominantly dry period origin. A reduction in costs associated with clinical mastitis of £36,000 was demonstrated and veterinary costs have fallen from a peak of £6,000 per month to £2,000, where product charges have been replaced by consultancy. Management of the environment has been improved, with greater attention to detail, together with consistency of milking routines. Applying the AHDB Dairy Mastitis Control Plan has proven the value of the analysis and application of the various elements.

In less than a year the clinical mastitis rate has fallen from 83 cases/100 cows/year to 39

Teat coverage with disinfectant is an important element of the control plan and Brian Pocknee, Senior Dairy Husbandry Consultant at The Dairy Group, explained the findings of three studies to assess dipping, handheld spraying and a platform-mounted automatic system.

Teat dipping was shown to be the gold standard against which other systems should be judged, with 97 percent coverage of the teat barrel, 100 percent coverage of the teat end and a chemical volume of 10ml per teat. Manual spraying achieved 50 percent barrel and 95 percent teat end coverage with 15ml per teat. The attention of the staff using the lance is essential; 10 percent of front teats were missed altogether. The automated system achieved similar coverage to dipping but chemical usage varied from 18 to 60ml per teat. Work is ongoing to achieve equivalent results with reduced chemical use.

An update on current teat disinfectants was presented by Mario Lopez, Technology Manager at DeLaval, who discussed germicidal components, emollients and surfactant elements. A teat disinfectant should have enough contact time to kill the microorganisms on the skin; the surfactant helps to remove soiling from dirty teats and the emollient has to cover as much of the teat as possible to maintain a healthy and soft skin. Manufacturers are very aware of regulatory and consumer concerns regarding the risk of chemical contamination of the milk, particularly with pre-dipping. Correct use of products is important to achieve effective disease control and clean milking.

Copies of the proceedings are available from The Dairy Group (bmc@thedairygroup.co.uk) and proceedings from earlier conferences can be downloaded at britishmastitisconference.org.uk. Veterinary surgeons are invited to suggest topics that they would wish to be included in the 2019 conference.
A look through the latest literature

Predicting calving time by monitoring ventral tail base surface temperature
Lara Cusack and others, University of Georgia, Athens

An automated system for accurately predicting calving time would be valuable in reducing the impact of dystocia in dairy cattle. The authors investigate the effectiveness of a wearable device which monitors the ventral tail base surface temperature. They show that a decrease in temperature occurs from about 24 hours before calving and that this could be useful in predicting calving time. These changes occurred in both warm and cold conditions although seasonal temperature variation did affect the accuracy of the predicted calving time. The Veterinary Journal, 240, 1-5.

Treatment of 503 cattle with traumatic reticuloperitonitis
Ueli Braun and others, University of Zurich, Switzerland

Traumatic reticuloperitonitis in cattle results from perforation of the reticulum after ingesting a metallic foreign object, such as fence wire. It can be treated surgically or conservatively, using antibiotics and attempting to remove the object with a magnet. The authors review the findings in 503 cattle seen at a university clinic over a 14-year period. Of these, 232 were treated conservatively, 206 underwent surgery, 61 were slaughtered or euthanised and four were returned home for treatment using magnets and antibiotics (amoxicillin or penicillin G procaine). Survival in the surgically treated group was 90 percent compared with 82 percent in those cattle treated conservatively. However, the authors recommend initial conservative treatment and radiographical re-evaluation after three or four days. Surgery should be considered in those cases where the foreign object fails to attach completely to the magnet. Acta Veterinaria Scandinaovica, 60, 55 (Open Access).

Detection of endometritis cases in cattle using cervico-vaginal mucus biomarkers
Mounir Adnane and others, Trinity College, Dublin

The early detection of uterine disease in cattle following parturition is problematic due to a lack of reliable, non-invasive diagnostic methods. Cervico-vaginal mucus is easy to collect and a potentially informative source of biomarkers for the diagnosis and prognosis of conditions arising post calving. The authors describe a method for processing the mucus sample which results in reduced protein yield but improved detection of cytokines and chemokines. They suggest that a raised level of alpha-1-acid glycoprotein at seven days postpartum may identify cattle that are likely to develop endometritis. BMC Veterinary Research, 14, 297 (Open Access).

