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FEBRUARY 2011 Volume 42 Number 12

## Honours for three veterinary surgeons

THREE veterinary surgeons received awards in the New Year Honours.

Lewis George Grant, a veterinary manager in the "operations veterinary services" section of the Food

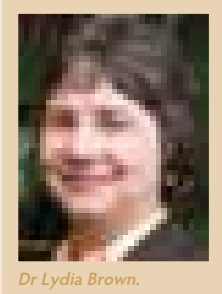
Standards Agency in York, received an OBE; Professor Quintin McKellar, immediate

past principal

of the RVC, was awarded a CBE for services to science; and Dr Lydia Brown was awarded an MBE for services to the veterinary profession.

Dr Brown is a former president of the Royal College and is currently president of the Veterinary Benevolent Fund (VBF), a position she has held since 2005.

She played a major part in the establishment of the Veterinary Surgeons Health Support Programme (VSHSP), which was launched in 1999 to help vets recover from addictive diseases and mental health problems. Since then the programme has helped some 300 vets and supported their families and colleagues in practice.



Dr Lydia Brown.

## New medicines regulations include a compulsory register of websites

**AFTER years of hand-wringing and dithering, the VMD is to attempt to reduce the sales of veterinary medicines via the internet by what it calls "rogue traders".**

The directorate is to set up "a compulsory register" of websites selling veterinary medicines (apart from those classified AVM-GSL) and will grant "approved status" to those which meet its requirements. This will be indicated by a logo which these websites will display. The public will then be advised to purchase medicines only from websites displaying the logo.

In a statement issued by DEFRA on 30th December, headed "Pet owners given peace of mind over safety of medicines", John Fitzgerald, the VMD's operation director, is quoted as saying: "Some medicines are being sold by 'rogue' traders without any advice being provided. This irresponsible retailing of medicines risks animals' health, which is why these new controls are crucial.

"From 1st April 2012, if people are buying vet medicines from online retailers they should only use websites registered with VMD so they know the

medicine is correctly prescribed and dispensed for their pets."

Curiously, there was little mention of this on the VMD's own website which even on 20th January was stating that "comments on the public consultation are being considered and an announcement will be made shortly on the agreed changes to the VMR".

The DEFRA statement referred readers to a document which said the changes would come into force on 1st October 2010 and the draft legislation included the paragraph: "Internet sales may only be made from an internet site authorised by the Secretary of State (this does not apply until 1st October 2011)."

The change has been welcomed by numerous organisations ranging from the BVA to the Horse Trust.

BVA president, Harvey Locke, said the association welcomed the decision to

clamp down on irresponsible online retailers and had asked the VMD to put a stop to the increasing problem of prescription fraud.

Horse Trust chief executive Jeanette Allen, said the Trust was "delighted that DEFRA has taken this vital step to prevent the irresponsible sale of veterinary medicines".

A reader e-mailed *Veterinary Practice* to ask why VMD/DEFRA had not done this at least five years ago? "It's been the biggest problem we've faced for years and years and the VMD has sat on its hands. Now it has taken one small step but even that won't take effect for well over a year. Why such dithering?"

Another reader suggested that the problem had been seen as too complicated to deal with effectively so the VMD had busied itself in other areas and site-stepped this one. "Perhaps it is no coincidence that the VMD's two most senior executives are about to retire and they can leave the hot potato of implementing this regulation to their successors!" he suggested.

### VETERINARY Practice

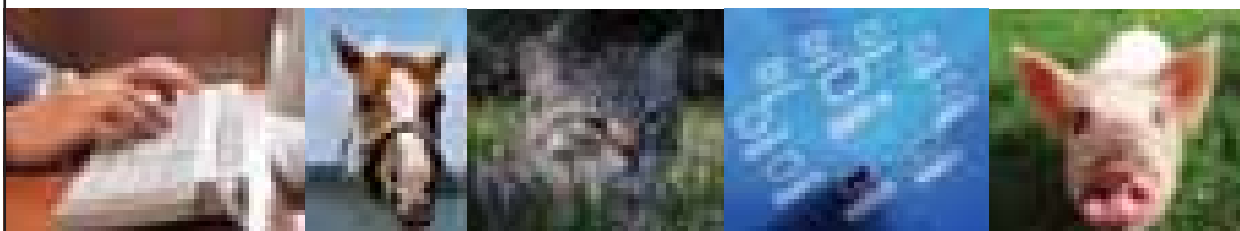
reports on the delayed introduction of a website registration scheme

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# How relevant is this?

**JUST** by chance recently I came across the results of “a comprehensive investigation into reasons for the decline in companion animal veterinary visits over the past several years”.

This was an American study carried out by Bayer Animal Health, Brakke Consulting and the National Commission on Veterinary Economic Issues (NCVEI) and called “The Bayer Veterinary Care Usage Study”. That might not be a title with which we in the UK would readily identify but the findings were fascinating.

The study objectives included measuring pet owner perceptions of the need for veterinary services, obstacles to scheduling visits to a clinic, and the role of alternative channels for pet health information and products.

The survey included companion animal veterinarians and US pet owners of all economic levels and major ethnicities.

## Lack of understanding...

The report of the results began with the statement, “Lack of understanding among pet owners of the importance of annual visits and angry cats are contributors to the decline” and went on to say that the study had found six root causes for the yearly decline in companion animal veterinary visits. It listed these as:

- the economic impact of the recession;
- fragmentation of veterinary services;
- consumers substituting internet research for practice [the word actually used here was “office”] visits;
- feline resistance;
- perception among pet owners that regular medical check-ups are unnecessary; and
- cost of care.

The study, according to the report,

included individual interviews and focus groups with veterinarians, focus groups with pet owners and a nationally representative survey of 2,000 owners of dogs and cats to determine the factors contributing to the decline in veterinary visits and to test propositions that would encourage pet owners to increase their visits.

Ian Spinks, the president and general manager of Bayer Animal Health North America, commented: “By far the most important finding,

from a pet health perspective, is the misperception by many pet owners that regular medical check-ups for pets are unnecessary,” said. “This could be driven by the absence of professional patient

care guidelines that recommend annual physicals. The unintended consequence is that many pets aren’t getting the care they need for healthy, long lives.”

This was followed by a section headed: “The value proposition for regular veterinary care and the role of the internet”.

This quoted Karen Felsted, a name which will be familiar to quite a few British vets and practice managers. She is currently the CEO of NCVEI, which is described as “a professional organisation dedicated to improving economic conditions in veterinary medicine”.

She said: “People often associate clinic visits with ‘shots,’ or vaccinations, but that’s not all that happens during a visit. Veterinarians perform a full physical exam on the pet during which they look for problems with the eyes, ears, skin, internal organs and other body systems.

“Pets, like people, can develop health conditions that, if undetected, become costly-to-treat chronic illnesses. That’s why regular check-ups are important.”

## Put it up in reception

There’s no argument with that! Those sentences should be cut and pasted, enlarged, framed and put on the wall in every practice reception area in the UK.

But what did come as a surprise was the finding that pet owners who responded to the survey believed by a wide margin that older pets require less medical attention than younger animals, and that indoor pets need next to no veterinary care because they are less exposed to environmental threats. Would a survey carried out in the UK come up with a similar finding? One would certainly hope not.

What would almost certainly be similar here is the finding about the use of online information. Just about 15% of the American pet owners said that with the internet they don’t rely on the vet as much; and 39% look online before consulting a vet if a pet is sick or injured.

“This means that veterinarians often see sicker pets because the owner has delayed treatment based on something they read online,” said Dr Felsted.

## Reduced number of visits

In a separate survey conducted by the NCVEI 56% of veterinarians reported that patient visits for the first nine months of 2010 were down compared to the same period in 2009.

The report notes that declines in veterinary visits have been documented as far back as 2001, while the population of dogs and cats in the US has steadily increased year over year. Here in the UK we have seen reductions in the numbers of dogs, particularly, as well as fewer visits to practices.

Fee increases throughout the last decade and the associated higher veterinary costs that clients experience are also a factor in the reduction of visits to the vet; 53% of



pet owners surveyed reported that the costs of a veterinary visit were usually much higher than they expected.

Commenting on this, “Ron Brakke, president and founder of Brakke Consulting, said that veterinarians must learn to manage pricing and communicate the value of regular care to avoid deterring pet owners from making annual visits a priority.

“Veterinarians can take specific actions to grow client traffic and improve pet care. As a profession,

veterinarians need a consistent message about the importance and frequency of veterinary care. It is likely that the trend can be reversed, if the proper actions are taken.”

There is no doubt that that is a message that we on this side of the pond should take to heart.

I’ll conclude with what I thought was one of the more surprising findings of the survey. This was that one-third of cats owned by respondents had not seen a veterinarian in the last year. Maybe that’s not really all that surprising but the reason given was.

This, said the report, was in part attributed to “feline resistance” – a catch-all term covering the hiding, aggression, vocalisation, and stressed/fearful behaviour cats exhibit when crated and transported to unfamiliar surroundings.

“Unwilling to do battle with their pets, cat owners become more comfortable with a longer time between exams,” it stated. Now, any suggestions as to how to combat that?

## THE MERCURY COLUMN

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

**As a profession, veterinarians need a consistent message about the importance and frequency of veterinary care.**

**VETERINARY Practice**

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# Providing the best of care for all...

I HAVE just been re-reading my column from last month. I was writing it pre-Christmas and remember, by the end of its creation, being in a state that politicians refer to as “tired and emotional”.

It appears that I may have offended people from the following groups:

1. Men.
2. Homoeopaths.
3. Women.
4. People who hate homoeopathy.

I can only apologise as it was not my intention to offend but to spark debate and discussion and possibly a laugh or two. I can assume that anyone who falls into the above categories will be boycotting this month's more sober column.

It is with great pleasure, therefore, that I dedicate this month's efforts to all those transgender homoeopathy-agnostics out there. Who said the veterinary profession ignores minority groups? Any other feedback from those of you still reading, please send to me at [garethcross@hotmail.com](mailto:garethcross@hotmail.com).

This month I am revisiting a subject I have covered before, some years ago. I was inspired this time by a recent article in the veterinary press which proposed that only Diploma holders (or ideally, only RCVS Specialists) should be able to see second opinion/referral cases. Indeed, possibly only if those Specialists are working from a yet to be designated level of “Veterinary Specialist Hospital”.

This column is written in response to that idea, which is an idea that has been kicked around for a while amongst the veterinary elite. I'd like to kick it around a bit more.

The author of that particular piece was an RCVS Recognised Specialist working from a state-of-the-art hospital sensibly located, like most Specialists, near the core of the UK motorway network. I am a general practitioner working an hour's drive from the nearest motorway.

## Uncontroversial?

I am writing this to represent the needs of all our individual patients, i.e. the entire UK domestic animal population, the ones whose welfare was entrusted to us in the vow we all took.

The vow states “in our care”, meaning as individual vets, but surely as the whole profession has taken it and

due to the Veterinary Surgeons Act it is only us who can provide veterinary care, the profession and RCVS must consider the welfare of all UK domestic animals? So far so un-controversial. Everyone must agree with that?

I am in no doubt that the best treatment in the world can be offered at a UK specialist practice like Great Western Referrals, Davies Vet

Specialists, Willows in Solihull, Croft in Northumberland, etc., etc.

I would love to send all my tricky cases to places like that, but ... and the “but” is where we need to look at veterinary healthcare from the point of view of (all) the patients, and not the providers.

BUT: most industry estimates reckon that only about 15% of the UK pet population is insured. In most

practices I have worked for I would guess that about another 10% of uninsured clients can afford four figure specialist referral fees.

Therefore, as an informed guess, I would say that, being optimistic, unfortunately only about 30% of all first opinion patients will ever be able to see a Specialist due to cost alone. I am not criticising referral fees at all, I am simply stating the simple fact that most people cannot afford them.

Now look at a map of the UK. Where do Specialists build their hospitals? Is there one serving all disciplines near Truro? Near Aberystwyth? Inverness? Skipton? Skye? Not all owners can or are prepared to travel several hours each way for treatment for their pets.

## Referral candidates

So looking at our population of UK pets, I would say at most 25% of them are candidates for referral to Specialists taking into account cost and geography. I agree with the Specialist lobby that for the 25% of the pet population who can, when you are going to refer, refer to the best vet in the best practice.

I also agree that usually that means an RCVS Specialist. I am not underestimating the phenomenal expertise of Specialists nor criticising their fees, but sadly it is a fact that about 75% of the UK pet population could never get to see one.

What does the Specialist-only-lobby suggest happens to them when the GP vet has run out of ideas? Should every difficult fracture be amputated for lack

of expertise, every deep corneal ulcer enucleated, every potential chemotherapy patient be euthanased?

Fortunately, for most of the UK pet population there does currently exist another option, a “middle way”. It may be a local Certificate holder, it may be a local vet who is an expert at something without certification, it may be a colleague in the same practice. Some of these will offer excellent service with years of good results and have good relationships with local practices. They may well see insured patients as well, and obviously this will affect the income stream for less local Specialists.

Vets are generally intelligent enough to work out who is who when referring cases, and explaining the options to clients (and the RCVS *Guide to Professional Conduct* rightly states we must do this).

Many cases won't get referred to anyone (due to costs and geography) and Specialists should remember that for every one of the most tricky or exciting case they deal with per month, three similar ones will have been dealt with by a general practitioner somewhere in the UK that month. When Diploma-holders qualify, maybe they should be told: “Congratulations on your Diploma, you are now able to treat about a third of the UK pet population.”

## Top-down concept

The idea that everyone should only refer to Specialists or Diploma-holders is very much a top-down concept and held by a minority of Diploma holders and Specialists. They see a nearly entirely insured client base of those people who can travel to see them. The majority of UK pets are not in this category.

The RCVS has a duty to the public and their animals to provide the best care for everyone and every pet, not just strive for perfection for the minority. So until UK Specialists are practising in all disciplines in every town (like the human health services which are erroneously used for comparison in these discussions) and can be afforded by all patients (by insurance or otherwise) then we should keep going as we are.

Otherwise there will be a lot of black holes on the referral map where there are now excellent certificate holders working from excellent practices. And after closing all those businesses down, perhaps the Diploma/Specialist-only-lobby would like to telephone the likes of, for example, Peter Attenburrow, who has provided first rate orthopaedic referral services to the south-west for decades (and has the yacht to prove it!) and tell him to close down, and then someone

like Paul Evans who owns and runs the Eye Vet Clinic in Leominster and tell him to shut up shop as, after all, he's only a Certificate holder and shouldn't really be doing laser retinopexies and the like. Then call Dr David Williams and tell him to hang up his slit lamp and bow tie...

And those of you in the Diploma/Specialist-referral-only-lobby who are about to e-mail me (or the editor) with pages of wrath have better have had the guts to make all those telephone calls first, before you write one word to me (or him).

The above is my take on it. And let me close by restating that I fully support the argument that Specialists can provide the best of care, but it's just that as we stand now, they can't do it for every pet and so we need other options.

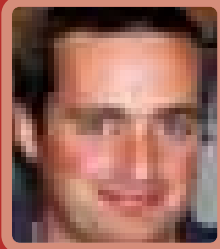
## Comments

I contacted a few other vets for their opinions. I have reproduced excerpts from their replies below. I do not necessarily agree with everything they say, but between a handful of them they represent about 100 years of UK practice experience so are worth taking note of. I also include them to demonstrate it's not just my opinion. One of them is running for RCVS council.

■ “I have felt for along time that there are a couple of structural flaws in the basic thinking. The opinion makers, those in the universities, tend to want to organise themselves on an established model. That model is the human teaching hospitals attached to the same university. The flaw in this is that it's all or 90% state funded, so the cost of the pyramid is not as issue. What they should consider and don't is what would happen to that model if that funding was taken away and everyone had to pay for everything.” – *Midlands GP vet*

■ “It's a little difficult for me to be the one defending myself and those like me without it sounding like a bleat – look how happy my clients are, look how good I am, etc. ... I'd love to see a breakdown of number of referral cases seen per year, and number of those seen by specialists, i.e. could the number of specialists there cope with the demand? And as you point out, would all those cases be able to afford the extra (I think the academic small animal side of the profession gets lost in seeking perfection whilst ignoring economics, and perhaps they should take a lesson from the academic farm animal side of the profession where cost of lameness treatment per milk yield (i.e. cost:benefit) is an overwhelming principle.

“Consider also: A free market economy – a client may not wish to



**GARETH CROSS**  
turns his attention  
again to referrals and  
the vexed subject of  
who should be able to  
handle them

spend £2,000 on their pet's broken leg, but would happily spend £800 and drive 30 miles rather than just settle for amputation. Are they to be denied a service?

"I believe referring vets are not stupid – if they find poor results, poor service, poor speed of appointment, poor after-care, they will not continue to refer to that practice/institution, regardless of whether they are cert holders, dips, specialists or matey down the road with a slightly bigger book.

"I know there are referring vets who will no longer use the local university and its specialists because of failings on all those grounds in various measure (probably why they are now offering kick-backs!) and there are others who have great faith in them; I know there are also vets who have great faith in me and no doubt vets who are disappointed with me. That I have a thriving referral business suggests I am doing something right."

– *Certificate holder who takes referrals*

■ "...part of the problem would appear to be the level of indoctrination at undergraduate level. There is an ethos that all general practitioners fumble about with uninsured cases and sometimes get lucky in spite of themselves. [Our new graduate] was horrified at the number of thyroidectomies we perform, simply because she had been given the impression that preserving a parathyroid was really really difficult, and that post-operative laryngeal

paralysis and hypocalcaemia complications were extremely common, in fact so common that surgery outside the RVC by us country hicks was contraindicated. Well I have seen one hypocalcaemia in 25 years and two temporary laryngeal problems that resolved. – *experienced practice owner*

■ [The following is an excerpt from a long rant. Names have been changed to protect the guilty. I have included it because it doesn't shy away from the vulgar subject of money]: "Another case was a chylothorax which we drained and stabilised prior to referral for what we thought would be an immediate thoracotomy and corrective surgery. We charged £300 for the x-rays and drain. At Specialist centre A this was repeated and the chylothorax was confirmed, for £1,500, and they suggested sending it to Specialist centre B to confirm the absence of cardiovascular disease before considering surgery for £4,000. However the dog was only insured for £3,000 and the client was asking awkward questions about why they charged £1,500 for what we had already done for £300.

"The Specialist centre A 'internal med intern' then slated us on behalf of the Diplomate for sending them under-insured clients. The dog came back filled up again and I did the

**I don't remember swearing my oath and promising to 'uphold the welfare of all insured animals to the best of my ability'**

thoracotomy, tied off the duct, and created a diaphragmatic omental drain for £750... [there is] a habit of dumping it back on you when they have cleaned out the insurance policy with the same unresolved problem. Before whining about underfunding ... you refer cases who then

have their policies asset stripped ... checking out the info you have already given then only to then throw it back at you with a few crumbs left on the policy." – *"Disgruntled" from Staffordshire*

[This experience also shows how the 30% who can afford referrals may fall back into the category of those who can't. Whilst I fortunately don't have any of the bad experiences outlined above, we have plenty of ongoing cases who have been referred, but now the funds have run out, so we are now on our own again.]