Costs of preventing and treating bovine respiratory disease in pre-weaned calves
Min Wang and others, Mississippi State University

Bovine respiratory disease is one of the leading causes of morbidity and mortality in cattle around the globe. The authors describe a study of the costs of preventing and treating this syndrome for the US beef industry. They developed a model which estimates the cost of disease in pre-weaned calves at $165 million a year. The overall effect is considered to be reasonably low, but the condition has a substantial adverse effect on the net profit of affected herds. Questionnaire responses from 43 producers indicate that the labour costs associated with BRD vaccination and treatment exceeded the costs of vaccines and medication. Journal of the American Veterinary Medical Association, 253, 617-623.

Infrared thermography in the detection of digital dermatitis in dairy cattle
Grace Harris-Bridge and others, University of Edinburgh

Digital dermatitis is one of the major causes of lameness in dairy cattle, affecting around 70 percent of all UK dairy herds. Thermographic imaging has been suggested as a cost-effective, non-invasive method for the early detection of lesions. The authors describe the development of a protocol for using this technology. Their results in a herd of 200 lame and healthy cattle showed that maximum temperatures measured at the heels provided the highest accuracy in detecting lameness. Other statistical descriptors may provide useful information where there is mud or faecal contamination around the target area. The Veterinary Journal, 237, 26-33.
The double combination of a non-critical, fast acting antibiotic and a NSAID proven to reduce inflammation and pyrexia - helps speed up recovery

The convenience of a single injection, easy dose calculation and excellent syringeability - reduces stress and saves time

The reassurance of CLAS vials - reduces breakages and waste
Working with allied professionals

Developing good working relationships with musculoskeletal therapists and equine dental technicians

One of the enjoyable aspects of working as a veterinary surgeon is that we frequently get to work as part of a team. Much has been written about ensuring the workplace environment is a happy one. But what about when we have to work with allied veterinary professionals?

The definition of an allied veterinary professional does not seem to be universally accepted. In New Zealand, their Veterinary Nursing Association states that “allied veterinary professionals include all persons working in a clinical capacity to provide animal healthcare under the direction of a veterinarian. This includes veterinary nurses.” In the UK, registered veterinary nurses work alongside veterinary surgeons to provide a high standard of care.

Farriers also seem to fall under the category of “allied veterinary professionals” and the Farriers (Registration) Act allows regulation of farriers through the Farriers Registration Council. When veterinary surgeons are working with veterinary nurses and farriers, it is generally clear where responsibility for the work performed by the colleagues lies.

More problematic is when veterinary surgeons work with musculoskeletal allied professionals and equine dental technicians. There are so many different organisations and individuals offering musculoskeletal therapies for horses it is difficult for veterinary surgeons to have a clear understanding of the skill level of the person they may be working with.

The Veterinary Surgeons Act 1966 stipulates that only vets are allowed to diagnose an injury and give advice based on the diagnosis. Under current legislation, a vet should examine the patient, make a diagnosis and decide on a course of action before any form of therapy is administered. If the proposed therapy is a “physical therapy”, it may be administered by any musculoskeletal therapist (regulated or not). By signing a consent form, you may be deemed to have some level of responsibility for any treatment administered.

Equine dentistry is one of the most common tasks performed by equine practitioners. Equine vets are more knowledgeable and better equipped than ever before. BEVA is keen to promote its members as the primary care dental provider and has introduced some online dental resources to help with the provision of good primary equine dental care.

The recognition of equine dentistry as a field of veterinary medicine is apparent. Nonetheless, some owners will still choose to use an equine dental technician (EDT). BEVA encourages members to develop good working relationships with appropriately qualified EDTs and has produced much informative material on its website that aims to ensure that vets can work appropriately and constructively with EDTs.

Many colleagues are still concerned about their degree of responsibility when working alongside EDTs, particularly if sedation is required. There is no easy answer to the question of “where the buck stops” if a vet agrees to a client’s request to sedate a horse so that someone else can carry out work on it. Much will depend on the individual circumstances.

The particular risks are from: injury to the horse caused by the person whose work the sedation is facilitating; and injury caused by the sedated horse, either to personnel or to itself. Below are some steps to consider taking in advance of becoming involved in this type of scenario. These should help to minimise the chances of veterinary surgeons becoming scapegoats if problems arise.