■ "I must say, I don't remember swearing my oath and promising to 'uphold the welfare of all insured animals to the best of my ability'." – *London GP vet*

■ "I discussed [the issue of Specialist-only referrals] with our referral centre, who went very sheepish on me ... I feel very strongly about first opinion practice, and that we offer a competent service for a large number of uninsured clients. I recently came up

against a referral eye person, who was not at all keen that I had an operating microscope, and wanted to know why I had it, and if I knew how to use it properly!" – *GP vet with special interest*

■ "...the Bionic Vet himself, Noel Fitzpatrick, is CertSAO only. So are Chris May and Ralph Abercromby, who both examined me for my cert in 2003; Mark Owen, Peter Attenburrow, as you quote, and a whole host of highly respected orthopaedic surgeons ... many of whom were 'expert' enough to be asked to write chapters in the BSAVA orthopaedic manuals – fracture repair and musculoskeletal." – *surgery Certificate holder with established referral practice*

I sent a draft of my section of this article to the vet below and asked his opinion. It, worryingly, has the tone of an obituary! I'm giving him the last word while I prepare for burning coals to be poured down from on high.

I have written this article because we often hear from the elite and anyone I have contacted on the subject who takes referrals without a Diploma was unwilling to speak out publicly, and all the GPs I have contacted or spoken to agree with me or the comments above. We have a system that works. Please veterinary elite, if it ain't broke...

■ "You make me smile... It's not too much. I am grateful you have your thoughts so well consolidated that you are motivated enough to write that stuff." – *Certificate holder and referral practice owner*

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back from Caen and the port is under 10 minutes' drive from the golf course. We will meet at the clubhouse at noon and enjoy a leisurely two-course brunch and a glass of wine (included in the package) before we play golf.

We will then drive to the port via the hypermarket if desired and then enjoy a superb four-course meal (again all in the package price) at a quayside restaurant where our prize giving will take place. We will board the ferry at around 22.30. No doubt after a night cap or two, participants will retire to their cabin and wake in Portsmouth on Friday 20th May at approximately 07.30, having only taken one complete day out of the practice.

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# How to use those 'rainy day' funds...

**THE article in *RCVS News* by Andrew Pianca, chief executive of Crowe Clark Whitehill LLP (Chartered Accountants) explaining (justifying?) the College's very substantial accumulated fund and contingency reserve gives much food for thought.**

Currently, the "free reserve" amounts, after "fixed assets" are deducted, to some £6.8 million\*. It should be made clear that this figure excludes a further separate provision for disciplinary hearings.

Without wishing to unduly dissect Mr Pianca's analysis, in my opinion he confuses the levels of reserve necessary to underpin a variable income

charity, with an appropriate level for a statutory body with a guaranteed and increasing revenue stream.

Whatever the economic outlook, we know that the number of graduates being produced in the UK is set to expand (Nottingham coming on stream) and the inward tide of veterinary immigration seems to continue unabated especially now that former eastern block States are EU members.

Therefore, retention fee income must rise over the next five years even if there were to be no further incremental increases in the annual charge to members. Indeed, the effects of the credit crunch are likely to draw foreign graduates into the UK from worse affected European countries such as Ireland, Greece, Spain and Portugal.

To be fair to Mr Pianca, careful reading of his opinion reveals that he considers any sum between four months and 18 months turnover to be "reasonable".

## What are the risks?

The question that the College must answer is, "What are the particular risk factors that lead it to conclude that it falls within the higher risk category requiring a large reserve rather than the low risk category requiring only four months?"

Any rational consideration of the College finances has to conclude that they are as sound as (I was going to say a high street bank) the Rock of Gibraltar.

One wonders exactly what is the "uninsured" catastrophe that Mr Pianca envisages may befall the RCVS requiring £6.8 million to correct? I contend that such a contingency is virtually

unimaginable and that the College lies at the lowest end of the spectrum possible when it comes to financial risk.

It should not be forgotten that the RCVS has significant fixed assets as well as a large, growing, guaranteed income, both of which could be used to secure any necessary bank finance should the unimaginable occur.

It is understandable that to ease cash flow and avoid the need to go into overdraft, four month's turnover (£2.2 million) might be wise. Although it should be said that it is a luxury that very few (if any) veterinary practices or private businesses could possibly afford.

So it is Mr Pianca's simple conclusion that we hold this money against the eponymous "rainy day". No more rationale than that. But perhaps he is closer to reality than one might think. It is my belief that the "rainy day" has arrived if only we are prepared to look.

## Opposite direction

It was a concern of the last government that the professions were "unrepresentative" of the communities that they serve. Their anxiety was not, however, translated into policy – indeed, the phasing out of the "student grant" and its replacement with "student loans (debt)", and the introduction of tuition fees, mitigated strongly in the opposite direction.

Undergraduate veterinary education has become the preserve of the children of the upper middle class. I understand that a higher percentage of veterinary undergraduates emanate from "public" schools than virtually any other course. That is not, of course, to imply that public school education does not make for excellent veterinary students – it does – but it is a shocking indictment of over a decade of socialist government. Within the living memory of most veterinary surgeons, those who could reach the entry requirements received a free education supported by local authority grants.

The peculiar problems faced by vet students in not being able to work during the holidays due to EMS were recognised by the heads of the veterinary schools recently when they concluded that the financial pressures faced might make compulsory EMS untenable in the future.

Under the present administration, the situation is set to get worse. The lifting of the cap on tuition fees to

£9,000 per year could mean that a veterinary student is looking at £45,000 of expenditure just on fees. If we add living expenses, we can reasonably expect student debt levels to rocket from the already high to astronomical.

In 2008, the BVA estimated that the average student debt would rise to £30,000 within three years (and that was before the current changes). To those from families of modest (or even average) financial means, this must be a frightening prospect.

## Deterrence

How many academically able, dedicated young people will be deterred from becoming veterinary surgeons by the prospect of a six-figure debt at the end of a five-year degree course?

These undergraduates will enter a profession faced with a declining pet population, increasing numbers of graduates, more small practices competing by cutting fees and offering "discounts", needing to find a job with a remuneration level that makes paying back a substantial debt possible. In addition, they will need to get on the housing ladder and eventually invest in their own practice or partnership.

There is something we can do to help. The government is encouraging a "big society" in which those with wealth and ability assist those who are less fortunate. We shouldn't

simply look to government to solve our problems. Public funds have dried up. I would argue that now is the time to use our "rainy day" reserve to assist those less well off than, by and large, we are.

Therefore, in line with public policy, I suggest that the RCVS appoints in each of the next five years 20 RCVS Clinical Undergraduate Scholars. The College would undertake to pay all their tuition fees for the full five-year degree course. The recipients of the scholarships would be selected on the basis of a set of strict criteria:

1. High academic achievers.
2. Having an offer of a place at one of the UK's veterinary schools.
3. Studying for a first degree.
4. Family has a combined income of less than twice the national average wage (i.e. less than £48,000).
5. Demonstration of the exceptional dedication needed to become a member of the profession.

Thus, over a nine-year period, the College would sponsor 100

undergraduates. The scholarships would not just be confined to money. The College would also find senior members of the profession to supervise and mentor the RCVS scholars.

The scholars would be expected to achieve credible results and provide an annual report of progress or see their grants given to someone else. If there were a surfeit of applicants meeting the criteria, selection should be based on objective aptitude tests.

Perhaps other large (but less wealthy) veterinary bodies such as the BVA, BSAVA, BEVA or SPVS might be persuaded to sponsor their own scholars? Possibly industry or individual members could be encouraged to join in.

The veterinary profession has always prided itself on its independence and spirit of self-help. For generations, private practice has provided 20 weeks of free EMS for every student, so this is not a radical concept, it is a natural

progression of what has always been done.

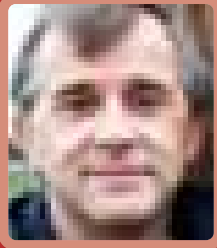
At the conclusion of the grant programme, College contingency reserves should be around four months' turnover (assuming a neutral budget throughout). In fact, it is probable that due to the continued surpluses at RCVS HQ, the reserve would be nearer six months. In short, directly in line with the level Mr Pianca suggests is "reasonable".

Of course, some will argue that there is no dearth of veterinary students and indeed there is still some competition to enter the profession – approximately two applicants for each vet school place. Many students come from wealthy homes and have no debt and are thus unconcerned about fees.

## Problem group

Students from families who qualify for free school meals will get their first year paid for by the government's hardship scholarship fund. It is not clear what these individuals will do after the first year of study. So if the poor are assisted and the wealthy can pay, what is the problem? I contend that it is the group in the middle – neither sufficiently poor to qualify for government help nor sufficiently wealthy to be able to pay.

Others may argue that the administrative costs would be prohibitive. Obviously there will be some, but as the RCVS certificate and diploma system winds down, there



**RICHARD STEPHENSON**  
an elected member of the Royal College Council, believes the RCVS should invest in education

**We shouldn't simply look to government to solve our problems. Public funds have dried up. I would argue that now is the time to use our "rainy day" reserve to assist those less well off than, by and large, we are.**

# Comparing methods around the world

**THE International Conference in Communication in Veterinary Medicine (ICVM) attracted me because I had done a lot of research and development in the subject and I could see the opportunity to share that research and meet other enthusiasts from around the world in a nice location in the Napa Valley in California – famous for the vineyards and wines.**

In order to get to the conference, we flew an 11,000-mile round trip via San Francisco, and made a 1,500 mile drive around the northern half of the State of California to do a bit of sightseeing, meet up with some friends, and experience the American hospitality and driving on the opposite side of the road.

An unlikely nominee for the person who added that special something to our trip was the good-humoured enthusiast who drove the cable car all around San Francisco: years of being in his job had not sapped any of his enjoyment of serving his customers.

I enjoyed a concert of the San Francisco Symphony Orchestra with Joshua Bell playing the Bruch Violin Concerto, and our trip took in varied scenery of the Bay area, the plain around Sacramento and to

some friends in Grass Valley, the lakes and mountains around Lake Tahoe, the mountain drive over to the coast at Eureka and the spectacular 300 feet high Redwood trees, down the coast to the conference hotel at Calistoga and

afterwards back to San Francisco and home.

The conference hotel was the Solage, based on the concept of having studios or chalet accommodation on a site blended into the natural area with pool, gym, and the opportunity for sampling the speciality of mud baths.

A local visitor attraction was the “old geyser” which produced a fountain of hot water to between 60 and 300 feet high every 15 minutes. It did not deviate from this during our stay, otherwise that could have indicated an impending earthquake.

The event was truly international with people from Canada, USA, Japan, Australia and the UK, and the atmosphere was very friendly with 120 delegates so there were plenty of opportunities to meet people from academia, practice (practitioners, managers), the drug companies and share in this subject of great importance.

The socialising was further encouraged and supported by a great evening at the local Markham Vineyard with sumptuous food and wine.

## Wide variety

There was a variety of types of presentation: lectures, workshops, short poster presentations and video material.

Presentations and workshops included aspects of the undergraduate curriculum and how OSCEs (Objective Structured Clinical Examinations) are being used; how training with actors/simulated patients is being used and the results of the training evaluated.

Communication skills are being linked to clinical disciplines through the incorporation of scenarios in which students participate whilst carrying out computer-simulated examinations of a cow for fertility (Sarah Baillie RVC with the Haptic cow).

In Japan Kimi (Tsukimi Washizu) has set up a private training scheme for undergraduates in communication skills for which they pay nothing: the 16 schools in Japan do no training in this, and students pay their own travel costs to the course but benefit hugely from it. At one of the veterinary schools in Canada they have over 300 hours on communication skills and the

business of practice compared to mostly just one day at the UK vet schools.

Sally Everitt presented her findings from her PhD research in the UK so far on the complexities of how vets make clinical decisions. It can be surprising how clinical decisions are made and what sources of information or the lack of them are used by vets in coming to a recommendation for a client.

Postgrad training and development was discussed in a forum of questions and answers with three USA practitioners (Beth Spencer, Mike Cavanagh and Sam Romano) talking about their experiences of how the introduction of communication skills in the undergrad course has had a significant impact, and also their uptake of a programme called “Frank” run by Pfizer in the USA has been so successful for them.

The American Animal Hospital Association said it had talked about including communication skills into its Hospital Standards in 2003, but at that time it felt the time was not right and the expertise had not yet reached a position where it could be included. However, now could be the time to reconsider this.

Banfields has introduced large screens in its consulting rooms so that vet and client can see at the same time. Somebody in Australia had downloaded and read my doctorate thesis (my favourite person at the conference!)

The organisation ICVI is in its infancy having been given birth and early nurturing by some notable enthusiasts in the USA and Canada including Cindy Adams, Suzanne Kurtz and Jane Shaw.

The first five years of this organisation had focused on the gathering together of people into this annual conference, and now the desire is to take this to the next step of encouraging more dialogue and sharing of research and expertise within both



**PAUL MANNING** reports on his trip to the ICVM conference in California

should be free staff time within the education department to deal with the proposed scheme.

The RCVS was not established to look after itself, amass funds or to become a wealthy bank. It was established to further the scientific and educational needs of the profession and more recently, by Act of Parliament, to regulate it in the public interest.

## Appendix

Karin Purshouse, who chairs the BMA's medical students committee, said: “All students are facing increased debt levels as a result of this proposal.

“The BMA estimates that those studying medicine could be looking at leaving medical school with at least £70,000 of debt.

“This is a huge financial burden not just for the student but also their families who are already having to provide £16,000 in support over the course of the five-year medical degree. Already only one in seven successful applicants to medical school comes from the lowest income groups.

“Before the Government rushes through its agenda, it must pause to take into account the consequences of its policies.

“The country could be left with a situation where in the future many gifted young people will be priced out of becoming doctors simply because they do not have the funds to study medicine. This will be an appalling loss to the NHS and patients.”

## New generation

The above scheme could introduce a new generation of young people from modest backgrounds to the wonderful world of opportunity that veterinary medicine still offers.

It would demonstrate that we as veterinary surgeons are prepared to put our money to work in times of severe economic stringency to support our veterinary schools and students.

It would strengthen our argument for more public support of our vet schools. It would be a step towards ending social exclusion. I contend that it is both in the public interest and in accordance with current public policy. It is the “big society” in action.

Supporting education and thus the standards of veterinary practice is certainly within the orbit of the College's responsibilities.

It is directly related to our statutory function. It would show a true collegiate spirit in the best traditions of the self-regulating professions. This is something we could do if we care sufficiently for the future of veterinary medicine in the UK.

The problem with “rainy day” funds is that those who build them up rarely notice when the precipitation starts and continue to save whilst the flood waters rise. So this is the challenge: are we bold enough to see the “rainy day” and to act?

\* the figure quoted is after deduction of the pension and disciplinary reserves and also does not include the value of fixed assets.



*A view across Lake Tahoe, one of the many picturesque areas of California.*

the academic institutions and practice from around the world.

Bonnie Buntain gave an illuminating workshop on *One health – Global health* in which delegates experienced an exercise in the planning and co-ordination of an international exercise in delivering medicine to an area either in a westernised health concern or in a third world country.

This illustrated her work in promoting the holistic approach to communicating with all of the players in a scenario of, say, solving the world's TB problem.

This was an illustration and opportunity for delegates to experience something of a new venture in undergraduate teaching in Canada, and I have to say I found it to be a very encouraging piece of innovation which could benefit tomorrow's graduates in the need to be able to think outside the box and see the bigger picture in practice and other careers.

#### Strategies outlined

A client (Doug Koktav, a lawyer who represented banks) gave an excellent presentation of his real life experience of going through a terminal illness in his two dogs and his strategies for dealing with this written in a book he has produced about *Beezer and Boomer* ([www.BeezerAndBoomer.com](http://www.BeezerAndBoomer.com)).

Doug's concept was of maintaining a presence in coming to terms with an impending or actual loss, and finding real ways of maintaining care without denial of the guilt and fear that are real emotions that clients experience.

An Australian practitioner discussed interpersonal relationships in practice over a break, and his wife (a psychologist interested in developing and delivering workshops in communication for Australian vets) presented a short paper on how she had been working on this for her PhD.

The support and time-frame for learning were as challenging in Australia as they are in the UK with some reluctance by employers to recognise and appreciate the value of developing the skills, but plenty of material in the conference supported the validity of this.

During the course of networking, I found that in Chicago, a scheme for stray dogs and cats was in place. There are no charity organisations to speak of, but there is compulsory microchipping and licensing. The licence fee pays for two clinics to treat, spay and neuter pets whose owners cannot afford private vet fees. It was a scheme that had considerable support and there was optimism that it was having a very beneficial effect in that city.

It was great to be able to present a

90-minute workshop of my own research and development in consultation and communication skills in the UK. This was a key attraction for me in choosing to attend this conference where I was very much at home with researchers

(many doing PhDs), university teachers involved in undergraduate work, and practitioners and people with commercial interests such as sponsors Pfizer and Banfields.

I presented an interactive workshop in which I presented the evidence I had collected from real practices in the UK (anonymised) and demonstrated links between consultation skills and key performance indicators.

#### Process of reflection

The use of a video from an actual veterinary consultation proved to be very effective in helping to engage with the audience (some of whom became the volunteer vet, practice manager, educator and client) in critiquing the consultation and helping to share thoughts and ideas about how the consultation had gone well, not so well, and how it was received by the client and how the practice manager felt it achieved or did not achieve her objectives.

The exercise served to illustrate the process of reflection, which can help to build performance. This was all part of the learning objectives in the C module in consultation skills of the RCVS CertAVP.

Carol Gray illustrated in a short presentation something of the learning available in the postgraduate CertAVP in the A modules which include a compulsory component in communication skills. There is no compulsion for postgraduate vets to include communication skills in their Board Exams and qualifications in the USA, but there is plenty of material (too much to include everything in this

short article) at this conference to encourage thinking on that issue.

There was an important keynote speech and workshop on the first day of the conference by Thomas Inui who is the head of a very large medical faculty in the USA. Appreciative Inquiry (AI) was a concept that he had found highly valuable in implementing change within his organisation of about 1,500 staff.

He demonstrated how the use of asking positive questions, praising staff and looking for the positive contributions that they were making all proved to be much more positive than focusing on the negative aspects of what went wrong.

He had found that implementing the strategy of AI in his organisation had helped to recover the falling recruitment of medical students and poor performance to the position of top faculty in the USA. He showed various measured parameters that helped to show this improvement.