- Ask what procedures are proposed, to establish the duration and levels of sedation likely to be required.
- Warn the owner of the risks associated with sedation. A sedated horse can never be considered totally safe. It might behave unpredictably at any time. Sudden arousals can occur without notice or in exaggerated response to stimuli that would otherwise be tolerated.
- Define the limits of your responsibility with the client (and preferably with the technician), ie that you only accept responsibility for the sedation and in no way for the work of the operator.
- Advise the client that it is preferable that you remain with the horse for the duration of the required sedation. If you are requested not to stay during the procedure, ensure that the client understands the risks.
- Warn the client that it is against the law for an EDT to perform any invasive acts of veterinary surgery, including extracting teeth, other than the extraction of erupted wolf teeth.
- Provide the warnings and advice in writing and verbally.

The Veterinary Defence Society produces an Equine Sedation Risks Advice Note and is always happy to talk such matters through with any concerned members.

Jonathan Pycock is an equine claims consultant for the Veterinary Defence Society and an equine reproduction expert. He is the immediate past president of the British Equine Veterinary Association.
Treating tumours in horses

Before embarking on treatment of any skin tumour, the clinician needs to be aware of the pathological behaviour and implications of the type of tumour and location. This creates challenges since many tumours are poorly characterised in horses and there is considerable debate about the true implications. For example, a penile carcinoma in a five-year-old horse has considerably different implications, behaviour and prognosis from the visually similar condition in older geldings. Further, even common tumours have a variable clinical behaviour. It is well known that many sarcoïds remain static for years, but others show highly aggressive behaviour within days or weeks of being subjected to accidental or intentional trauma.

Many different tumour types look similar but behave in different ways. Similarly, some tumours such as the occult and verrucose sarcoïd can easily resemble benign skin diseases such as dermatophytosis or viral papillomata (see Figure 1). A localised mast cell tumour on the face can be clinically indistinguishable from a localised lymphoma (see Figure 2), but the treatment options and the prognosis are different.

The clinical behaviour of the tumour is critical in assessing whether treatment is warranted (see Figure 3). Tumours of the same type can behave in different fashions on different horses and can even show different pathological and clinical behaviour at different sites on the same horse.

Many tumours have morphological variations – the equine sarcoïd is the best example of this. The sarcoïd is a frequent challenge since the name "sarcoïd" encompasses a spectrum of morphological types (see Figure 4). The sarcoïd is recognised as having six major clinical forms and some of these broad types have different sub-types. The reason that tumour classification of this nature is important is that often (and

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**DEREK KNOTTENBELT**

Derek Knottenbelt, OBE, BVM&S, DVMS, DipECVIM, MRCVS, is an equine internal medicine specialist and a Diplomat of the European College of Equine Internal Medicine. Derek ran a sarcoïd referral service for over 20 years, established Equine Medical Solutions and is a consultant at the University of Glasgow.

*In the second of a two-part article on equine skin cancers, treatment options and welfare considerations are discussed.*
particularly in the case of the equine sarcoid and the cutaneous forms of squamous cell carcinoma) treatment options are different for various types of tumours. For example, some proliferative carcinomas can be easily and effectively removed surgically, while others that have a more destructive nature will not respond to surgical interference.

It is important that clinicians remember also that a horse can have more than one tumour type (see Figure 5) and so each recognisable lesion must be positively identified and classified to allow effective treatment. While many treatment modalities for cutaneous lymphoma are equally applicable to several tumour types, there are significant differences.

Radiation is the gold standard treatment for many tumours, but tumours respond differently to this approach. The equine melanoma is, for example, much more refractory to radiation than the sarcoid, and the squamous cell carcinoma is highly sensitive to beta or gamma radiation.

Many tumours look alarming but have little implication, while others may seem benign but have serious implications both for treatment and for the overall prognosis for the horse (see Figure 6).

In many cases, the early diagnosis of a "tumour" condition is counterproductive for the horse since the natural attitude is that cancer equates with suffering and even if the horse is apparently unaffected, there is a strong tendency to carry out euthanasia.

**What are the options?**

In general terms, benign and accessible tumours can often be treated effectively even when multiple modalities must be used. The concept of a "magic bullet" in cancer medicine,
ie a treatment that will resolve the issue in one hit, should not be foremost in the mind of an attending clinician – there is no magic about oncology, but there is also little evidence-based information to provide a basis for rational decision making. The reality is that most cutaneous tumours are amenable to some forms of treatment but as soon as complications arise in respect of the pathological behaviour, size, location and the tumour type itself, there will inevitably be limitations. The old dogma of tumour “monitoring” is often no longer an acceptable option. The clinician needs to ask themselves whether monitoring is in the best long-term interests of the patient and its owner.