The whole conference was indeed highly positive, and solutions were illustrated and demonstrated where performance in undergraduates and postgraduate vets was improved by gaining a greater understanding of the complex competencies in the art and science of communication.

■ Next year's conference is going to be in Canada, probably near the Niagara Falls. I thoroughly recommend the trip: you will come back re-energised.

#### References

[www.iccv.com/](http://www.iccv.com/)  
[www.iccv.com/information.html](http://www.iccv.com/information.html)  
[www.vetlearning.co.uk](http://www.vetlearning.co.uk)



The author at the Golden Gate bridge.

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A view of Napa Valley, California's main wine region.

# Ensuring that what we say is what others hear...

LAST month we discussed the findings of a focus group run by Improve International which concluded that two of the biggest frustrations of veterinarians and practice managers are the challenges of communicating effectively and finding enough time.

We explored the fact that everyone sees the world very differently and how we generalise things, distort things and delete things unconsciously to fit what we hear, see and feel into our personal model of the world.

Identifying and realising how others process information can help us pick the right words to use to get our points across – and to ensure that what we mean is understood quickly and easily.

## Styles of communication

Fortunately, we don't have to understand everything about other people's model of the world in order to communicate effectively with them!

Everybody has a preferred communication style. Your communication style is the way or the filter you have put in place to allow yourself to interpret and communicate with the world around you quicker and more easily.

We know that the brain builds increasing numbers of connections between neurons (**Figure 1**) depending on how often we have a certain type of

thought. The more connections, the more easily the thought flows.

For example, to store a small memory, scientists reckon that we build up on average 10,000 neural connections. Nobody knows how many connections are needed to create a thought "super-highway", but we all construct them. In order to process information faster and more easily, the brain chooses a certain type of processing – a communication style – that it will use more often than not, and that is where the majority of connections are formed.

People tend to communicate with a preference for one of four different communication styles:

1. Visual – eyes.
2. Auditory – ears.
3. Kinaesthetic – touch and feelings.
4. Auditory Digital – "mind-chatter", mental processing.

These reflect the type of "input" that the brain has "programmed" itself to process faster. So, everybody can understand words coming from a different communication style – but it is faster and easier to pick something up that is communicated using your preferred style. Take a look at the example in the panel and see what you prefer.

## Using your knowledge

One of the ways to recognise another person's preferred communication style is by listening and noticing the words they use.

*Visual* communicators use words like "see", "hear", "look", "show" and "focused", and they may routinely use expressions like "I see what you mean", "catch a glimpse of", "appears

**Here is an exercise to get you started on communicating more effectively:**

LISTEN to the words people use, and start identifying what their preferred communication style is. You can also look at e-mails or other types of written communication to pick up what they prefer.



**ANNE-MARIE SVENDSEN AYLOTT presents the second in a four-part series on how to communicate effectively**

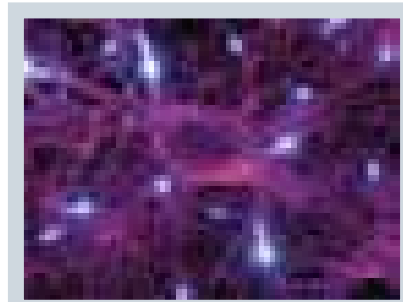


Figure 1.

to me" and "see to it". They may also speak quickly and pay attention to how they dress and what their homes look like.

*Auditory* communicators use words like "hear", "listen", "resonate" and "question", and they may routinely use expressions like "clearly expressed", "give me your ear", "power of speech" and "idle talk". They tend to want to talk things through and spend lots of time on the telephone!

*Kinaesthetic* people use words like "feel", "touch", "grasp" and "hard", and they may routinely use expressions like "get hold of", "make contact", "come to grips with" and "get a handle on". They speak slowly, often with a slightly deeper tone of voice, and they tend to dress more casually, with a real view to comfort before fashion.

*Auditory digital* people use words like "sense", "understand", "think" and "decide", and they may routinely use expressions like "chart our progress", "consider the alternatives", "makes sense" and "inquire into". They tend to use other people as sounding boards, but also need time to think things through for themselves. They love flow charts and lists, and they almost always have a strong secondary communication style that they use as well.

## Which one of these choices appeals the most to you?

When I am speaking with a client with a problem, I like to:

- (a) Get a feel for what is going on, what it boils down to?;
- (b) See how they view things and get a mental picture of what is going on?;
- (c) Listen to what is said, paying attention to the tone of voice and hearing the hidden messages?;
- (d) Understand and analyse what the person is giving an account of?

See panel at foot of column

## How is it useful?

Everybody can use all styles, but just as there is a preferred communication style, some people may have a style that they really struggle with. What this means is that when information or instructions are given in that style, they may literally struggle to understand it. To them, it is a foreign language that only almost makes sense – and that may lead to misunderstandings.

By understanding exactly what style people prefer, you can adapt your language and the way you talk to fit with them, leading to better communication and paradoxically enough often to them liking you better. After all, we like people who think the way we do – it makes it easier to be around them and it makes us relax more easily.

Next month we will look at practical examples of how you can adapt your own style to fit in with other people – what does that look like, sound like and feel like!

## Which appeals the most:

- (refer to panel at top of column)
- (a) Kinaesthetic, (b) Visual, (c) Auditory, (d) Auditory Digital

Anne-Marie Svendsen Aylott trained as a veterinarian and ran her own veterinary practice in Copenhagen, Denmark, for seven years. She then spent nine years with Hill's Pet Nutrition working with sales, brand marketing, professional relations and training. She has trained in both personal performance coaching and corporate and executive coaching in addition to being a certified NLP Master Practitioner, and works as a business performance coach with a range of companies from small sole traders to global corporations. She runs Purple Cat Performance Coaching and can be contacted at [annemarie@purplecatcoaching.com](mailto:annemarie@purplecatcoaching.com) (website [www.purplecatcoaching.com](http://www.purplecatcoaching.com)).

## Effective communication for practice leaders

Improve International is delighted to announce a new, constructive, goal-oriented course that focuses on communication within the practice, working directly with areas that have been identified by practice leaders as being the most challenging.

Led by Anne-Marie Svendsen Aylott (PurpleCat Performance Coaching), the modular course starts in May 2011. For more information call 01793 759159.



# Hello, I'm seeking some informed and impartial advice on...

THE telephone rings in a deserted office in the newly reconfigured and refurbished basement of RCVS headquarters in Horseferry Road, just a few blocks from the Houses of Parliament in London.

"This is the department of informed and impartial opinion at the Royal College of Veterinary Surgeons," says the elegant, slightly husky voice on the answering machine. "We will do all we can to provide you with informed and impartial advice on matters veterinary – from anatomical anomalies to zoonoses – and please

be assured that whatever happens in the next few minutes, your call is very important to us.

"It will help us to provide you with the best service possible if you will choose one of the following options: if you are a veterinary surgeon, please press 1; if you are a veterinary nurse, please press 2; if

you work in a veterinary practice in any other capacity, please press 3; if you are a veterinary student or student veterinary nurse, please press 4; if you work in academia or a research establishment, please press 5; if you are employed by a Government department such as DEFRA, please press 6; if you are a Government Minister or a civil servant, please press 7; if you are a member of the public, please press 8; if you work in the media, except *Panorama* or *Watchdog*, please press 9; if you work for *Panorama* or *Watchdog*, please press off; if you do not fit into any of these categories, please press 0. If you wish these options to be repeated, please hang up and call again because we have run out

of numbers."

There's a short pause, just time for a few bars of *Climb every mountain*, before the voice resumes.

"Thank you for your response indicating you are a member of the public. Please note that we are unable to handle complaints or offer advice on initiating complaints against veterinary surgeons or veterinary practices or comment on individual cases of treatment, but we can give informed and impartial advice on almost anything else.

"To help us further, please choose one of the following options: if your enquiry is a general one about some aspect of animal welfare, please press 1; if your enquiry is species-specific, please press 2; if you are seeking a rational or scientific explanation about a specific disease or treatment, please press 3; if you are seeking a rational or scientific

explanation of current thinking on controversial topics such as the docking of puppy-dogs' tails or the culling of badgers to try and reduce the spread of bovine tuberculosis, please press 4; if you wish to talk about homoeopathy, acupuncture, aromatherapy, reflexology or whatever, please hang up now."

*Ford every stream* and a few more encouraging words from the song are heard before the voice returns.

"Thank you for selecting option 2. To help us move things on, please now select from one of the following: if you are seeking informed and impartial advice about a matter or matters relating to small or companion animals such as dogs, cats, rabbits or hamsters, etc., please press 1; if it's about farm or food-producing animals, please press 2; if it's about horses, ponies, donkeys or other equids, please press 3; if it's about fish, please press 4; if it's about birds, including poultry, please press 5; if it's about exotic pets such as spiders, lizards, snakes, terrapins or any of the other weird and wonderful creatures that people

In the December issue, *Veterinary Practice* asked for readers' views on the proposal by the RCVS that it should become "an informed source of impartial opinion" – or should that have read "an impartial source of informed opinion"? Whatever, a number of responses were received, the majority questioning the College's ability to take on the role. The pick of the responses – and the one we found most entertaining – is published here; the author asked to remain anonymous for reasons which he believed would be obvious...

choose, for reasons best known to themselves, to keep, please press 6; if it's about zoo animals or wildlife, please press 7; if it's about anything else, or you are not sure which category your enquiry comes into, please press 8."

*Follow every byway, til you find your dreams* fills the next gap before the voice returns.

"Thank you. Just one last selection to make. If you are seeking an opinion about an 'ology, please press 1; orthopaedic conditions, press 2; nutrition and/or obesity, press 3; dental work, press 4; anything else, press 5."

*A dream that will need...* and then: "Oh sorry, you've chosen 1, so that means yet another list of choices. For cardiology, press 1; dermatology, press 2; oncology, press 3; ophthalmology, press 4; neurology, press 5; parasitology, press 6; gastroenterology, press 7; endocrinology, press 8;

pharmacology, press 9; any other 'ology, such as physiology or haematology or whatever, press 0."

The music changes and the words *How do you solve a problem like...* can be heard.

"We would now like to put you through to one of our resident experts who will give you informed and impartial advice on [a man's voice cuts in] small animal parasitology for the public. [Ladies voice returns] Unfortunately all our lines are busy at present. Please try again later. And please remember, your calls are very important to us."

A high-pitched tone sounds and the line goes dead. All is quiet in that deserted office in the newly reconfigured and refurbished basement of RCVS headquarters in Horseferry Road, just a few blocks from the Houses of Parliament. And then the phone rings...

...if you work in the media, except *Panorama* or *Watchdog*, please press 9; if you work for *Panorama* or *Watchdog*, please press off

## VetAid winding up

*Veterinary Practice* thanks the readers who responded to the request for information about VetAid by sending copies of a letter sent to supporters of the charity by its chief executive, Professor Julie Fitzpatrick.

In the letter dated 22nd October 2010, Professor Fitzpatrick says it is with great regret that she is writing to inform the recipient of a very difficult decision taken by the Board of Trustees.

"In common with many charities," she continues, "VETAID has in recent years experienced a downturn in the availability of grant funding for our projects and also a reduction in contributions towards supporting our back office functions which are essential to ensure good governance and compliance with regulatory matters.

"As a result we have examined closely the future viability of VETAID and reluctantly taken the decision that ongoing projects in Tanzania, Kenya and Somaliland will wind up within the next few months.

"We have had discussions with a number of charities with a livestock focus and we are optimistic that some of the

VETAID projects may be taken up by some of these groups working in East and Sub-Saharan Africa. Discussions have also taken place about combining the VETAID operations with other similar charities, however these discussions did not result in any merger options becoming available.

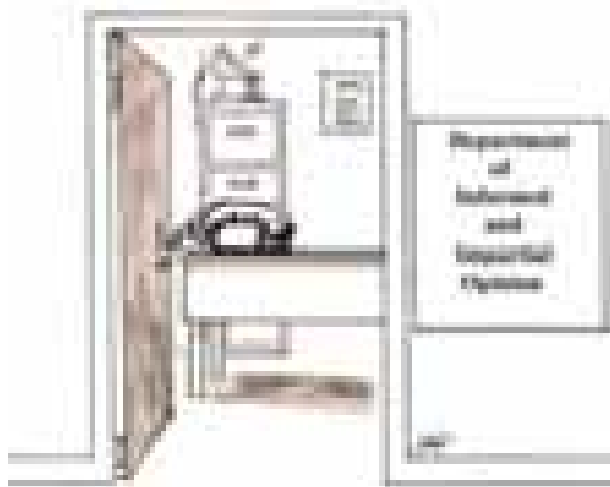
"We hope that some of our African staff will be able to carry on the good work through locally registered organisations."

The letter went on to thank recipients for their support of VETAID over the years and asked them to cancel all standing orders made out to the charity.

It concluded: "Finally, I would like to thank you again for your support of VETAID. I realise that many supporters like you have played a very active and personal role in fund raising and project activities for VETAID over many years and

together we have achieved much."

One correspondent, who said he was greatly saddened by the decision, added that he understood the trustees wanted to close the charity with a minimum of publicity and fuss.





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# Practice management stream at BSAVA

**THOSE attending this year's BSAVA congress in Birmingham can be pretty well guaranteed an 'appy experience.**

One of the innovations for the 2011 meeting is an application (or app) for one of the more sophisticated mobile phones which will allow users to navigate their way around the world's largest small animal veterinary congress.

The app was developed by the BSAVA and the software for use on iPhones can be downloaded via the association's website. This program not only helps users find all the information contained in the conventional hard copy congress guidebook but a whole lot more besides, since it makes use of the interactive features of modern phone technology.

"Members can tap in the name of an exhibitor and its location within the exhibition will come up on the screen. They can find the times and locations of the different lecture streams and it also links back to the BSAVA website so they can check the details of any master classes or similar events that they have registered for.

## Full proceedings

"Once the final details of the programme have been finalised, the app will even allow members to access the full scientific proceedings," explains John Williams, a practitioner from Chester and chairman of the congress organising committee.

This service is not the only development in communications technology that is being used for the

first time at Congress 2011, which runs from 31st March to 3rd April.

The association will also be offering a simultaneous translation service in Spanish and Polish for all the scientific lectures in Hall 1 at the ICC. The intention is to provide better CPD experiences for the growing numbers of eastern European veterinary

surgeons attending the meeting and a response to requests from Spanish-speaking colleagues to be able to listen to a broader range of expert opinion than is currently available from their own CPD providers, John explains.

But the new service is also a training exercise for the BSAVA itself. In 2012 the association will be hosting the European and World Small Animal Veterinary Association annual meetings, the first joint BSAVA/FECAVA/WSAVA event since 1997.

With large numbers of foreign guests expected for that meeting, there will be a greater demand for the translation service and the association hopes to iron out any technical glitches in advance.

If all goes well this year, the service will also be made

available for the Hall 5 programme, currently the only other room in the ICC which has the technical facilities for this service.

In the longer term, the BSAVA is also looking at the feasibility of providing lecture translations into other languages, such as Russian, to help meet the growing international demand for high quality veterinary CPD, he says.

By constantly broadening its appeal, the BSAVA has been able to maintain the steady growth in the numbers of veterinary surgeons, VNs and others attending the meeting. Last year again saw a record attendance of 7,555, up from 7,520 in 2009.

Yet success does bring its problems and the recurring headache for John and the rest of his team is to find space to hold the different scientific, commercial and social events. This year, part of the nursing programme will be held across Centenary Square in the Hyatt Hotel. One thing that doesn't change at the BSAVA congress is the quality of the scientific programme and the

2011 event will include sessions on all the main clinical disciplines from top UK and international speakers. But there will be some differences this year, one being the debut of a practice management stream, featuring Mark Moran and Wayne Usiak.

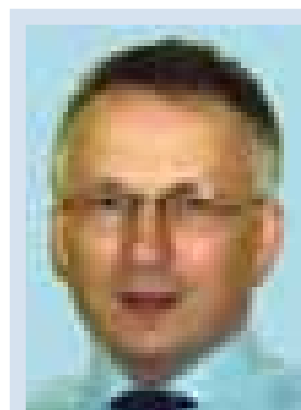
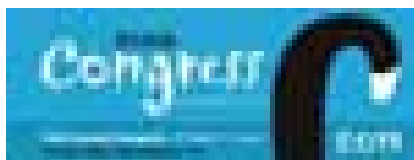
Previously, those issues had only been covered in satellite events at the meeting

but this year it becomes a core part of the programme, reflecting the association's wish to bring all members of the veterinary practice team into its embrace, John explains.

The association is also trying to build closer relationships with the UK veterinary schools and will be offering each one an opportunity to talk about its cutting-edge research projects in veterinary science.

But in its constant search for new areas of investigation, the congress organising team is also aware that delegates like to see some speakers return because they have more information to impart. Sometimes, of course, there is a programme clash with two equally interesting speakers appearing at the same time.

Delegates can always catch up on any lectures that they have missed by downloading podcasts. But this year the association is taking the unusual step of repeating a lecture stream from last year which generated a remarkable amount of interest and was oversubscribed – the session on treating pet poultry.



*John Williams, chairman of the congress organising committee.*



*The non-veterinary keynote speaker this year is Monty Halls, an adventurer, former Royal Marines Officer, professional diver, marine biologist, writer and television presenter best known for the BBC programme Monty Hall's Great Escape.*

# ISFM congress to take place in Vienna in June

THE 10th ISFM feline congress is to be held in the Hilton Hotel, Vienna, from 23rd to 26th June. The two themes are feline ophthalmology and feline respiratory disease.

Main speakers will be David Maggs and Lynelle Johnson of UC Davis School of Veterinary Medicine in the USA. The sponsors are Hill's Pet Nutrition, Bayer, Boehringer Ingelheim, Merial, Intervet/Schering-Plough, Pfizer Animal Health and Virbac.

The ophthalmology sessions will include feline herpesvirus control and therapy, corneal conundrums, ocular manifestations and systemic disease, feline uveitis, dealing with corneal and lens trauma, managing an eye full of blood and feline glaucoma.

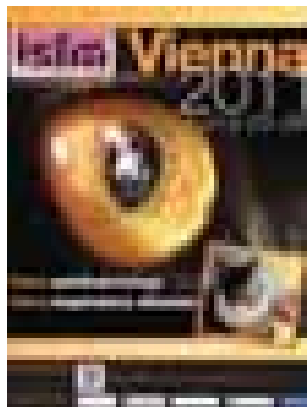
Respiratory topics include the management of feline sneezes and

snuffles, managing pleural disease, the emerging problem of pulmonary fibrosis and the practical management of bronchitis and asthma. Practical tips will be provided in the "how, when and why" of tracheal washing, bronchoalveolar lavage, tracheoscopy and bronchoscopy.

Cost of registration for the main programme is £430/€510 (ISFM members £370/€440). There is a £5 discount for online registrations.

Details of the full programme can be found on [www.isfm.net/congress](http://www.isfm.net/congress).

To register, download the CPD registration form at [www.isfm.net](http://www.isfm.net) and



return to the FAB office, Taesbury, High Street, Tisbury, Wiltshire SP3 6LD.

■ The ISFM feline symposium will again be held on satellite day (30th March) prior to the BSAVA congress in the ICC in Birmingham. Sponsored by Hill's and Intervet, this year's symposium includes simplified, expert advice on a series of challenging surgical procedures.

Prue Neath of Cave Veterinary Specialists will provide three sessions of surgical tips on pancreatic, renal and gut biopsy techniques; the interpretation of liver biopsies will be discussed by Penny Watson of the Cambridge veterinary

school; Richard Malik of Sydney University will give surgical tips on the treatment of pyothorax in cats and also talk on the diagnosis and management of nasopharyngeal lesions; Alex German from the Liverpool veterinary school will speak on both the management of vomiting and pancreatitis in cats; Sandra Corr of the Nottingham veterinary school will discuss the management of limb fractures using external fixators; Clare Rusbridge, from the Stone Lion Veterinary Centre, will speak on managing orofacial pain in cats; and David Yates of the RSPCA Greater Manchester Animal Hospital will share his experience of early neutering in kittens.

Registration for ISFM members costs £100; non-members £120.

## Fund-raising CPD in Cornwall

THE veterinary profession in the south-west is joining together on Saturday 26th February to raise money for Precious Lives, a children's hospice.

Kingsley Village, a shopping and convention centre on the A30 in mid-Cornwall, has donated its facilities enabling two separate lecture streams to run for vets and nurses, together with a display area for industry sponsors.

Speakers include Peter Attenburrow, Tom Cave, Sean Langton, Mandy Rock, Simon Tai, Rachael McClean, Jim Littlewood, Iona Maher, Mark Riggs, Jamie MacClement and Colin Whiting.

Both the vet and nurse lecture streams consist of seven lectures, covering such topics as orthopaedic surgery, emergency medicine, medical oncology, dermatology, physiotherapy, clinical management, feline obstructive urolithiasis and anaesthesia and clinical pathology.

A full list and booking form is available from [helevn@hotmail.com](mailto:helevn@hotmail.com) and there is a Facebook site event page giving further details of the Precious Lives Charity CPD Day.

There is space for 100 vets and up to 400 nurses. Delegate fee is £38 a

head, with £8 going on catering and £30 to Precious Lives. With contributions from sponsors the organisers hope to raise over £10,000 for the charity.

Sponsors to date include Intervet, Pfizer, Novartis, Merial, TDDS, Boehringer, VetPlus, Moore Scarrott, Protexin, Pet Cremation Services, Vétoquinol, Janssen and Royal Canin with Duchy College supplying all administrative support. Any sponsors wishing to join the event should contact [colwhiting@hotmail.com](mailto:colwhiting@hotmail.com).

The organisers are local vet Colin Whiting, and Duchy College staff Helen Harris and Carol Knight, hope that, if successful, this will prove to be the inaugural running of an annual charity CPD event in Cornwall.

## Free forum at safari park

WOODLEY Equipment is to host a free CPD event at West Midlands Safari Park on 24th February.

The Woodley User Group Scientific Forum and Workshop will cover topics such as haematology, biochemistry, wet chemistry, coagulation, blood gases, electrolytes and diabetes and there will be a "technical forum".

Speakers include: Gill Maltby (Animals Asia Foundation), Jonathan

Cracknell (BIAZA Elephant Mammal Focus Group veterinary adviser), Dr Rebecca Littler, Maja Rysnik (anaesthesia resident at Liverpool) and Jane Eastwood.

Refreshments and lunch will be provided.

For more details telephone Kirsty on 01798 813659 or e-mail [sales@quantumvetdiagnostics.com](mailto:sales@quantumvetdiagnostics.com).

## 'Happiness' theme of NPM

NATIONAL Pet Month 2011 will run from 2nd April to 2nd May under the theme *Happiness is ... time with your pet*.

The chairman of the charity, Phil Sketchley, says the month is a great opportunity for veterinary practices to get involved and show what they have to offer clients – and potential clients. Details of how to join in and become

a supporter are on the website [www.nationalpetmonth.org.uk](http://www.nationalpetmonth.org.uk).

National Pet Month 2010 was the most successful to date with a record number of 1,200 events and nearly £80,000 raised for at least 30 animal charities.

## VN week in July

THE British Veterinary Nursing Association has announced that National VN Week 2011 will run from 17th to 23rd July.

The main aim of the week, says the association, is to celebrate and promote the veterinary nursing profession.

Information can be found on the VN Week Blog on <http://vnweek.wordpress.com/>.

## Parasitology for SQPs

AN AMTRA-accredited seminar hosted by Virbac Animal Health is to be held during BETA International this month.

The Virbac Professional Training Scheme Equine Parasitology Seminar for SQPs will be run over two sessions on 20th and 21st February and repeated on 22nd February.

BETA (British Equestrian Trade Association) International takes place at the NEC, Birmingham, from 20th to 22nd February.



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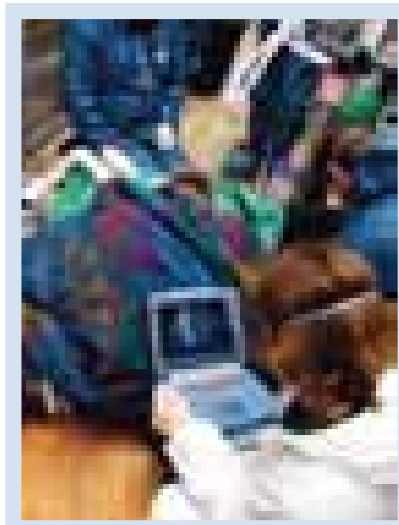
## Reproductive assessment of gorillas at London Zoo

ZSL London Zoo recently carried out a reproductive assessment of two of its Western Lowland Gorillas using a Sonosite MicroMaxx lent by BCF Technology.

The examinations were carried out as part of full general health checks on Kesho, the new Silverback male, and Effie, one of the young females.

Vets used a L52 5-10MHz rectal probe to examine Kesho's prostate, and a C11 5-8MHz micro-convex probe trans-vaginally to assess Effie's reproductive tract. No structural abnormalities were detected.

Yedra Feltrer, ZSL London Zoo vet, said the machine was very easy to use and gave great images. "It is also versatile which is very useful in our



line of work, where one day you need to assess a gorilla and the following day it might be a snake."

## Show prizes presented

Becky Saunders of Downwood Vets and Alexis Holley of Stoke Bishop Vets won Nintendo DSi XLs in the Medichem prize draw at the London Vet Show. Both, says the firm, went to see the recently launched Reprochem Ver-A which is said to reduce the turnaround time of reprocessing endoscopes and instruments and increase the level of disinfection achieved in practice. The photo shows Becky (right) receiving her prize from Medichem's south east account manager, Lindsey Poke.



## Omagh day in Northern Ireland



The Association of Veterinary Surgeons Practising in Northern Ireland held its 37th Omagh Day, AGM and dinner on 5th January. Sponsored by Vétoquinol UK, the open day was held at the Omagh AFBI Laboratory in the afternoon, when four local veterinary surgeons gave presentations on practical topics from everyday practice: Orla McAlister on common conditions of backyard poultry; Marcus White on LDA toggle suture; Daisy Abernethy on investigating infectious upper respiratory disease in the horse; and Geoff Clarke on repair of lateral humeral condylar fracture in dogs. These presentations were judged by the president of the RCVS, Peter Jinman, to decide the winner of the Frank Mullan Trophy, which was presented to Orla McAlister during the dinner attended by some 80 guests. The photo (courtesy of Norman Bell) shows (from left): Hugh Gibson, regional manager of Vétoquinol UK; Andrew Mayne, president of the AVSPNI; Peter Jinman; Orla McAlister; and Juliette Devlin, territory manager of Vétoquinol UK.

North Downs Specialist Referrals (NDSR) set a tough competition to win an Apple iPad at the London Vet Show, with challenging questions on oncology, cardiology and ophthalmology. Sonya Miller-Smith of Darwin Veterinary Centre in Biggin Hill, Kent, was the first person drawn from the dozens of entries with the correct answers. The photo shows Sonya (centre) receiving the prize from NDSR's director of internal medicine, Myra Forster-van Hijfte, and director of surgery, Terry Emmerson.



Colin George, secretary of the Veterinary Marketing Association, presents an iPad to Gordon Graham at Petherton Veterinary Surgery in Rumney, Cardiff. Mr Graham won a competition run by the VMA at the London Vet Show.



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## UFAW symposium on animal welfare

THE Universities Federation for Animal Welfare (UFAW) is to hold its 2011 symposium in Portsmouth on 28th and 29th June. It will focus on economic and other incentives and constraints to improving animal welfare.

Speakers will include, among many others, Professors David Bayvel (MAF Biosecurity, New Zealand), Ian Duncan (University of Guelph, Canada), Peter Sandoe (University of Copenhagen, Denmark) and John Webster (University of Bristol).

The full programme and other details, including a registration form, are available at the UFAW website ([www.ufaw.org.uk](http://www.ufaw.org.uk)) or from the UFAW office: telephone 01582 831818, e-mail [ufaw@ufaw.org.uk](mailto:ufaw@ufaw.org.uk).

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## Veterinary licensed metoclopramide

EUROVET has introduced Vomend, a veterinary licensed metoclopramide indicated for the treatment of vomiting and reduced gastro-intestinal motility in both dogs and cats.



“This new preparation will allow vets to use a medication they know is of great benefit in treating dogs and cats, without taking all the additional precautions required for off-licence use, such as having clients sign consent forms,” the firm states. The product can also be used in puppies and kittens.

As well as being an anti-emetic, Vomend is a pro-kinetic upper GI tract stimulant, so it is indicated for use in chronic nephritis, pyloric spasm and drug induced digestive intolerance.

It is presented in 20 ml and 10 ml vials.

## Prescription diet for FLUTD

HILL'S Pet Nutrition has introduced a new Prescription Diet: Feline c/d Multicare Reduced Calorie for the management of FLUTD.

The levels of fat, calories and L-carnitine are said to help to reduce fat build up and maintain lean muscles mass, and the formula also dissolves sterile struvite uroliths in 14 days.

The company adds that the product is formulated with omega-3 fatty acids to reduce the distress and discomfort associated with conditions such as FIC.

## Preventing blowfly strike

NOVARTIS Animal Health has introduced CLIKZiN (dicyclanil

1.25%) Pour On for sheep, for use throughout spring and summer for the prevention of blowfly strike in sheep and lambs.

The ready-to-use water-based product is said to protect sheep for eight weeks and has a meat withhold period of seven days.

The company reports that the product is a line extension of CLiK which offers a longer period of protection at 16 weeks and has a longer withhold period of 40 days. Used in conjunction with CLiK, CLIKZiN is said to offer versatile protection throughout the year.

• Novartis reports that its product Vetrazin has been reformulated following a VMD request to remove the excipient OPE (octylphenol ethoxylate).

## Portable x-ray generator

BCF Technology has added the new portable 9020HF Orange generator from Eco Ray to its range of x-ray generators.



Weighing 7kg, the 9020HF is said to be ideal for equine and large animal applications, including regions such as the stifle and spine.

BCF is the sole official distributor in the UK and Ireland for Eco Ray generators.

Full details are on [www.bcftechnology.com](http://www.bcftechnology.com).

## Catalogue published - with instructions on use of products and wound dressing

DECHRA Veterinary Products has published a new instruments and consumables catalogue. It features the range of instruments and consumables available from Dechra, including a new wound dressing, Silflex, an atraumatic soft silicone contact layer which is said to minimise trauma at dressing change and protect delicate skin.

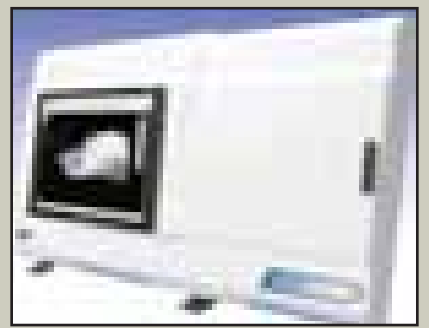
Other products include Activon Medical Grade Manuka Honey dressings, Portex Jacksons cat catheters, Surgivet Slippery Sam cat catheters, ET tubes and 3M Vetrap bandaging tape.

It also includes help and advice, including step-by-step instructions for using some products and case studies for the range of wound dressings.

The new catalogue is available to view online or download via Dechra's website, [www.dechra.com](http://www.dechra.com).

## Computerised radiographic machine

*The iCR3600 is a new computerised radiography machine for veterinary use from iCRco of California, distributed in Britain by Southern Scientific. It is described as a small format CR machine that can be used with the touch-screen capable "Clarity Captera" veterinary software which can be customised to suit individual practices. The portable unit is said to provide fast and accurate diagnosis in the field. The system accommodates all sizes of cassettes and iCRco protective cassettes produce over 300,000 high-resolution images on each plate. Also available from Southern Scientific is VPACS, a complementary suite including Image Viewer and Image Archive to enable diagnostic images to be viewed, manipulated and annotated on a specific workstation. In addition, Image Book enables these facilities to be run on a full DICOM-interfaced laptop, enabling mobile image review in the field. More information can be found on [www.ssl.gb.com](http://www.ssl.gb.com).*



## April chosen to raise awareness of sweet itch

EQUINE veterinary surgeons are being called upon to raise awareness of sweet itch during the inaugural Sweet Itch Awareness Month (SIAM) which takes place throughout April.

A joint initiative between Janssen Animal Health, the British Horse Society (BHS), Redwings Horse Sanctuary and World Horse Welfare (WHW), the campaign will highlight the condition and the preventive measures that should be carried out to help alleviate it, and will promote the importance of management of the condition before the start of the midge season in the spring.

Backed by a marketing campaign, promotional activity will consist of an extensive advertising campaign in equine consumer media, recommending concerned owners visit their vet, together with a marketing pack for veterinary practices. The pack will feature a range of material including a waiting room poster, invoice stuffer, invoice stickers, client leaflets, leaflet dispenser and window stickers.

To support the month, Janssen Animal Health will be running special offers on its products including Cavalesse and Cavalesse Topical.

For further information see [www.fidavet.com](http://www.fidavet.com).



## Appointments at new firm

Elanco Companion Animal Health has appointed four key account managers: Mairi MacDonald for the south-west (she was previously with Virbac); Kathryn Miller, VN, for the West Midlands (previously with Intervet/Schering-Plough); Harry Chapman for the north of London and East Midlands; and Paula Slyusarenko for the south-east (formerly regional manager with Goddard's Veterinary Group). Tina Hunt, who is responsible for the Elanco Companion Animal Health business across the UK, Ireland and Nordic region, said: "With new products on the way and proven products already in our portfolio, we're determined to establish ourselves quickly in the companion animal market and to use the exceptional experience of the sales team we're building to offer practices a genuinely different approach to working with a pharmaceutical supplier."

## Competition winners

David Rimer (of West End Veterinary Partnership, Edinburgh), Jamie Whittle (Whitworth Vet Practice, Trimley St Mary) and Tim Yates (Skeldale Vet Centre, Thirsk) are the three winners in Vétoquinol's recent Marbofyl competition – each receiving a Vet Touch digital atlas for their practice. Small animal practitioners were asked to visit the website, [www.request-guidelines.org](http://www.request-guidelines.org), and answer questions for a chance to win one of the prizes, worth £500 each.

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<sup>1</sup> Farca AM, Piromalli G, Maffei F and Re G. *Journal of Small Animal Practice*, 1997, (38), 243-245

<sup>2</sup> Cole LK, Nuttall TJ. *Pseudomonas otitis. Advances in Veterinary Dermatology*, Proceedings of the Fifth World Congress of Veterinary Dermatology, 2005, (5), 324-330

<sup>3</sup> Roberts NA, Gray GW, Wilkinson SC. The bactericidal action of ethylenediaminetetraacetic acid on *Pseudomonas aeruginosa*. *Microbios*, 1970, (7-8), 189-208

<sup>4</sup> Stasinopoulos SJ, Seviour J, Fauer D. Inhibition of fungal exopolysaccharide production by chemical antifoams. *Letters in Applied Microbiology*, 1989, (8), 91-93

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# Rabbits and rodents: a snapshot

**WITH an estimated 1.4 million rabbits in the UK (www.pfma.org.uk), the days of viewing these creatures as unusual or “exotic” pets are long gone.**

Practitioners are now required to be familiar with a whole range of ailments in this species and Simon Girling's lecture at the London Vet Show in October was a much-welcomed, whistle-stop tour of common problems and their treatment, judging by the packed lecture hall.

Whilst he covered a broad range of conditions in the 50-minute lecture, it was clear that the usual culprits of skin, digestive tract and respiratory disease still make up a large part of the clinician's rabbit caseload.

Investigation and treatment has moved forward too. A broad range of diagnostic and monitoring techniques is increasingly used and encouraged, such as radiography, recommended in every case of dental overgrowth or abnormality, blood profiling in sick rabbits and routine ECG monitoring during anaesthesia to detect any bradycardia or potential heart block before cardiac arrest ensues.

## Critical care

The delicate balance of the rabbit's digestive and respiratory systems was summed up neatly in Mr Girling's reference to these small animals being two thirds gut and one third chest.

In the normal animal, the stomach should always be full and not extend beyond the rib margin, with a small amount of gas. Being diaphragmatic breathers, problems of digestive origin can potentially impede respiration and lead to bloat, which can cause further respiratory compromise and lactic acidosis.

The majority of the gut space is taken up by the caecum and large bowel where a cocktail of protozoa and bacteria ferment fibre such as cellulose to produce volatile fatty acids which are then absorbed and used for energy.

Although the vital inclusion of fibre in the diet is well documented for promoting intestinal motility and helping with energy production in the healthy rabbit, Mr Girling highlighted that many sick rabbits presented for critical care are ketoacidotic and need easy calories in the short term, with fibre being addressed later.

The feeding of vegetable lactose-free baby food (or Critical Care Formula, VetArk Professional) together with the use of motility enhancers (where obstruction has been ruled out) is helpful, moving onto proprietary critical feeding formulas as their condition improves.

With obesity in pet rabbits being increasingly recognised, the threat of hepatic lipidosis is never far away. Practically every fat, sick rabbit will have the condition and anorexia of even 12 hours can predispose to it.

Where the case is chronic and there is time for investigation to confirm the condition, then as well as liver enzyme leakage

(note there is no specific liver leakage in the rabbit – AST, LDH and CK are measured together), there is often triglyceride and cholesterol elevation. Protein electrophoresis can be useful in allowing a more specific diagnosis with  $\alpha$ -2 globulins and  $\beta$ -1 globulins increased.