Tumours that have no effect on the welfare and wellbeing of the patient and which will not develop into a serious welfare, clinical and therapeutic problem later can probably be justifiably left alone. This can also be applied by conscious decision when the owner cannot afford treatment, when facilities do not exist or when the temperament of the horse precludes treatment. The other groups of tumours that can be left alone are those that have an impossible/untreatable clinical behaviour and those occurring in impossible sites.

This benign neglect does not mean that the clinician has no further interest in the case. The only predictable thing about the clinical behaviour of tumours is that they are unpredictable, and this applies more to the equine sarcoid than almost any other tumour type affecting the skin of horses. Furthermore, there is an inherent responsibility for the clinician to make regular assessments of the tumour and to keep up to date on any new information regarding that tumour type. Even a benign tumour in an impossible site will probably dictate that treatment is contraindicated.

The presence of a “serious” tumour should not mean that the horse necessarily requires immediate euthanasia – there are many factors that need to be considered (Figure 7). Early diagnosis of the most serious tumour types could be viewed as counter to a horse’s best interests – the horse may be destroyed at a stage when it can still lead a good life. This sentiment is somewhat counterintuitive because early diagnosis is a critical issue in most “treatable” tumours. An owner may be justifiably aggrieved that a tumour has been ignored, but communication and discussion is a major help in clinical decision making. There may be limitations in financial aspects, management and even in-patient compliance. At the same time there is a responsibility of the profession to encourage evidence-based trials of treatments and to properly publish the results in peer reviewed journals rather than on the internet.

This is part two of the third article in a series written by veterinarians from the Vets with Horsepower team, in partnership with Norbrook Laboratories. The articles are excerpts from the continuing professional development lectures delivered during a recent charity ride.

A full list of references is available on request
The future of equine welfare

How much of an impact Brexit will have on horse welfare was discussed at the 2018 World Horse Welfare Conference

Animal welfare must not be allowed to slip down the political agenda in negotiations on Britain’s future relationship with the European Union, supporters of World Horse Welfare were told at the charity’s conference in London on 31 October 2018.

Former MP and Conservative party communications director Tim Collins addressed concerns that a no-deal Brexit could have major adverse effects on the welfare of horses and other domestic species by causing long delays at UK ports for animals being transported to and from Europe.

He argued that regulations on livestock movements would be one of the issues affecting animal welfare that will be dealt with during negotiations with the European Commission. However, animal charities, the veterinary profession and general public must keep up the pressure on UK ministers to ensure that welfare is treated as a priority.

Tim urged his audience to remain optimistic that there will be positive outcomes for the UK equine population under the future arrangements. He argued that they should ignore the concerns in the press that there will be insufficient time to reach a satisfactory agreement before March next year.

The speaker, who now runs the communications consultancy Vico Partners, insisted that the apparent failure of Theresa May’s government to thrash out a deal with its EU partners was not something to be overly alarmed about.

It helped to apply some historical perspective – on four occasions in the 1950s and 60s, Britain was unable to reach agreement with its neighbours on joining the European Community. Negotiations can take years to complete – two decades in the case of Estonia, which applied to join the EU in 1991, was accepted in 2004 and completed its transitional membership arrangements in 2011, he said.

It was very likely that Britain would continue to work with the EU in some form of temporary membership agreement after 2019 – “nothing lasts as long in politics as a temporary arrangement”, he said, pointing to the reintroduction of income tax in 1803 as a short-term measure introduced to help defeat Napoleon.

Tim maintained that completing discussions on an agreement for leaving the European Union was less important than the quite separate deal that must then be reached on any ongoing future relationship. Animal welfare standards would be part of those discussions and charities like World Horse Welfare have an opportunity to influence the debate.

He believed that in last year’s general election the Conservative party got on the wrong side of the animal welfare debate over issues such as the ivory trade and fox hunting, and that this partly accounted for its poor performance in the poll. Both main parties had taken account of this factor and so “when welfare organisations bring up concerns over animal welfare, you will be pushing against an open door”, he said. “Don’t let them marginalise you, if you campaign on these issues you deserve to prevail – and you will do.”

However, another speaker warned that the scope for animal welfare charities to shape the political landscape was being compromised by a number of negative trends.

Joe Saxton, founder of nfpSynergy, a research consultancy for the charity sector, argued that recent scandals, like those surrounding the sexual behaviour of Oxfam field workers in Haiti and financial irregularities at the Kids’ Company children’s charity in the UK, have damaged the reputation of the whole charitable movement.

Along with all the other charitable organisations, the animal welfare bodies must work at restoring public faith that any money donated would be used appropriately. The economic climate for all charities was becoming increasingly difficult – years of austerity has reduced the support available from central and local government and new legislation on privacy has harmed their ability to raise funds from the public. “It has been estimated that the General Data Protection Regulations which came into force earlier this year have shrunk the number of names on our databases by about 75 percent,” he said.

Joe argued that the charitable sector was facing problems that do not affect mainstream commercial organisations and could not depend on a sympathetic hearing from government. “We do not fit in with the ideologies of the two main political parties in this country – the Conservatives think what we do is the responsibility of business and Labour thinks it is the role of the State.”

Meanwhile, charities have to be very careful about how they are perceived by the public. “They want us to be effective and professional but at the same time, we have to avoid coming across as being too professional. They don’t like it if they think we are spending too much of the money donated on staff salaries,” he said. “Also, the general public is happy that charities are involved in political lobbying but they don’t want us to be spending too much money on it.”
“Naïve enough to start and stubborn enough to carry on” said Ross Edgley as he celebrated finishing the 1,791-mile swim around the circumference of Britain. He burnt up, so they estimate, half a million calories over the 157 days it took him. And while very few will ever replicate that achievement, I think we could all take his mantra for ourselves in whatever we do. It certainly sounds good for the vet students coming to the end of the first term of their six-year course here at Cambridge.

Did they really know what they were letting themselves in for when they applied? They can’t have anticipated how complex biochemistry can be made when lectured by a Nobel prize-winner. Or how tough it can be to understand the intricacies of the voltage-gated sodium channel taught by someone who has made understanding it their life’s work. Don’t get me wrong – I really believe that such basic science teaching gives our students an unrivalled foundation for their clinical years, though at the time it seems taxing in the extreme to many of them.

The great thing about doing a degree myself, in my spare time, is that I can understand again the stresses of being a student – something it is easy as a lecturer to forget. Sitting in a long seminar and letting your mind drift for a moment, I now remember how easy it is to lose the track of what the speaker was saying. Getting back on track is next to impossible.

“I like your writing style,” my supervisor said on reading my essay, “but you really haven’t answered the question, have you?” And I realise the knot in the pit of the stomach that must come when I myself criticise a piece of work which one of my students has until that point felt proud to have produced. Perhaps that is why they say that the best teachers are still students themselves. Or maybe it’s that only the eternal student grasps how determined one needs to keep going.

As I come to the point where I should be two thirds of the way through my education doctorate, it feels in a way as though I’ve only just started, given the amount of hard data I have to show for three years’ work. The end seems a long way off. “Naïve enough to start and stubborn enough to carry on”, I have to keep telling myself!

But it’s just the same for a complicated tumour removal or a limb fracture with multiple bone fragments, isn’t it? The only difference is that once you’ve made that first incision, you have no choice – you just have to keep going. Halfway through, when removing the tumour has taken much longer than anticipated or the fracture needs a completely different approach, we don’t just throw in the towel. We can’t. And when the last suture is placed, and we wake the dog up to return it to its owners, we should congratulate ourselves and consider it another brick in the wall of resilience.

The trouble is that so many of us seem to focus on the surgical dilemma that made us late for starting evening surgery, rather than giving ourselves a pat on the back for getting through it at all. The same can be said for a student that intermits, taking an extra year to complete the course for whatever reason. Somehow, they seem to consider themselves a failure for needing a bit of time off, but I tell them they are amazing for keeping on going. And so are you if every day seems a struggle. Give yourself a pat on the back from me!

“Did they really know what they were letting themselves in for when they applied?”

David Williams
Associate Lecturer, Veterinary Ophthalmology

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Making tax digital

Though plans have changed due to Brexit, practices still need to prepare for changes to tax systems from April 2019

By the end of March 2019, some one million UK businesses will need to have prepared for what many consider to be the biggest change for years in how they deal with HMRC. Despite what some may think, this has nothing to do with Brexit. The changes, which will affect every single transaction a business makes, come from what HMRC calls “Making tax digital” (MTD). While HMRC thinks it is the answer to everyone’s tax problems, the reality is that it’s going to make life very complex for business.