Calorie intake is critical, as above, with gavage feeding recommended and oesophagostomy tubes a useful addition. Naso-oesophageal tubes, on the contrary, are not tolerated for long and are less useful. Fluids should always be given, particularly where ileus is present, and also in gut disturbances even when diarrhoea isn't evident.

Lactated Ringer's should be avoided as it needs help to be metabolised, whereas 0.9% NaCl can be useful with added bicarbonate, as many sick rabbits have a whole body deficit of sodium, even if plasma levels are normal.

A synergistic combination of metoclopramide and ranitidine can be helpful to promote motility (again where obstruction is ruled out) following rehydration and combat any stomach ulceration (NB. Neither drug is licensed in rabbits).

The use of probiotics (such as Avipro, VetArk Professional) can help to support the gut flora and in cases at risk of, or where clostridial overgrowth is suspected, cholestyramine can help to bind and prevent absorption of toxins.

## Guinea pigs and other rodents

Mr Girling's Saturday lecture on problems of guinea pigs and other rodents followed a similar vein with a run through the diagnosis and treatment of diseases of the dermatological,

endocrine and urogenital systems in common pet rodents.

Frequently seen respiratory disease can be caused by many different organisms, though mycoplasma pulmonis is the most common cause of the disease in rats and mice. Culture and sensitivity is ideal, but sampling rodents is difficult and treatment with fluoroquinolones or macrolides is often effective.

In severe cases, nebulising the antibiotic along with oxygen, mucolytics, and bronchodilators can help, although the prognosis can be poor due to chronic scarring and walling-off of areas of consolidation. Often permanent antibiotics are needed due to rapid recurrence following cessation of treatment.

Nasal disease is no less debilitating to rodents as they are unable to mouth breathe. *Bordetella bronchiseptica* is a common cause of rhinitis, sinusitis and pneumonia in guinea pigs and the organism can also cause otitis media, otitis interna and abscesses.

Endocrine disease can manifest itself through the skin as seen with other species. Hyperadrenocorticism in older hamsters causes bilateral symmetrical alopecia of the flanks and lateral thighs with skin thinning and hyperpigmentation, but changes in behaviour such as decreased activity may also be noted.

A tendency to enter continually into hibernation can alert to suspicion of hypothyroidism. Diabetes mellitus is seen spontaneously in certain lines of Chinese hamster and causes similar clinical signs to other species.

In guinea pigs this condition can also lead to cataracts and a pot belly, and here the condition is often secondary to obesity. Insulin is rarely needed in either species and a high fibre diet is recommended.

Cystic ovarian disease is very common in hamsters, guinea pigs and gerbils and cysts can occupy a large amount of abdominal space. Bilateral non-pruritic alopecia is a common clinical sign in guinea pigs and they can display pain on palpation due to associated endometritis.

Surgical neutering is advisable where possible and cysts can be pre-drained to relieve pressure. Using hormonal treatments such as human chorionic gonadotrophin can cause regression in some cases though this is only temporary. Simon has found though that Deslorelin implants can work well.

Shifting trends in pet ownership along with client demand for expertise across a broad range of pets will no doubt mean that veterinarians will need to look out for more and more CPD in these interesting species. We'll look forward to hearing lots more from Mr Girling in the future.



**LIBBY SHERIDAN reports on more of the papers presented at the London Vet Show**

## Foreign bodies cost US firm dear...

“THE dog ate my homework” is nothing compared with some of the things pets gobble up, according to the American Veterinary Pet Insurance Co.

Although many of the 2,000 claims the company handled in 2010 for items pets swallowed included the usual suspects – socks, hand towels, sticks and rocks – others were more imaginative. Among the more unusual meals were:

- a jellyfish,
- an oestrogen patch/make-up brush,
- a tube of denture adhesive,
- a bikini,
- a teddy Bear's plastic nose,
- a baseball,
- a glass Christmas ornament,
- a hearing aid,
- a watch,
- 16 steel wool pads,
- vehicle jump leads,
- razor blades,
- a pound of uncooked rice,
- a squirrel (not a pet),
- a whole bird,
- part of a deer antler,
- an extension cord,
- a TV remote control,
- numerous coins and tokens,
- a wooden toy train,
- 25 to 30 soiled nappies.

The company's policyholders spent almost \$3 million treating pets that ingested foreign objects in 2010, it says.

More than 485,000 pets are insured in the USA, the company says, and more than 2,000 employers nationwide offer pet insurance as a benefit.

# Initiative aims to pool knowledge and experience to improve veterinary education

**SUCCESS** in the 21st century will be dependent on one's ability to learn and to thrive through change. Substantial changes have been taking place within veterinary education and now is the ideal time to look at veterinary education and CPD from a new perspective.

"BEVME – A Dialogue" is a two-year, practitioner-led initiative that aims to bring together stakeholders from all aspects and stages in veterinary education to provide constructive solutions for the future.

To register an interest/join the group just register online at [www.surveymonkey.com/s/BEVME](http://www.surveymonkey.com/s/BEVME) (two minutes) or e-mail [ChristopherWhipp@aol.com](mailto:ChristopherWhipp@aol.com) giving your name, e-mail address, year of qualification and employment type/status.

There is little evidence in the veterinary sector but the evidence base

in human medical education clearly indicates that, whilst traditional methods of CPD are popular, their ability to actually change behaviours in the workplace are quite limited (*see panel*).

Increasingly, learning is being defined as the developing of the ability to take actions not previously available.

Whilst there is some great work being done, it is also true that much of current veterinary education stands on thin ice from an evidenciary perspective.

Whilst it may not yet be possible to

develop and implement an evidence-based approach to veterinary education, there are a great many dedicated individuals within the universities, CPD providers and general practice whose knowledge, expertise and experience could be brought together to develop the "best evidence" approach.

## Growing awareness

Increasingly in the last 15 years there has been a growing awareness of the complexity and interconnectedness of our modern world and "BEVME – A Dialogue" is to be a mode 2 or multidisciplinary initiative collaborating and pooling knowledge and experience from various fields to mutual benefit.

GP vets already make a huge contribution to veterinary education both by supporting and educating students through EMS free of charge and investing large amounts of time and money supporting new graduates as they make the transition into practice.

GP vet practices need to be central to the education process in that they are the ultimate end user and stand to gain or lose the most.

The BEVME Group will develop initially as a virtual Community of Practice (COP) offering knowledge, resources and interaction in the form

of a regular e-newsletter and an online dialogue group.

The use of the word dialogue is quite intentional. Much of what takes place currently is either debate where opinions are pitched against each other until a victor and loser eventually emerge or a discussion where opinions are expressed (often without evidence) and nothing really changes.

The dialogue group will encourage a different level of interaction (**Figure 1**) within which all are safe to participate and the focus is on solutions, not problems.

All stakeholders can benefit but the greatest benefits are likely to come to the GP practices

that participate where the preparation of students can be enhanced whilst also offering staff development opportunities for the practices themselves. More effective integration of new graduates and encouraging best evidence-based CPD for post-graduate development will bring improved professional satisfaction, less stress and improved well-being whilst also offering potential financial benefits for the practice.

To date, 1,825 practices are on the BEVME database and recruitment is now shifting towards individual vets, corporate practices and charities. Later, veterinary organisations,

academics, students, CPD providers and the pharmaceutical companies will be invited to join.

Joining the community involves no cost and provides, initially, a regular e-newsletter about all things vet educational and membership of a secure online dialogue group. As time goes by, you can decide whether to become

more involved or not. You can unsubscribe at any time.

Veterinary medical education currently faces a number of significant issues and the purpose of this group is to empower GP vets and other stakeholders to address these issues from a position of greater knowledge,

improved evidence and enhanced collaboration.



Figure 1.

**Whilst there is some great work being done, it is also true that much of current veterinary education stands on thin ice from an evidenciary perspective.**

■ "Successful CPD should result in changes in doctors' behaviour and improvements in their performance." – Cave, J. and Dacre, J. (2008)

■ "Traditionally a CME programme was an educational event that applied appropriate resources and methods to fulfil set instructional objectives. Such programmes were often considered to be good if the information was valuable, the lecturer skilful, and the setting comfortable. Too often, however, there was little or no actual effect on medical practice, even though all three conditions were met." – Fox, R. D. and Bennett, N. L. (1998)

■ "Reliance on a diffusion model of thinking about how information reaches practitioners has led researchers to over-emphasise the importance of exposure to information and ignore other factors that determine whether change will occur." – Danouse, D. E. and Jacoby, I. (1988)

■ "...didactic lectures by themselves do not play a significant role in immediately changing physician performance or improving patient care." – Davis, D. *et al* (1999)

■ "The least effective (CPD) methods are also the most commonly used in general practice continuing medical education – namely, lecture format teaching and unsolicited printed material." – Cantillon, P. and Jones, R. (1999)

References available from the author

Chris Whipp, BVetMed, MSc(VetGP), MRCVS, has always had a strong interest in staff development and in 1999, after 20 years in practice, completed a one year modular course in clinical coaching, mentoring and supervision at Guy's hospital in London. In 2001 he was invited to join the first SPVS Masters set doing a masters degree researching learning styles and the development of clinical expertise whilst contributing to the initial groundworks for new RCVS modular certificate. In 2004 he completed a postgraduate course in professional and executive coaching before going on to work for five years as an executive coach within the business sector and conducting doctoral research into self-directed learning (SDL) within the veterinary profession. He currently splits his time between first opinion clinical practice, providing work-based learning programmes through Middlesex University, professional coaching and the "BEVME – A Dialogue" initiative.

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\*de Haas V, Horspool LJI, Weingarten A. (2010) WSAVA Congress, Geneva, Switzerland, June 2-5, 2010.

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# Partnership to help study for CertAVP

IN 2007, the RCVS introduced a new modular postgraduate Certificate in Advanced Veterinary Practice (CertAVP), which replaced the previous species and subject-driven Certificates.

The new CertAVP offers a flexible approach to practising vets to achieve a veterinary postgraduate qualification within a module-based framework (Figure 1).

Candidates must gain a total of 60 credits over a period of up to 10 years, by achieving a number of compulsory and optional modules. All candidates must complete the A-PKS.1 module "Professional Key Skills" plus the B-CKS.0 module "Clinical Key Skills" and another B module. The B modules include the key species such as small animal, production animal and equine.

To complete the CertAVP, candidates then go on to gain either three C modules or a combination of additional B and C modules.

Formerly, RCVS Certificates were all examined by RCVS-appointed examiners, but in 2007 the RCVS invited universities to seek RCVS accreditation for the assessment of modules that would contribute to the new CertAVP qualification.

## The partnership

With the main aim of providing veterinary surgeons with a structured and integrated means of studying for the RCVS CertAVP, Improve International and the European School of Veterinary Postgraduate Studies (ESVPS) have formed a partnership with the University of the West of England and Hartpury College in Gloucestershire.

Each group will bring its own unique strengths to this relationship and the shared objective is to provide a one-stop shop for candidates

choosing to follow a proven training route to prepare for the CertAVP.

## University of the West of England and Hartpury College

The University of the West of England (UWE) is one of Britain's most popular universities with around 30,000 students and 300 staff and is the largest provider of higher education in the south-west of England.

UWE has been accredited by the RCVS to assess candidates in the

following modules for the purpose of the CertAVP:

- Professional Key Skills – compulsory A module, A-PKS.1.
- Clinical Key skills – compulsory B module, B-CKS.0.
- Small Animal Practice – B-SAP.1.
- Production Animal Practice – B-PAP.2.
- Equine Practice – B-EQP.3.

Hartpury College is an outstanding provider of equine care, animal science, agricultural, land management and sports science courses and is an Affiliated Institution and Associate Faculty of the UWE. Hartpury will be working closely with UWE in this partnership to provide a support framework for delegates and an examination system which comes directly under the UWE Quality Assurance system.

## Improve International and the ESVPS

Established since 1998, Improve has pioneered the concept of modular training for vets both in the UK and across Europe, and thousands of vets have now benefited from this recognised method of learning and development. Improve will be providing the structured teaching programmes that will enable candidates to study for a CertAVP within the partnership.

The European School of Veterinary Postgraduate Studies (ESVPS) is a not-for-profit company which both accredits veterinary programmes and awards its own range of General Practitioner Certificates (GPCerts) on a pan-European basis.

Since its establishment in 2003, well over 600 vets have achieved a GPCert. This qualification has been well received by the veterinary



David Babington, BVetMed, MRCVS, qualified from the RVC in 1986. After jobs in Hampshire and London he established his own group of practices in Swindon, Wiltshire, with his wife Alison. Currently he is managing director of Improve International, a leading provider of CPD to the veterinary profession both in the UK and across Europe.



Figure 1.

profession across Europe. The ESVPS will work closely with Hartpury and the UWE to help in the assessment of candidates enrolled in the different modules.

## What is available through the partnership?

By registering as a UWE student, vets will automatically be enrolled on the appropriate Improve training programme and with ESVPS to sit the relevant GPCert examination.

All of the taught sessions will be delivered at Improve's state-of-the-art conference centre near Swindon in Wiltshire.

By choosing this route, candidates will receive a proven training programme in their chosen subject plus valuable support and additional

resources from both the UWE and Hartpury College. This will include access to the Blackboard e-learning platform and library materials.

Candidates will sit the corresponding GPCert and also undertake the integrated UWE assessments in order to achieve a GPCert, RCVS credits and UWE credits at Masters level.

Later this year, UWE will be applying to the RCVS for accreditation to assess candidates in a range of discipline-based C modules. It is also hoped that in time, students will be able to continue their studies to achieve a UWE Masters degree.

In this way, students will benefit from a structured learning pathway that provides the opportunity to gain several GPCerts, the full RCVS CertAVP and ultimately a university

Masters degree.

Candidates not wishing to embark on a taught programme will be able to apply for assessment by the UWE under the assessment-only route. This route may be attractive to candidates who already have a good experience in their chosen subject(s).

## How to find out more?

Veterinary surgeons who are considering enrolling for the RCVS CertAVP are invited to attend an

induction/open day which will be held at Improve International's main offices and training centre (Alexandra House, Wroughton, near Swindon, Wiltshire SN4 0QJ) on Wednesday 16th February between 2pm and 5pm.

It will be an

opportunity for vets to meet representatives from UWE, Hartpury, Improve and ESVPS, and to listen to presentations from all of the groups. The CertAVP will be fully discussed and the benefits of studying through the partnership will be explained.

The assessment-only route option will also be covered.

To attend this free session, please call the Improve main office on 01793 759159.

A dedicated helpline has been set up to help answer any queries, so please telephone 0845 524 0068 to speak to Kay Watson who is a director of ESVPS.

Finally there is a mini website which will provide lots of useful information including the frequently asked questions. Please visit [www.vetcert.co.uk](http://www.vetcert.co.uk).

**Candidates will receive a proven training programme in their chosen subject plus valuable support and additional resources...**

# Preparing to serve Queen and country

**DESPITE the best of intentions, unfortunately my efforts to become the first RCVS-registered specialist in Veterinary Cryptozoology had not been proceeding well.**

Despite criss-crossing a large portion of the Swiss Alps, and painfully climbing the highest mountains in Europe, the closest I had come to locating a yeti – let alone one requiring veterinary attention – had been a shaggy mountain stag that led me in circles, and a large footprint in the mud of a mountain lakeshore (*Veterinary Practice*, January and February 2010). Unfortunately, however, detailed scrutiny revealed a disturbing resemblance to my own bootprint.

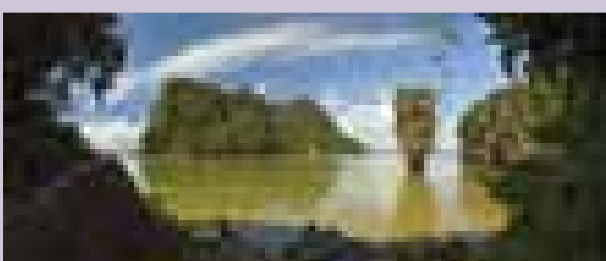
And despite scaling remote, rugged cliffs, and searching the depths of ancient castles in Olde Ireland, I'd failed to locate any sign of a leprechaun or, indeed, any unusual beasts at all, in that supposedly enchanted land (*Veterinary Practice*, July 2010).

Gloomily, I was forced to face the depressing possibility that I just might not be cut out for a life healing the injuries and ailments of our rare and mythical creatures. In particular, there appeared to be little I could do to overcome their frustrating shyness.

Leprechauns are irresistibly attracted to gold, for example, but unfortunately as a practising veterinarian I'm also possessed of an infallible ability not to accumulate any. Perhaps, I wondered, it was time to consider an altogether different veterinary specialisation?

And that's when it struck me! Veterinarians meet a wide range of people in our day-to-day work, and

Andrew Knight, BVMS, PhD, MRCVS, continues his quest for novel career and continuing education options.



*A desirable location to train and put newly-acquired skills into practice: the mushroom rock at James Bond Island [photo by courtesy Wikipedia.]*

dispense an endless stream of small parcels. We're skilled at deciphering mysterious messages in practices with hand-written clinical notes. We're trained in feats of endurance – especially those unable to avoid being on-call.

With years of experience staying awake during lectures (particularly those on meat quality and veterinary law), we have a certain natural resistance to torture. And finally, we have the perfect excuse to travel widely, to satisfy our continuing education obligations – which I always take most seriously. In short, we possess the ideal natural skill set of a secret agent, or “case officer”, as the Secret Intelligence Service

(MI6) prefers.

Initial research unearthed a 2006 BBC Radio 1 interview with two MI6 officers, who described the lifestyle as “quite glamorous and very varied, with plenty of overseas travel and adventure”.

The MI6 website confirmed that I would have the chance to develop a “long and varied career at the very heart of international affairs”. As an ex-pat Australian most definitely un-adapted to UK winters, this was clearly the job for me!

## Stiff competition

Furthermore, it appeared that my veterinary experience would stand me in good stead: I would need to be able to “understand and interpret information from a variety of sources, draw conclusions and make an informed decision/recommendation”.

Competition for case officer positions would doubtless be stiff. To guard against the unlikely event that my veterinary experience alone would prove sufficiently competitive, I decided to obtain some relevant prior experience. I

soon found the ideal introductory course at the Spy Academy ([www.spy-games.com](http://www.spy-games.com)) in Singleborough, Buckinghamshire.

The morning of the course dawned bright and clear. From the



*The author in action in the sniper class at the academy.*

Bletchley train station I hailed a cab, whose driver had no idea of the Academy's existence or whereabouts. I considered this an auspicious start, given the necessity of concealment for such an institution.

His Tom-Tom appeared less confused, however, and led us on an interesting tour of the English countryside, down a succession of ever-narrower country lanes, until we finally reached a gate leading to an apparently empty field.

A few carefully thrown pebbles unfortunately eliminated the possibility that the Academy had been rendered invisible through Advanced Concealment Technologies, and we were forced to backtrack. Shortly after our original turn-off, a sign exclaiming “Spy School” in large letters appeared on the main highway, in front of a converted World War II aircraft hanger and a few modern outbuildings.