Jason Piper, senior manager for tax and business law at the accounting body ACCA, says that MTD has been around five years since the then minister, David Gauke, announced bold plans for “The death of the tax return”, which became “Making tax simple” before finally being named “Making tax digital”. Jason says: “The underlying goal is to transform the whole UK tax system – both HMRC’s internal IT infrastructure and the way that taxpayers engage with it.”

Having taxpayers keep their records digitally and engaging with HMRC entirely online, everyone’s costs should be lowered, and avoidable errors should be minimised. “As a utopian ideal, the seamless transfer of information, with taxpayers able to see all their records in one place in real time, has clear attractions – but from the start, practical issues around the ability of taxpayers to adapt, especially in the suggested timescales, reared their heads,” Jason explains. And there has been no shortage of commentators ready to remind HMRC of the government’s record with large-scale IT projects. MTD would be one of the biggest government IT projects ever attempted – and one of the riskiest were it to go wrong.

The current plans and rollout

Problems with the rollout have been compounded by unprecedented political developments such as the 2017 snap election and the Brexit referendum – both of which delayed the ability of civil servants to consult with stakeholders. The initial plans to force virtually all businesses to keep their records for profits taxes digitally from 2018 were abandoned; now all but the barest bones of MTD have been put on hold to free up resource for Brexit. Nevertheless, practices will have much to consider from next April.

The impact on businesses

From April 2019, HMRC will have MTD in place for VAT for all businesses above the compulsory registration threshold of £85,000. Income and Corporation Tax will follow at some point.

Of course, as Jason notes, MTD won’t apply to those not yet registered for VAT – “even if they do subsequently register for VAT, they’ll be outside of the regime until 2020. Unfortunately, that doesn’t necessarily mean they can relax.” So those who are VAT registered need to prepare – now.

For VAT, MTD subtly alters how online filing works and makes a huge change to how businesses prepare for that submission. HMRC’s existing web portal will close for MTD filers and they will need to use specialist software to create and submit their return. “But the biggest, unprecedented, change,” Jason says, “is in how much control HMRC’s processes will have over how you run your practice.”

“Under online filing, you submit your VAT return to HMRC in their prescribed digital format so it’s easy for them to process. But you’re in control of how the records are kept that help you work out the nine numbers you need for the return. Under MTD, it’s not just how the nine figures reach HMRC that’s legally regulated; it’s how they’re calculated, and the format (electronic) of the records that support it, which is laid down in law.”

In essence, he says that every transaction will need to be recorded digitally (so on a spreadsheet or in accounting software) and those records have to automatically drive the return calculation. Practices caught up in MTD, which the profession undoubtedly will be, need to be online aware, or have a very accommodating accountant.

There are ways for practices to stay outside MTD. On this, Jason says they are to “qualify for one of the existing exemptions from online filing for those who are digitally excluded, or on grounds of religious belief. HMRC have said they will publish guidance on this and expect to have the application process ready by January 2019, but we can use the regulations and what we know about the current position to make some predictions.”

The reality is that the exemptions will rarely apply – taxpayers can’t get religious exemption just by telling HMRC they’re a member of a tiny sect that shuns technology. The bar to clear is incredibly high and involves proving that the individual’s entire life revolves around their beliefs.

The other exemption he points to – digital exclusion – “is likely to get a lot messier for HMRC and for taxpayers,” Jason says. “At the moment, around 4,000 taxpayers are...
exempt from online filing 'by reason of age, disability or geographical location'. That means they either can’t use a computer... or they can’t get reliably online because there is no internet connection at their place of business. The same legal test will apply for MTD.”

Historically, HMRC has taken a hard line, leaving many businesses who couldn’t file online themselves to pay an accountant to fulfil the digital obligations. Jason says: “Filling the nine figures of the return isn’t that expensive; paying a professional adviser to maintain the digital record of every single transaction would be a different story though, and that’s what MTD would require.”

Crucially, Jason says that there’s an “any other reason” catch-all term built into the regulations and it’s possible that the tax Tribunals “would include the economic impact on the business of shifting to digital”. That said, any practice worth their salt will be digitally maintaining records. Their only likely “get out” is if there’s no reliable internet connection. Also, it’s worth noting that the digital exclusion bar won’t apply if there’s a business partner who is able to file online.

**Action to take now**

Jason says that if the practice already uses an accounts software package, it will probably support MTD filing and record keeping. He adds that some suppliers are asking customers to move from desktop licences to cloud subscription services which will be far more expensive.