I keenly took my place in the front row of wooden benches, amongst a diverse group of men and women from across the UK. A very interesting demonstration lecture on surveillance devices soon followed. It was amazing to witness the literally pinhead-sized state-of-the-art cameras and microphones in operation!

Next, it was time to develop our teamwork, leadership and communication skills. Once again I was confident my veterinary experience would place me in good stead. And so, after charging our laser rifles, we headed to the outdoor obstacle range, to bring about the demise of “red” team, in a blaze of skilfully co-ordinated efficiency.

Unfortunately, however, within milliseconds the field somehow degenerated into an ugly free-for-all. After jumping a pile of old tyres, I attempted to hide in the mud and long grass until most of my opponents had been “killed”.

More unfortunately, however, my helmet kept “bleeping” as unknown assailants – probably from my own team – scored multiple

direct hits. My nine lives were rapidly exhausted, and I was forced ignominiously to exit the field.

Perhaps we would do better on the AK47 Close Quarter Battle range. As the most widely used assault rifle worldwide, and regularly used by terrorist organisations, skilful proficiency with this infamous weapon would be essential in my new career.

## Instruction missed

And so I concentrated hard when my turn came. So hard, in fact, that I missed a vital instruction to “halt!” and became the only student to attack a clearly menacing six foot hedge – exhausting my pellet ammunition and eliciting peals of laughter from my instructor and the watching crowd, which I considered rather unkind.

Fortunately, I did better in the knife-disarming and pistol quick-draw classes, where the main focus was on style and potential camera angles – given the key secondary roles for British agents in James Bond-type movies. I then cruised through sniper school, but was brought up hard against the reality of my lack of upper body strength during axe-throwing class, when all three of my axes bounced straight off my wooden “terrorists”.

Nevertheless, I cannot help but conclude that the day was a success, and as an experienced veterinarian, I believe I have considerable case officer potential. I'm prepared to travel anywhere within the Hawaii Islands, the Caribbean, Bali, the Maldives, the Seychelles, Palau, the Canary Islands, Mauritius, Micronesia, Polynesia, the Galapagos or Whitsunday Islands, in the defence of UK security; and can pack in under 30 minutes. I hope to receive a call from MI6 soon.

*Essential equipment – a selection of bugging devices and miniature cameras.*



## A quick look through the international literature

### Measuring changes in cardiac troponin 1 following general anaesthesia

Fabio Cilli and others, Royal Veterinary College, London

Impaired cardiac function is a major factor contributing to the morbidity and mortality associated with general anaesthesia in veterinary practice. Increased levels of the cardiac muscle protein cardiac troponin 1 (cTn1) appear in the blood as a result of various heart conditions and were measured by the authors as a possible marker of subclinical damage in anaesthetised dogs.

In 100 dogs undergoing anaesthesia for routine clinical purposes, 14% had raised cTn1 following the procedure. Older dogs, aged eight years or over, were more likely to have raised baseline cTn1 levels and were 3.6 times more likely to experience increases in serum levels of the protein as a result of the anaesthetic.

Measurements of cTn1, therefore, appear to be useful in assessing intra-operative myocardial cell damage, although further work is required to identify the precise mechanisms of cardiac injury during general anaesthesia. *Veterinary Anaesthesia and Analgesia* 37 (5): 409-416.

### Survey of sedative, analgesic and anaesthetic drug use in equine practice

John Hubbell and others, Ohio State University

Drugs for sedation, analgesia and anaesthesia play an important role in veterinary medicine but there are only limited numbers of drugs licensed for use by equine practitioners. The authors examined the drug choices of members of the American Association of Equine Practitioners, 952 of whom responded to an electronic survey.

Most respondents used combinations of sedative drugs to provide standing restraint and extra-label use of drugs was found to be a core component of current sedation and anaesthetic practice. *Equine Veterinary Journal* 42 (6): 487-493.

### Administration of continuous positive airway pressure in tranquillised dogs

Angela Briganti and others, University of Veterinary Medicine, Pisa, Italy

Oxygen therapy is often necessary in patients with respiratory failure but passive administration through a face mask is of limited value and so these animals will usually be anaesthetised for intubation.

The authors assessed the efficacy of using continuous positive airway

pressure via a face mask in dogs tranquillised with acepromazine and morphine. Measurements of blood pressure, heart and respiratory rate showed that the mask was well tolerated and blood oxygen levels were increased above those achieved with a standard face mask.

*Journal of Veterinary Emergency and Critical Care* 20 (5): 503-508.

### Combined use of local and systemic anaesthesia when dehorning dairy calves

Todd Duffield and others, University of Guelph, Ontario

Physiological and behavioural studies have shown that dehorning in cattle is painful for at least two hours after the procedure, whatever method is used. The authors examined the efficacy of systemic ketoprofen and local lidocaine anaesthesia in reducing behavioural signs of discomfort in 4 to 8 week old Holstein calves undergoing dehorning with an electric cauterly iron. Ketoprofen was effective in reducing signs of post-operative pain with treated calves showing fewer head shaking and ear flicks than those given only a lidocaine nerve block.

*Canadian Veterinary Journal* 51 (3): 283-288.

### Effects of caudal epidural ketamine on heifers during reproductive procedures

Rafael DeRossi and others, Federal University of Mato Grosso do Sul, Brazil

Several procedures associated with assisted reproduction in cattle, such as oocyte collection and embryo transfer are known to cause discomfort. Lidocaine is usually used for caudal epidural analgesia but in large volumes it may cause ataxia and recumbency. So the authors investigated the effects of ketamine, alone or in combination with lidocaine, as an epidural anaesthetic in heifers undergoing reproductive procedures. Their results show that ketamine was an effective analgesic agent given singly or in combination with 2% lidocaine.

*The Veterinary Journal* 185 (3): 344-346.

### Intranasally administered agents used to reverse immobilisation in wild deer

Todd Shury and others, Western College of Veterinary Medicine, Saskatchewan

Immobilisation procedures are sometimes necessary in wild species for research or population management purposes. The drugs given to reverse such effects are usually given intravenously, which may be difficult in testing conditions or with inexperienced

personnel. The authors investigated the use of naltrexone/atipamezole given intranasally to reverse the effects of carfentanil/medetomidine immobilisation. This technique was shown to be safe and effective when used in handling white-tailed deer (*Odocoileus virginianus*).

*Canadian Veterinary Journal* 51 (5): 501-505.

### Evaluation of isoeugenol for anaesthesia in koi carp

Juliet Gladden and others, University of Georgia, Athens

There are limited options when choosing the water-borne anaesthetic drugs that are essential for carrying out surgical procedures on high value koi carp (*Cyprinus carpio*). Isoeugenol, a derivative of clove oil, is frequently used as a fish anaesthetic but is not currently licensed for that purpose. The authors assessed the efficacy and safety of this agent in koi carp at doses up to 500mg/litre. The drug appears to have a wide margin of safety with predictable dose related effects and concentrations of 40 to 80mg/litre are recommended.

*American Journal of Veterinary Research* 71 (8): 859-866.

### Assessing quality of recovery from general anaesthesia in horses

Enzo Vettorato and others, University of Padua

Fractures sustained during recovery are a major factor behind the high mortality rates associated with equine anaesthesia. Various methods are used to assess recovery in horses but these are largely subjective measures which cause problems when comparing results achieved in different circumstances. The authors compare the results from four recovery quality scoring systems currently in use. Their findings suggest that each of the four systems is equally reliable and so the choice should therefore be made on other criteria such as ease of use.

*Equine Veterinary Journal* 42 (5): 400-406.

### Anaesthesia in small animal patients with neurological disease

Stephen Greene, Washington State University

The brain has a high metabolic rate and receives about 15% of cardiac output. Cerebral blood may be altered in anaesthetised patients and this could be particularly detrimental for those patients with neurological conditions. The author reviews the various factors affecting cerebral blood flow that should be considered before anaesthetising such patients. Judicious choice of anaesthetics and anaesthetic adjuncts will minimise the impact of raised intracranial pressure and vigilant

patient monitoring will further reduce the attendant risks.

*Topics in Companion Animal Medicine* 25 (2): 83-86.

### Use of acepromazine and hydromorphone as sedatives in clinically normal dogs

Erik Hofmeister and others, University of Georgia, Athens

Acepromazine is a reliable and inexpensive sedative in dogs while hydromorphone is a safe and potent analgesic. The two agents have been used in combination but data on their potential synergistic effects are incomplete. The authors assess the degree of sedation achieved in healthy dogs by using the two drugs singly and in combination. They found that the administration of acepromazine alone and in combination with hydromorphone produced clinically effective sedation but administering the latter drug alone was ineffective.

*Journal of the American Veterinary Medical Association* 237 (10): 1,155-1,159.

### Pharmacokinetics and efficacy of intravenous and extradural tramadol in dogs

Enzo Vettorato and others, University of Padua

Tramadol is a synthetic opioid agonist used extensively in human medicine that has also produced promising results in veterinary species.

The authors assess clinical efficacy, safety and pharmacokinetics of this agent when given intravenously and as an epidural analgesic in dogs undergoing major orthopaedic surgery. Extradural administration produced safe and effective analgesia but the results were no better than those achieved with intravenous administration of the same agent and so this route is not a practical alternative to intravenous use. *The Veterinary Journal* 183 (3): 310-315.

### Effects of topical anaesthesia on lambs during castration and tail-docking

Sabrina Lomax and others, University of Sydney

Castration of male lambs and tail docking of both sexes are carried out routinely without anaesthetic and are known to cause acute pain. The authors investigate the use of a topical anaesthetic containing lignocaine, bupivacaine, adrenalin and cetrimide. Their findings show that topical anaesthesia alleviates wound pain and significantly reduces pain-related behaviours in lambs undergoing surgical castration plus surgical or hot-iron tail dockings. There was no evidence of negative effects on wound healing or any risk of systemic toxicity. *Australian Veterinary Journal* 88 (3): 67-74.

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# Getting the most out of your pulse oximeter

**ATMOSPHERIC oxygen can be reasonably viewed as a plant-generated pollutant of enormous significance to the planet.**

Once photosynthesis evolved, organisms had the options of avoiding oxygen or adapting to it.

Most eukaryotes have oxygen-adapted to the point of dependence, with higher animals such as mammals being utterly dependent.

So much so that our oxygen transport protein, haemoglobin, will take up its maximum number of oxygen molecules when we breathe room air (21% oxygen) at the sorts of pressures that exist around the surface of the earth, odd places like the top of Mount Everest excepted.

Breathing a percentage of oxygen above 21% does not increase the number of oxygen molecules which can attach to an haemoglobin moiety. Until Joseph Priestly (unless Carl Scheele had precedence) collected the pure gas produced by heating mercuric oxide, the earth had never seen concentrations of 100% oxygen; 21% was the maximum and there is no logic to evolving to make use of higher percentages.

So most mammals are fine-tuned to 21% oxygen. As we inhale room air it passes down the trachea and bronchi where it is diluted by some water

vapour. Once it arrives at the alveoli it is further diluted by carbon dioxide entering from the bloodstream, while some oxygen is removed by the venous blood. By the time we breathe out, there is about 13% oxygen in the alveoli. This will still fully

saturate an haemoglobin molecule.

As an aside, you have to bear in mind that haemoglobin saturation doesn't actually respond to percentages of oxygen, it responds to partial pressures. But if you live in Lowestoft, the partial pressure of oxygen will not vary greatly.

When a depression sweeps across southern England, 13% oxygen

in the alveoli is about 100mmHg. Under a settled anticyclone, it might represent 130mmHg. Both do the job of saturating haemoglobin.

Let's think about a dog under anaesthesia based on isoflurane in oxygen. The vet notices a slightly low heart rate and asks his nurse to give a 1ml dose of atropine intravenously. The nurse mis-hears and gives a 1ml dose of atracium. The dog stops breathing. No one notices (this is a thought experiment only!).

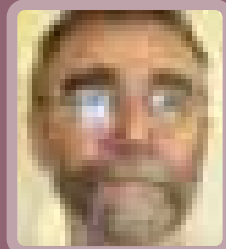
The question is: How long will it take for the dog to become hypoxic?

For this we have to do some thinking. The dog has been breathing 98% oxygen and 2% isoflurane. Deep down in its alveoli that 98% oxygen has been diluted by about 5% carbon dioxide from the venous blood and by about 5% water vapour from trachea and bronchi. That leaves the gas as roughly 88% oxygen.

As the minutes tick by and conversation passes from the *X Factor* to the perils of cheap holidays in the Far East, the dog absorbs oxygen from its lungs at about 5ml/kg/min. As this oxygen is taken up it is replaced by gas from the bronchioles.

The alveoli are held open by the rigidity of the chest wall and the negative pressure in the pleural space. The bronchioles contain 93% oxygen with 2% isoflurane and a 5% water vapour. This is not exactly going to reduce the oxygen concentration seen by the haemoglobin molecules to below 13% at any time soon.

Ultimately, any fully immobile lung



**PETER DOBROMYLSKYJ** discusses the use of this device that indirectly monitors the oxygen saturation of a patient's blood

**Petro (known as Peter) Dobromylskyj, BVetMed, BSc, DVA, MRCVS, qualified from the RVC in 1981, having also completed an intercalated BSc degree in physiology. He gained his Certificate (1991) and then Diploma (1997) in Veterinary Anaesthesia from general practice. He is a diplomate of the European College of Veterinary Anaesthesia and Analgesia (ECVAA); he was an RCVS anaesthesia board member from 1999 to 2002 and an examiner for the Certificate in Veterinary Anaesthesia (CertVA) from 2003 to 2006. He contributed to the BSAVA *Manual on Canine and Feline Anaesthesia and Analgesia*. He is currently based in Great Yarmouth, Norfolk.**

# Born to climb

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will develop some collapse of the alveoli in its lowermost areas. Collapsed alveoli do not oxygenate any blood passing alongside them and this mis-match of perfusion to ventilation will eventually generate arterial hypoxia.

Whether this takes five minutes or 50 minutes will vary from patient to patient. Cats and dogs are quite resistant; horses can do it almost as soon as the isoflurane hits the lungs, even while they are mechanically ventilated on a bad day.

### What does it mean?

So what does this mean to an anaesthetised dog breathing a gas mixture which is close to 100% oxygen? Arterial hypoxaemia, as reflected in the  $SpO_2$  from a pulse oximeter, is very unlikely so long as there is an occasional breath, problems such as a pulmonary embolus or pneumothorax excepted.

You could summarise this by saying that a pulse oximeter tells us very little about the adequacy of breathing under the conditions prevailing when most of us use one.

There is, however, one situation under which an estimate of oxygenation from a pulse oximeter really does reflect the adequacy of breathing. This is about two minutes after we have turned the monitor off. I am making the assumption that we turn off the pulse oximeter when we disconnect the patient from the anaesthetic circuit and move it out of

theatre.

As soon as we disconnect the patient from 100% oxygen there will be an exponential decline in the alveolar oxygen concentration/pressure towards that magical 13% or 100mmHg which only just keeps haemoglobin fully saturated. Oxygen washes out and room air washes in. This transition to room air is near complete in about two minutes.

At that time point the pulse oximeter starts to monitor the adequacy of breathing as well as finding a pulse, because any depression of breathing allows the concentration of oxygen in the alveoli to drop below the magical 100mmHg we have evolved to.

Unless it is back on its shelf, plugged into a charger of course.

Having looked at pulse oximeter readings into recovery, I have my own comfort zones. An  $SpO_2$  over 95% lets me relax. Close to 90% is interesting and I am wondering why the reading is so marginal while thinking about oxygen supplementation.

Below 90% an oxygen mask is in place and below 80% is potentially catastrophic.

Of course, the question here is, what has gone wrong to produce such a situation? This may take some time to sort out, but an oxygen mask over a patent airway generally allows time to consider this at our leisure.

Failing to pick it up is potentially catastrophic.

## AVA recommendations for performing general anaesthesia in cats, dogs and horses

THE Association of Veterinary Anaesthetists has published a number of recommendations for performing general anaesthesia in cats, dogs and horses. These state that, with the aim of preventing problems, whilst taking into account the economic considerations in veterinary medicine, every veterinary surgeon who performs general anaesthesia must be able to:

1. ensure the animal's airway is patent;
2. administer oxygen;
3. perform manually intermittent positive pressure ventilation (IPPV) (e.g. using an Ambu bag, an anaesthetic breathing system or in horses, a demand valve);
4. administer straightforward IV drugs and fluids, a venous access should be secured – ideally with an IV catheter;
5. perform basic cardio-pulmonary resuscitation (CPR).

In fulfilling these five requirements, the veterinarian must be competent in the use of specific equipment and learn the techniques of intubation, intravenous catheterisation, oxygenation and manual ventilation, all of which are relatively simple.

The requirements must be systematically applied to every patient undergoing general anaesthesia, even if no routine intubation, oxygenation or ventilation is considered. In practice this means that before inducing general anaesthesia, the veterinarian must make a checklist and answer positively to the following questions:

- Do I have everything required to ensure tracheal intubation?
- Do I have enough oxygen and is the equipment ready to deliver it?
- Can I immediately perform manual IPPV?
- Can I administer straightforward IV drugs and/or fluids, i.e. is the IV catheter in place and functional? If not, is everything ready to gain IV access after induction?
- Is a CPR procedure in place and are the emergency drugs available?



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## New anaesthetic waste agent adsorber

J.A.K. Marketing has introduced the AnaeSorber, which it describes as a new, eco-friendly waste agent adsorber. It is made at the firm's Yorkshire manufacturing unit.

It comprises a disposable canister, the components being manufactured

using recycled materials, filled with activated carbon. The AnaeSorber is suitable for use with isoflurane, halothane, sevoflurane and other similar organic agents; however, it is not suitable for nitrous oxide.

The AnaeSorber has a 22mm male inlet to allow easy connection to 22mm scavange tubing; the unit will continue to adsorb waste agents until it reaches its target weight.

Supplied with a plastic bag and tie to aid disposal, the J.A.K. AnaeSorber is available singularly or in cases of six. It will be available from this month with a special introductory offer, consisting of a 50p sticker on each AnaeSorber which can be peeled off and affixed to a collect-card and used against future orders of AnaeSorbers.



## Festschrift meeting in Liverpool in May

A FESTSCHRIFT meeting, "Anaesthesia and Critical Care in the 21st century: the First Decade", will take place at the BT Convention Centre in Liverpool on 12th and 13th May. The booking form can be obtained from [www.lsoa.org.uk/festschrift](http://www.lsoa.org.uk/festschrift); or contact [medsymp@btinternet.com](mailto:medsymp@btinternet.com).

Veterinary surgeons are welcome to attend. LSOA is the Liverpool Society of Anaesthetists.