“If you don’t use any digital tools,” Jason says, “then you’ll need to start, and quickly do your own research to find a suitable product.” He expects that there will be an official HMRC tool, but government rules on commercial competition mean that businesses might do better to search out resources that accountants use.

Spreadsheets will still be fine for basic record keeping, Jason advises, “but you will still need access to a filing package as well, known as ‘bridging software’”. In a variation on the current practice of phoning your accountant every three months with the nine figures, you could post them a USB stick, or email a spreadsheet with all your records (in the right format) once a quarter. Their software could do the rest, but it’s likely to cost more than the current equivalent. Of course, doing this means that there’s scope for things to go wrong, and it will mean an accountant doing more, which will be reflected in their bill.

MTD is not going away and it will disrupt how a practice copes with, and reports, its VAT. Those that don’t prepare will find themselves sitting on a cliff edge once the present online portal closes in April. Prepare and take advice now.
Property planning for practice sales

Considering where the properties sit, whether they need extracting and what type of leases to grant

In order for you to grant a new lease to the corporate acquirer, you will need to extract the property from the target company by transferring it out

In order for you to grant a new lease to the corporate acquirer, you will need to extract the property from the target company by transferring it out. If you choose the latter, this will mean that all assets owned by the practice (“the target company”) will be sold. If the freehold interest of the property is owned by the target company, the freehold interest will be acquired at completion. A buyer may not want to buy the freehold and in many cases would prefer to take a lease.

In situations where there is a third-party landlord involved, your landlord will need to be advised of the proposed sale. Your landlord will need to instruct a solicitor to engage with your solicitor to ensure that the legal documents are negotiated and agreed. Should you have concerns regarding confidentiality, it is worth telling your solicitor as soon as possible.

You would be wise to discuss the sale with your landlord first. It can be difficult for a landlord to receive news of the proposed transaction from a solicitor without having first had a conversation with the tenant. Should you have a poor relationship with your landlord, there are additional steps your legal team can take to ensure you are comfortable with divulging the details of the proposed sale.

It is critical that you seek legal advice early to ensure that the structure of the property piece is clear and that the appropriate steps are taken as early as possible.

If you would like further advice on this issue, please contact Natasha Thomas at: nathomas@hcrlaw.com

15 to 20 years. If your lease has a shorter term, then it is likely that the buyer will ask for a surrender of the existing lease and want to enter into a new lease directly with your landlord. Most landlords are happy to grant new leases to buyers with a strong track record due to their strength of covenant.

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Leadership is not just for the boss

It is important for the team to consider leadership – of themselves and of others

Consistency

Picture someone you consider to be a good leader. What are their personal qualities? Focus? Courage? Self-awareness? Integrity? Resilience? None of these qualities are “super-human”, but are you demonstrating them?

Good leaders demonstrate consistent behaviours and qualities, choosing to show up as their best selves more of the time. They are fair and consistent. When you interact with others, are you consistent or do you change depending on who you are with or how you feel?

Good leaders reflect and check their actions and behaviours and the outcomes they are driving. When they recognise they are lacking, they change and get back on track. Do you stop and reflect, or are you too busy juggling demands?

There’s a saying, “how you do anything is how you do everything”. Think about what you have done today and how you have done it. If applied consistently, would this approach get you the outcome you want? It is about consistently trying to do your best.

Clarity

Success is driven by understanding what’s important to you and what you want to achieve, through clarity about your values and vision. You may have progressed in your career without thinking about what’s important to you and where you wanted to get to personally and professionally: as long as you jumped the next hurdle, you were doing okay. You can find yourself thinking, “how did I get here?”

Personal leadership means proactively thinking about what you want, and why. Clarify your destination and your motivation to take positive steps forward and control your own outcomes.

Confidence

Confidence in yourself is essential to personal and professional success. Take a moment to list five key strengths that demonstrate “you at your best”. Confidence comes from understanding your strengths and how to leverage them. The more time you spend doing what you’re good at, the happier, more successful and more resilient you will be.

Self-leadership involves self-care, building your own resilience so that you can care about your work and deal with pressures without burnout or compassion fatigue. Become comfortable with being responsibly selfish, confidently saying “no” sometimes and putting your needs first.