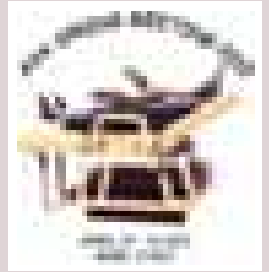
## AVA spring meeting in Italy

THE 2011 spring meeting of the Association of Veterinary Anaesthetists (AVA) will be held at the Sheraton Nicolaus Hotel & Conference Centre in Bari, Italy, from 13th to 15th April.

The main AVA meeting will be held on 14th and 15th April and state-of-the-art lectures and oral/poster presentations will cover all aspects of anaesthesia, analgesia and intensive care, with particular emphasis on the pulmonary ventilation, respiratory physiology and gas exchange during general anaesthesia and intensive care.

The programme includes a pre-congress (13th April) "residents day" seminar and workshop on mechanical ventilation and respiratory mechanics and a post-congress anaesthesia refresher course for veterinary practitioners.

For details see [www.avabari2011.com](http://www.avabari2011.com).



## Essential attributes of a pre-med

**RECENT in-depth market research<sup>1</sup> into vets' requirements from a pre-med revealed that the essential attributes include: an excellent safety profile, ease of use and compatibility with other agents, reliability, reduction of the dose of induction agent, contribution to effective analgesia, good value for money, together with it being widely used and trusted by experts.**

Janssen Animal Health reports that its alpha-2 agonist, Dexdomitor (dexmedetomidine hydrochloride 0.5mg/ml), meets these requirements. Compared to other sedatives, Dexdomitor reduces the hypotensive effect associated with general anaesthesia, the firm states.<sup>2,3,4</sup>

"Use of anaesthetic agents such as isoflurane can lead to vasodilatation and a fall in arterial blood pressure," says Ed Whittle, veterinary adviser at Janssen Animal Health. "The pre-operative use of alpha-2 agonists, such as Dexdomitor, counteracts these hypotensive effects by increasing vascular tone. This is in contrast to the pre-operative use of acepromazine, which can intensify the vasodilatation, and thus the fall in arterial blood pressure induced by isoflurane.

"In addition, Dexdomitor reduces the risk of adrenaline-induced arrhythmias<sup>4,5</sup> Organ perfusion is maintained<sup>2</sup>, while the degree of sedation is subject to a ceiling effect<sup>6</sup>, and is rapidly reversible with Antisedan.

"Dexdomitor contains only the pharmacologically-active isomer of medetomidine, dexmedetomidine<sup>2</sup>.

"By removing the inactive isomer, Dexdomitor reduces the hepatic metabolic workload compared with medetomidine, which may reduce the potential for drug interactions – particularly important in anaesthesia when many drugs are used in combination. Furthermore, by removing the inactive isomer which is thought to antagonise the effects of dexmedetomidine, Dexdomitor may produce more predictable and improved sedation and analgesia.<sup>6,7</sup>

"Dexdomitor is easy to use and is licensed for use in dogs i/v and i/m alone, and i/m in combination with butorphanol. In cats it is licensed for use i/m alone, and before ketamine. It can be mixed in the same syringe as torbugesic and/or ketamine.

"Dexdomitor's reliable and predictable dose-dependent sedation<sup>7</sup>, analgesia and muscle relaxation in both cats and dogs smoothes induction and reduces patient stress.<sup>4</sup> In addition, it substantially reduces the doses of drugs required to induce and maintain anaesthesia.<sup>8</sup>

"With the supply of acepromazine changing, now may be the time to review your choice of pre-medication for cats and dogs," says Mr Whittle.

■ For further information, contact a Janssen Animal Health account manager or call 01494 567555."

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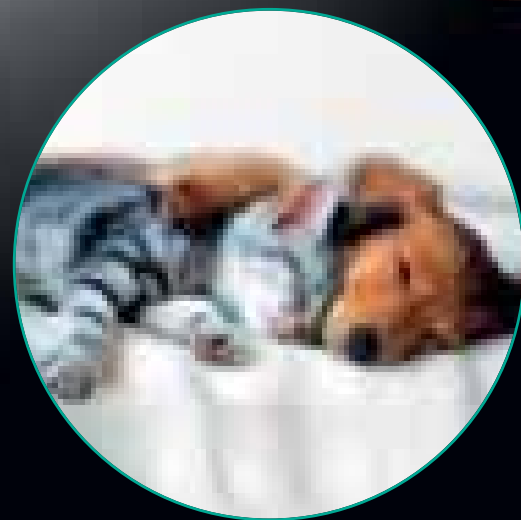
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# Ground-breaking work in wildlife management

**COUPLES in Pretoria needing a prelate for their wedding ceremony could confidently approach Reverend Harthoorn. With his crop of white hair and his trace of a Dutch accent, this 88-year-old is an imposing gentleman. But which young couple would know of this patriarch's background?**

My interest stemmed from being asked by Gerald Wright, chief warden of the Cape Point Nature Reserve, to dart zebra almost 30 years ago. The zebra (*Equus zebra zebra*) had been introduced to the reserve and flourished there, but this particular subspecies was not indigenous to this area.

We had to extract them from the rocky canyons and fynbos forests so that they could be relocated to the Mountain Zebra National Park. This was a new field of veterinary practice for me and that we did not lose one zebra was due to my applying the ground-breaking work done by Dr Harthoorn.

I had access to his thesis that procured him the Fellowship of the Royal College of Veterinary Surgeons. Capture myopathy, a sequel to being chased down and darted, resulted in high mortality.

After discussions with Gerald, I employed Dr Harthoorn's techniques and each zebra was given a "cocktail" of intramuscular and intravenous injections

Martin Briggs, BSc, BVSc, MSc(Med), FRCVS, is a veterinary dermatologist based at Newlands Veterinary Clinic in Cape Town, South Africa.



Dr Harthoorn with his wife and their youngest daughter.

on arrival at the boma.

We were blessed with the loan of a helicopter by the van Rooyen family and a skilled marksman in the assistant warden, Otto von Kushka. The boma would periodically erupt as Landrovers arrived in clouds of dust to discharge sedated zebra.

It was essential to revive the zebra as soon as possible and after a quick check, I'd excise the barbed dart from the rump and yelling at the staff to run,

administer the antidote before hightailing it up the boma wall to safety.

Such was the value of Dr Harthoorn's thesis that in a few days the whole herd was safely corralled ready for translocation. I was stimulated to attain the Fellowship

myself. Dr Harthoorn and I are the only Fellows of the Royal College in South Africa.

Dr Harthoorn no longer practises as a veterinarian and his human patients that come to him for homoeopathy are equally unaware of his pioneering work.

Dr Antonie (Toni) Harthoorn was born in Rotterdam in 1922. During World War II he was trained as an officer at Sandhurst and Aldershot in England and became a commando, being one of the first to parachute into Arnhem during the relief of the Netherlands by Allied troops.

After the war he qualified as a vet at the RVC in London and continued his studies at the universities of Utrecht (DVSc) and Hanover (DVM).

Because of the depth of his pharmacology knowledge, he was dispatched to Makerere University in

Kampala, Uganda. Mr Colman-Green, head of research of Reckitt & Colman, made available the entire range of M-series opiates for Dr Harthoorn to do game capture trials on.

With a menagerie of wild mammals at his disposal, he whittled it down to M99 and M183.

Dr Harthoorn is



Dr Toni Harthoorn (left) discussing some of the finer points of capturing game with the author.

unequivocally the pioneer of chemical capture and M99 is the jewel in the game capture vets' drug armamentarium.

Being 10,000 times as potent as morphine, our profession keeps this drug under the strictest control – not always easy where field work involves vast game reserves, transporting dangerous animals by various means and crossing international borders.

As with the newly-weds and the homoeopathy patients, few vets today are aware of Dr Harthoorn's contribution to the preservation of wildlife. Not satisfied with two postgraduate degrees from Europe, he added a DSc from Pretoria University and a PhD from London University.

His 90-odd scientific publications may be overlooked by the layman but his book, *The Flying Syringe*, was written for the public as well as game capture specialists. *The Chemical Capture of Wild and Captive Animals* was written as a textbook for veterinarians.

It is easy to imagine Dr Harthoorn finding favour with women and he is the leading character in the series of books by the late Dr Sue Hart, a fellow veterinarian. *Life with Dakari* is but one detailing this married couple's work in East Africa. Saving George Adamson's favourite lion catapulted them into the limelight and numerous television documentaries

followed.

Dr Harthoorn considers his most notable contribution to wildlife occurred during the flooding of the Zambezi valley on completion of the Kariba dam wall.

During "Operation Noah" 46 black rhino were rescued from islands created by the rising waters.

Even in retirement Dr Harthoorn continued to study – this time homoeopathy, with special interests in homotoxicology. He has built an international reputation as a practitioner in this field for which he proposes

the more inclusive term, "Integrative Medicine".

I feel immensely privileged to have been entertained by this icon of game capture practitioners. He lives on a farm outside Pretoria with his wife, Caitlin, an accomplished herbalist, and their three children. Yes, you guessed it, they're all girls!

■ Article reprinted with kind permission of *VetMed* 23 (3): June/July 2010.

**Being 10,000 times as potent as morphine, our profession keeps this drug under the strictest control...**



Gerald Wright of the Cape Point Nature Reserve assisting Dr Briggs with a zebra.

# Canine cognitive dysfunction – part 2

THE treatment of CCD is three-fold:

## 1. Drugs

The only drug licensed to treat CCD is selegiline hydrochloride (L. Deprenyl) which is a selective and irreversible inhibitor of monoamine oxidase B (MAO B). Selegiline has immune-system boosting and anti-neurodegenerative effects. It acts in four main ways: (1) it increases dopamine concentrations and metabolism; (2) it reduces the levels of substances in the brain responsible for glial cell damage; (3) it protects nerve cells from oxidative stress (free radical damage) and reduces cell death; and (4) it promotes synthesis of nerve growth factors.

Therapeutic effects of selegiline are thought to result in part from enhanced catecholaminergic nerve function and increased dopamine levels in the CNS. The pathogenesis of the development of clinical

signs associated with cognitive decline is considered to be partly a result of a decrease in the level of catecholamines in the CNS and deficiencies in neurotransmission. Selegiline can take up to 3-6 weeks to work.

Other drugs which can be considered include nicergoline and propentofylline. Both these drugs help improve cerebral blood flow by promoting cerebral vasodilation and have some neuroprotective properties.

A combination of selegiline and propentofylline may provide the best results.

## 2. Nutrition

When considering how to improve

memory, learning and trainability of dogs with CCD, there are three specific areas of nutrition to consider:

(a) Antioxidants have been shown to reduce neuropathology and promote recovery in neurons exhibiting signs of neuropathology. They act by combating free radicals and reducing oxidative damage

(b) Caloric restriction – limiting caloric intake can slow the rate of a dog's cognitive decline in old age. Why this works has not been fully elucidated but nevertheless it is wise to advise owners of senior dogs (and indeed dogs of all ages) to limit their food intake to maintain an optimal body condition score.

(c) Medium Chain Triglycerides (MCTs) have proven to be the breakthrough nutritional therapy to: (1) increase energy sources available for starving brain neurons, and (2) ameliorate the effects of compromised

glucose metabolism in the brain.

The benefits of this innovative intervention are: improved memory in senior dogs; increased attention span and ability to learn; and increased interactivity between senior dogs and their environment, including the owner and other household members.

MCTs are readily metabolised into beta hydroxybutyrate (BHB) and acetoacetate and released into the circulation where they are used by extrahepatic tissues such as the brain as an energy source.

One contributing factor to CCD is glucose malabsorption and utilisation.

The provision of increased quantities of

Dr JILL CLINE  
research nutritionist  
with Nestlé Purina  
Petcare, discusses the  
treatment of the  
condition

## Dog v. human pathological changes

Change associated with cognitive dysfunction	Dog	Human
Beta-amyloid plaques	Yes	Yes
Neurofibrillary tangles	No	Yes
Increased oxidative damage of brain tissue	Yes	Yes
Impaired glucose metabolism in the brain	Yes	Yes
Decreased frontal lobe volume	Yes	Yes
Changes in gray matter volume	Unknown	Yes

### Human dementia

Human dementia is diagnosed when cognitive deficits exceed what is expected for the age of the person and when they are severe enough to compromise a person's social and/or occupational functioning. It is diagnosed when a person has significant memory impairment plus at least one of the following:

- Aphasia (reduced language function)
- Agnosia (failure to recognise people)
- Apraxia (reduced purposeful movement)
- Disturbed executive function (ability to plan, organise or pay attention)

Many times, canine patients exhibit behaviours which mirror the human symptoms of agnosia, apraxia and disturbed executive function.

ketone bodies to the ageing brain provides an alternative energy source to the neurons at a time when glucose supply and utilisation is impaired.

### 3. Mental stimulation and behavioural support

Dogs with CCD benefit hugely from the provision of mental stimulation and behavioural support from their owners. Immense patience and understanding are required because these dogs often need to relearn common tasks such as housetraining.

The key to success is to supply structure and predictability, consistent messages, simple commands and clear rewards. Any training or stimulation should be given in short bursts as dogs with CCD have a limited concentration span.

Whilst ageing is an inevitability which all dog owners recognise, it can be very distressing when a faithful member of the family develops the clinical signs of CCD. Detecting this condition at the earliest opportunity will enable these dogs to receive the best advice and veterinary care to help ameliorate the symptoms and provide an enhanced quality and quantity of life.

Incorporating a programme to detect CCD cases early on and implement appropriate management including nutritional intervention will vastly improve the care given to geriatrics by veterinary practices.

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## Win a trip to the big awards evening

PETPLAN is giving away a VIP trip for two people to this year's Petplan Veterinary Awards in Birmingham on 31st March.

The prize includes two admission tickets to the evening, as well as accommodation at a top hotel in the city.

Often referred to as the "Veterinary Oscars", the awards are now in their 12th year, helping recognise, says the firm, the crucial role that veterinary staff play in practice and also within the community.

The awards are an opportunity for colleagues and pet-owners to thank their local veterinary stars who have gone above and beyond the call of duty.

Veterinary staff can be in with a chance at winning by nominating their practice or a member of staff for the following awards: Vet of the Year; Vet Nurse of the Year; Vet Support Staff of the Year; Practice of the Year

Alison Andrew, Petplan's marketing manager, comments, "Veterinary professionals up and down the country show great commitment and dedication to our pets everyday and the awards are an opportunity to recognise all their hard work. By nominating a colleague you can not only show them your appreciation but you can also going into the draw to win a fantastic night out."

Anyone making a nomination at [www.petplan.co.uk/vetawards](http://www.petplan.co.uk/vetawards) will automatically be entered into the draw to win the VIP tickets to the evening. Nominations for the awards close on 4th February and the winner of the VIP tickets will be announced later in the month.

# On-call or out-source – what's better?

**BEING a vet is, to many of us, the opportunity to fulfil a lifelong ambition.**

For a significant number it is the opportunity to follow in the footsteps of fathers, grandfathers, uncles or in some circumstances all three.

For others, like myself, we became the first vets in our family, breaking away from our own family traditions – many of my family made their livings as firefighters, a service many of us undervalue until events such as 9/11 and the Underground bombings remind of us of just how reliant we are on those who are willing to risk their lives for us on a daily basis.

When we decide to apply to vet school we pretend we understand all the pressures and requirements of such a profession – much of that in many of our cases gleaned from family, friends and, of course, the James Herriot books. We attempt to persuade our interviewers we understand the pressures of the public, our responsibility to public health and food production and the need to provide 24-hour veterinary care.

The traditional method of doing

Richard O. Sanderson, BVSc, MRCVS, graduated from the Liverpool veterinary school in 2009, where he received the Alumni award for academic excellence and was recently elected as chairman for the University of Liverpool Veterinary Alumni Association. After 16 months in mixed practice, Richard recently moved into companion animal practice. He can be contacted at [rosanderson\\_vet@hotmail.co.uk](mailto:rosanderson_vet@hotmail.co.uk).

this is an on-call rota – the vets within the practice equally sharing the out-of-hours workload.

This method is still the most common provision of out-of-hours cover but does pose a logistical problem: how that fits in with the legal requirements on how many hours you can work – and how many people routinely working excess weekly hours have signed the relevant documentation to allow them to do this? In addition, this rota can be as much as 2 in 3 and most people would think a 1 in 5 rota to be very reasonable!

But how does the quality of inpatient care and standard of work vary as a result of the out-of-hours provision?

## Part of being a vet

We have all had nights where we have worked all through the night providing inpatient care and seeing emergency consultations and surgeries and sandwiched that either side with a full day at work. Many of us functioned because we had to and that's just what we do as part of being a vet.

The onset of dedicated call centres which take over the phones in almost all forward-thinking practices means clients no longer get faced with trying to contact a practice in an emergency situation and being faced with a vet who is answering the phone half asleep, answering the phone midway through seeing another client or an out-of-reception message because the vet is out on a farm midway through a caesarean section!

Calling the vet out-of-hours is, of course, one of the most stressful situations clients can be faced with and

such call centres work wonderfully well in improving the standard of out-of-hours care.

However, in recent times, alternative arrangements have seen a rise in popularity – out-of hours work may be shared between neighbouring practices; one practice may hire night staff to provide the cover for themselves and other local practices; practices may use dedicated out-of-hours clinics – to name just a few of the more common ones.

## Appreciating the value

These services have both pros and cons and having worked in practices where we have shared the out-of-hours rota with and without call centre support and now working in a practice where we have a dedicated out-of-hours emergency clinic, I must confess I very quickly have appreciated the value of the last of these.

Whilst I was working in a practice where we provided our own out-of-hours cover, I didn't really appreciate the impact it has on the quality of your work – working through the night even when you don't get called out prevents you from relaxing and getting a good night's sleep.

After even a quiet night on call I would often feel like I'd spent the night in the pub!

This meant that the next day, without realising, the service you provided to the clients would not be as comprehensive and your technical

capabilities would be reduced. In many ways it was like driving a car after having a pint: you could still do it but your reactions and abilities were not quite as good as if you had instead had an OJ!

Since taking the opportunity to work in a practice where we use a dedicated out-of-hours service, I really have seen the benefits. The service we provide during the day time is far better because we are more focused, not as tired and have a far better work-life balance.

Our clients are generally far happier with the quality of service they receive during the day and many of them appreciate the value of the way my bosses have elected to provide out-of-hours cover.

They are also on the whole happier with the out-of-hours provision –

whilst they may have to travel a little bit further and see a vet/facility they are not accustomed to, they clearly value that in their time of need they will see someone who is not over-tired and over-worked and is hired to work through the night.

It is very easy to offset the negatives when clients know they are getting the very best service possible day and night.

This system, of course, works far more effectively in companion animal practice than in mixed or large animal work for obvious reasons but is a system which reaps the benefits for both the practice and us as staff but most importantly for the clients.