In conclusion

You lead every day, regardless of your practice position. You lead clients, colleagues, friends and loved ones through your words and actions. Start small, get clear on your values and your strengths. When applied consistently, they’ll provide confidence to move forwards. Think about what you want from life and take daily action to become who you want to be. Personal leadership is about making positive choices each day about how you show up for your patients, clients, colleagues and loved ones.

What comes to mind when you see the word “leadership”? Inspiration? Clarity of vision? Or is it slight indifference, thinking “I don’t really lead anyone”? We often think of leadership in the context of others – of leading a team or being led by someone else. However, to lead others we first need to lead ourselves. Leadership expert Stephen Covey says: “Leadership is a choice, not a position.”

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Days 1 & 2  Wednesday 30 and Thursday 31 January 2019
Days 3 & 4  Wednesday 05 and Thursday 06 June 2019

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Christmas comes but once a year and when it does, it brings the Christmas rota. At the last RCVS survey, about 60 percent of practitioners said that they still do their own on call, and for those of you who do not, someone else is doing the nights, weekends and bank holidays for you. All over the UK there will be vets and nurses working throughout the Christmas season. The only thing worse than working over Christmas is having to sort out the rota as to who does what and when.

It used to be tradition that the newest vet in the practice did Christmas Day, the logic being that if they left before next year, at least you had one Christmas out of them. This quaint initiation seems to have died off somewhat and as such, our newest vet is getting off pretty much scot-free. This year, it is my turn to be unwrapping presents with the mobile phone propped up in the windowsill to ensure I get reception for the inevitable calls – usually along the festive themes of “My dog/cat has eaten the turkey/Christmas pudding/tinsel/mince pies” and “It is vomiting/has tinsel stuck halfway out of its arse/I’ve Googled it and aren’t they toxic?”

Our season has kicked off early when just this week a Labrador managed to eat a massive catering tub of mince-meat for mince pies. It spent a few days on fluids while the raisins ejected themselves from either end of the patient. You will be pleased to know that the Labrador suffered no loss of appetite and continues to do well.

To make the big day feel a bit more normal, I will be stocking the shelves at home with some alcohol-free beer. I do drink the stuff when on call and it has become a minor hobby to find the best ones. To this end, and as a service to my readers, I enlisted the help of some friends and we embarked on a tasting session. One member of the team was a home-brewer of distinction and a real ale expert; the rest, shall we say, have several decades of beer-drinking experience. I asked one (a recently retired community psychiatric nurse) if he knew what that tastes like but maybe that’s how he knows what that tastes like but maybe that’s NHS cuts for you); “Inoffensive and fizzy”; “All front no back”; “Thin malt. Started well but lacks character”.

THE VERDICT

St Peters without Gold
This is one of my personal favourites and comes in beautiful oval bottles. The Gold is better than the standard one, but I find the batches seem to vary quite a bit. It is provided in decent-sized 500ml bottles. Comments from the group included: “Pondwater”; “Sweet”; “Chemical aftertaste, but not as bad as some alcohol-free beers”.

Brewdog, Nanny State IPA
This is quite a strong real ale and comes in small 330ml bottles. “Quite thin”; “A proper ale”; “Very bitter”.

Budweiser Prohibition Brew
Provided in small cans, this brew is readily available. It is much better than some others out there, but still has a bit of that chemical taste of alcohol-free beer. “Like a weak urine sample” (from the GP in the group; not sure how he knows what that tastes like but maybe that’s the group included: “Pondwater”; “Sweet”; “Chemical aftertaste, but not as bad as some alcohol-free beers”.

Erdinger
One of the most popular, this brew is just labelled as an isotonic drink but is clearly a beer. It tastes like a blonde beer. “Thicker”; “Wheat beer”; “Not bad”; “Malted milk”; “Sweet”; “Hop and malt aroma, smooth and drinkable”; “Good head”; “Would be better colder”.

Old Mout Cider Berries and Cherries
I just picked this for variety, it tasted very much like a kid’s drink. “Basically posh Cherryade.”

Guinness Open Gate Brewery Pure Brew
This brew is the winner, and our recommendation for a sober night in. It is provided in small bottles and, somehow, they have removed the bugbear of the chemical taste of most alcohol-free beers. It actually just tastes like beer! “Hoppy, malty, aromatic”; “A winner”; “Not evaporated”; “The only one that could pass as beer”. Enjoy the festive season and remember to drink responsibly when on call. Otherwise, just go nuts. 🍾
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