**After even a quiet night on call I would often feel like I'd spent the night in the pub!**

## AHT announces 2011 seminar programme

THE Animal Health Trust's (AHT) small animal referral centre is to run a series of full-day CPD seminars this year.

Sue Murphy, head of the AHT's small animal centre, said: "One of our main charitable objectives is to provide training and pass on information and we realise how important it is to do this in a way that is useful to vets in practice. We asked general practitioners what would be useful for them. They said good quality, good value CPD with good food so that's what we're offering this year."

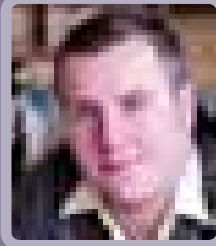
Each day costs £100, covering course notes, refreshments and buffet lunch.

The series includes a day, supported by the Kennel Club, focusing on the prevention, diagnosis and treatment of inherited canine disease. This is being held at the Hyatt in Birmingham on 30th March, prior to the BSAVA congress, and will feature lectures from European Specialists on ophthalmology, MRI screening and oncology along with an update on the latest DNA testing research to come out of the Kennel Club Genetics Centre at the AHT.

Four day-long courses will be held in the lecture theatre at the AHT in Suffolk and will run bi-monthly from Thursday 10th March. The days will focus on hepatic disease, surgical emergencies, endocrine disease and medical emergencies. A fifth day, aimed at nurses, will look at ways to deal with emergency patients.

Full details of the CPD days can be found on the AHT's website, [www.ahtreferrals.co.uk](http://www.ahtreferrals.co.uk)

The AHT will also be continuing its monthly evening programme of free CPD seminars at its site. Further details can be found on the website.



**RICHARD SANDERSON discusses the provision of out-of-hours cover and the options now available to practices**

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# A depressing start to the new year...

**I'VE said it before and I shall no doubt repeat it *ad infinitum*: my respect for those who work in animal rescue is limitless.**

They have the unenviable task of picking up the pieces and caring for society's rejects; constantly making life and death decisions, consigning animals to oblivion simply because there is no alternative; commonly exposing themselves to physical danger; and occasionally facing the worst results of human activity as well as the casual cruelty that happens all too readily and often.

All this is frequently made more depressing and problematic through lack of funding, inevitably a more challenging factor in these difficult financial times. Pressures can be intense.

Against this background it is easy to understand that the drive to find as many "good homes" for as many delightful and deserving unwanted pets as possible is strong, and may at times be overwhelming.

No one can doubt the good intentions which underpin the actions of many well-motivated rescue workers. And obviously, in any area of endeavour there will be differences of opinion on the best way to achieve the same outcome, and different approaches to the same issue.

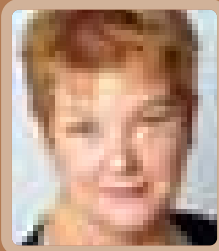
However, there must also be ever present in such scenarios the danger that the desire to improve the lot of one particular individual or group is so strong that it has the potential to override the welfare and quality of life of another animal or animals.

Sadly, this appears to have been very well demonstrated by a recorded interview recently featured on a major TV channel and later posted on its website. For anyone with an interest in feline welfare, it made for a depressing start to the New Year.

The clip showed one particular staff member, apparently with a degree of seniority – which made it all

the more alarming – at one of a major charity's rescue centres; a charity, as it happens, that cares exclusively for dogs – and therein lies the rub.

The topic under discussion was testing canines to assess their ability, or otherwise, to live in homes that also house a feline or two. Excellent idea, what could be better? As we know too well, and the feature made clear, because so many potential owners now favour multi-pet groups, and often mix their companion species, when dogs can't tolerate the proximity of a cat, their chances of successful placement are naturally diminished. At this point, however, paving stones and the road to Hell entered the picture in a fairly major way.



**FRANCESCA RICCOMINI**  
argues that good intentions do not always justify misguided actions

## Decent motives can still lead to mistakes

As with so many things in life, it's not only what we intend but what we do that matters; combined I suggest with what we really know as opposed to what we think we know.

Method and practice are of equal importance with theory when dealing with companion animal behaviour, especially when attempting to identify stress and distress.

After all, this can be difficult enough with our own as, given our differing inherited tendencies, personalities and experiences, we all react differently to the same or similar sets of circumstances. But we do at least have the advantage of being personally familiar with basic species norms.

When it comes to dealing with other types of animal, especially if/when they represent a group with which we do not usually work, or are not especially familiar, it is all too easy to make mistakes and cause inadvertent suffering.

Under these circumstances, we have a clear obligation to ensure we know our own limitations, seek better informed advice if necessary, and always err on the side of caution. And the rapid and significant expansion of knowledge with regard to feline behaviour that has taken place in recent years, combined with the sterling efforts of many, including numerous people within the charity sector, to disseminate this, and the principles of good practice when

dealing with cats, made what we saw and heard particularly disappointing.

## Despite our efforts cats are still misunderstood

One really would have hoped that the message had finally got "out there" that trapped animals are more likely to become aroused and stressed in a given set of circumstances than they would if they had the ability to get away.

Indeed, this was apparently confirmed later in the clip when the cat in question was allowed to mix freely with two individual canines but with the significant advantage of having the choice of whether he did so or not.

Surely, most veterinary and rescue personnel who handle cats in any way are now aware they de-stress more rapidly when able to retreat and hide, preferably in high, dark places.

This is why it is commonly recommended that felines are always transported to and within clinics and rescue centres in covered carriers, which are then carefully placed in elevated locations; and any animal, particularly a cat, is not likely to be "still very, very relaxed", as confidently asserted, if it is cowering, shows evident muscle tension, has flattened ears, widely dilated pupils and is spitting, hissing and lashing out with its paws.

When it is trapped in an open cage on the floor of a brightly lit, glass windowed corridor; is being subjected

to the investigative attentions, including in one case barking, of a series of unfamiliar dogs that are being paraded past it, it also seems that common sense dictates its aggressive behaviour clearly demonstrates it feels just a mite threatened. Rather than, as the commentary suggested, it "may just be Britain's bravest cat".

## Damage limitation – but is it enough?

This was undoubtedly one of the starkest demonstrations I have seen that unless one feels the sacrifice of the individual's welfare to a greater good is always justified, good-hearted people with the best of intentions sometimes do get things spectacularly wrong, and animals suffer.

No wonder it set the feline behaviourists who had returned to work all aflutter. The good news, however, came when we learned from the highest authority that this most definitely did not represent official policy; was against the organisation's ethos and instructions; had caused its enlightened members as much distress as the rest of us; and immediate action was being taken.

The not-so-good news is that four days on, and a week into 2011, the recording was still being featured on the TV company's website. And, as a more IT-literate colleague has warned, its potential to undermine feline welfare by being copied and disseminated even further, sadly, therefore, remains undiminished.

## Dog breeding advisory group starts work

THE Advisory Council on the Welfare Issues of Dog Breeding had its first meeting on 8th December. The Council is a non-statutory advisory body established to provide advice and guidance to governments and everyone with responsibility for the welfare of dogs on problems associated with poor standards in dog breeding.

It was set up with support from DEFRA and the devolved administrations following recommendations of three recent reports which stated that problems relating to dog breeding were a major concern needing urgent action. It receives no government funding and its work is being funded by a number of animal welfare charities.

The aim of the Council is to develop an action plan to combat health problems caused by inherited disease and exaggerated features and to raise public awareness of the problems.

The chairman is former RCVS president, Professor Sheila Crispin; other veterinary surgeons on the council include Chris Laurence, Dr Clare Rusbridge and Dr Rachel Casey.

## Business development consultancy

DAVID Hurd reports that he has established The David Hurd Consultancy to provide confidential assistance with veterinary business development, veterinary product registration and quality management systems.

Mr Hurd is a chemical engineer with over 30 years experience in the pharmaceutical industry, having held senior technical and commercial positions at board level in both human and veterinary companies.

Further information can be found at [www.davidhurdconsultancy.co.uk](http://www.davidhurdconsultancy.co.uk) or by contacting Mr Hurd at [davidhurd@davidhurdconsultancy.co.uk](mailto:davidhurd@davidhurdconsultancy.co.uk).

Francesca Riccomini, BSc(Hons), BVetMed, CCAB, MRCVS, DipAS(CABC), is a certified clinical animal behaviourist, a member of the Association of Pet Behaviour Counsellors and the Feline Advisory Bureau's Expert Panel. She also lectures and writes extensively on companion animal behaviour.

# Unravelling a universal language...

**THE Pherosynthese Research Institute held its first International Symposium on Chemical Communication among Living Beings from 18th to 20th November in Apt, France.**

The event, of which Ceva Animal Health was the main sponsor, was attended by some 200 participants from a variety of fields, including veterinary surgeons and behaviourists.

Patrick Pageat, a veterinary surgeon who is research and development director at Pherosynthese, explained that pheromones are

chemicals that convey information between animals of the same species and affect the behaviour of the animal perceiving them.

The identification of pheromone molecules makes it possible to use chemical messages to elicit predictable behavioural response, he said.

The use of pheromone products for the welfare of wild animals at zoos has yielded promising results in elephants, tigers and wolves, he added.

Xavier Manteca, a Spanish veterinary surgeon at the Autonomous University of Barcelona, noted that in farm animals "pheromones can be extremely useful to solve welfare and, ultimately, economic problems that might otherwise be hard to solve".

All canine bodily secretions (saliva, urine, skin gland and vulvar secretions, etc.) contain chemical signals with the potential for olfactory communication, whether for direct (face-to-face) transmission or to leave in the environment, said Jaume Fatjó, also from the Autonomous University of Barcelona.

Each dog has a particular chemical

profile containing compounds that reflect its emotional state, i.e. pheromones. "These are behaviour modulators that interact with other factors such as social context or prior experience," he said.

"It is during the sensitive period (2.5 to 12 weeks) that puppies can be

socialised with other dogs and species and habituated to a new environment," said Gary Landsberg, a veterinary behaviourist at the North Toronto Animal Clinic in Canada. "Insufficient socialisation and habituation leads to fearful and aggressive dogs unable to cope

with new stimuli."

Dr Landsberg presented a study in which the use of a DAP collar in puppy classes significantly reduced the animals' fear and anxiety, while at the same time improving both puppy learning and owner satisfaction compared to classes where placebos were used.

## Feline social communication and welfare

Contrary to humans, for whom retreat and solitude are seen as symptoms of discontent, "cats have a fundamental need to be in control, and their social relationships are largely limited to relatives", said Sarah Heath of Behavioural Referrals Veterinary Practice in Cheshire.

A multi-cat household can thus lead to social incompatibilities and, ultimately, to anxiety or even physical ailments, such as skin conditions or cystitis, she said, adding that feline pheromones can be used both to decrease signs of social tension and as a preventive measure, for example, when introducing a new kitten to a

home.

Prolonged emotional states associated with environmental changes can also lead to anxiety and frustration in cats, said Rachel Casey from the Bristol veterinary school. Controlling cats' olfactory environment through the use of a familiar scent or allowing them to exhibit normal behaviours (e.g. predatory behaviour or the avoidance of eye contact) can help to increase their welfare.

In this context, she concluded, synthetic pheromones have proven to have a positive impact on how animals respond to a new environment.

## Behavioural medicine

"Behavioural problems are common in dogs and cats, and they are the number one reason for euthanasia of pets," said Kersti Seksel who runs a behavioural referral veterinary practice in Australia). Anxiety-related disorders are the most common cause of behavioural problems, and studies have shown that 1 in 6 or 7 dogs is affected by this kind of disorder. The numbers are thought to be similar in cats.

"Pheromone analogues, when used

in combination with behaviour modification, can make a difference in those disorders," she said.

"Pheromones are an easy intervention that trigger a fairly quick response," said Debra Horwitz of Veterinary Behaviour Consultations in the USA). "These compounds have been used in dogs to manage anxiety-related disorders (fear of noise and storms, separation anxiety) and in cats to manage urine spraying, scratching behaviour and stressful situations (e.g. moving or travel)," she said. "They could also be useful in potentially anxiety-related recurrent medical problems, such as recurrent feline cystitis of unknown origin. In addition to classical drug interventions, other strategies can be considered," she added.

Ranieri Verin, a veterinary surgeon at Italy's University of Pisa, presented the results of a potentially groundbreaking study in cats showing that some behaviour disorders may be linked to certain pathologies that impair the organ responsible for pheromone detection.



## 148 years ago

**Student life at the Royal Veterinary College as recorded in the 1863 diary of George Williamson**

### Wednesday 4th February

Fine the early part of the day but dull and inclined for rain the latter part. Rose at 8.15 was at the College 9.15. Mr Varnell described the muscles of the tail and the Gastrocnemius externus and the Gastrocnemius internus muscle. Writing out Mr Simonds lecture on Distemper. Mr Tuson lectured on Sodium and its compounds. Copying notes of Mr Simonds lecture on distemper into book. Mr Spooner lectured on the treatment and Jurisprudence of String halt and commenced Tetanus. Dissecting, gave off the remaining muscles of the os innominata and femur and sawed it off. Left off about 4 o'clock. Macintosh walked with me as far as Kings Cross Station. Went to Mr Pritchards course in the evening, he ground us on the muscles which attach the fore extremity to the trunk. Just as I sat down to work I was told I was wanted and I found Adams and Marlow two fellow apprentices with me at Gilberts. They are both in wholesale houses in the city, they went about 10.30. I then sat to work and finished entering notes on Distemper in the dog and went to bed at 2.15.

### Thursday 5th February

Fine but very mild. Rose at 10 to 9. Scrambled up off without any breakfast and succeeded in getting to the College 5 minutes aftertime by 9.20. Mr Varnell lectured on the Gasocnemii tendons and the peroneus muscle. Writing out notes on cramp and String halt. Mr Simonds lectured on sporadic affections commencing with constitutional synovitis as affecting lambs in the eastern counties and also on Rickets of sheep and the treatment of these diseases. Dissecting hind leg until 4 o'clock. Was measured for a pair of boots to cost 18/- and be done on Saturday the man to come at 6 to try them on. Went to Mr Varnell's grind he examined us on the muscles of the haunch and upon ulceration and wounds. Father, William and Emma were all out having gone to hear a lecture on Henry the Eighth by Mr Ogden. Writing out notes of Mr Spooner's lecture on Tetanus which I finished. Went to bed at 2 o'clock.

■ Extract from *A Victorian Veterinary Student's Diary* by D. R. Lane, published by the Granville Penn Press, Netherton Lodge, Querington, Cirencester GL7 5DD. Hardback, 241pp, 13 illustrations, price £25.50 (includes post and packing).

## Where in the world?



This photograph of a sign outside a veterinary practice was taken by a *Veterinary Practice* correspondent during a recent trip abroad. It's a great name for a practice but where exactly is it located? If you know the answer, then drop an e-mail to [editor@veterinary-practice.com](mailto:editor@veterinary-practice.com) (or send a postcard to us at 30 Diamond Ridge, Camberley, Surrey GU15 4LD) – either way please include your address because the sender of the first correct answer drawn from our barrel on 7th March (2011) will be sent a dozen bottles of rather nice wine – not necessarily from the country where the practice is based.



# Effective use of supplements

## SELENIUM (Se) and vitamin E were topical at the World Buiatrics Conference in Chile last November.

John Maas described a trial comparing three methods of selenium supplementation and concluded that intra-ruminal Se boluses or Se fertilisation of pastures resulted in superior increases in blood Se concentrations in beef cattle intensively grazing on irrigated pastures versus cattle receiving a single Se injection.

The bolus treatment achieved more consistent increases in blood Se concentrations. Liveweight gain was significantly better in the group on the selenium fertilised pasture, but it was debated as to whether this might be because of increased palatability of the sward.

A meta-analysis by Eva Zeiler of 19 previous papers demonstrated that by supplementing vitamin E and selenium the mean relative risk for mastitis was reduced by 34%. The effect was stronger (-40%) when supplementing selenium on its own, compared with supplementing vitamin E on its own (-30%).

On average, the somatic cell count was reduced by 24,000 cells per ml milk, when supplementing with both vitamin E and selenium. Milk yield was significantly increased (on average by 1.0kg milk per animal per day) and the effect of vitamin E was considerably higher than that of selenium (on average +6.5kg v. +0.4kg milk).

David Black, BVM&S, DBR, MRCVS, qualified from Edinburgh in 1986, and in 1992, after time in practice and with Voluntary Service Overseas, returned to Cumbria, joining a three-man practice in Dalston. Paragon Veterinary Group now employs 18 vets, has built a small animal veterinary hospital, redeveloped a farm into a large animal and equine centre with operating facilities, merged with an embryo transfer company, and has an associate practice in Cumbria. Mr Black is now managing director of Paragon Veterinary Group and also managing director of XLVets, a growing company composed of 46 veterinary practices around the country which are committed to the future of British agriculture and who are working together to promote "excellence in practice".

This work confirms that pre- and post-partum supplementation with vitamin E and selenium may be beneficial. However, another paper presented by Ruurd Jorritsma cautioned that over-zealous supplementation of vitamin E in the dry period (the study compared 135iu against 3,000iu) actually increased the subsequent risk of both subclinical and clinical mastitis, so work needs to be done to evaluate the optimum levels, and especially when in combination with selenium.

### Neonatal pancytopenia

Andrew Holliman (VLA Penrith) and Sandra Scholes (VLA Lasswade) organised and chaired a packed symposium on bovine neonatal pancytopenia (bleeding calf syndrome) in which papers from the UK,

Ireland, Germany and Belgium were presented.

Cosme Sanchez-Miguel presented an overview of the situation in Southern Ireland, where the first cases were seen in March 2010. A total of 11 cases had been seen up to November 2010, with all dams having been vaccinated against BVDv.

The Central Veterinary Research Laboratory in Ireland is currently collaborating with the Moredun Research Institute on a series of experiments concerning the effects of hyperimmunisation, colostrum feeding experiments and haematological and immunological measurements.

Bart Pardon from Belgium discussed the results of flow cytometric and immunofluorescence staining studies. The objective of the study was to verify the hypothesis that BNP is an immune-mediated disease.

The binding of antibodies in the sera of BNP +ve dams to leucocytes from calves that had survived the disease was demonstrated, and the results support an immune-mediated pathogenesis for BNP.

Kerstin Muller from Germany outlined the BNP situation in Germany, where more cases have been seen than in all other European countries. She made an interesting observation that of 396 farms investigated with the condition only three had not vaccinated against BVDv.

There seems to be a general consensus that this is an immune-

mediated condition linked to the ingestion and absorption of a colostrum-mediated factor. Andrew then detailed the progression of the disease in the UK and the development of the DEFRA-funded project designed to investigate the syndrome. The results of a recent case control study are eagerly awaited.

And finally, Sandra outlined the pathology and discussed the likely pathogenesis of the lesions. Taken in conjunction with the clinical observations, the pathology indicates injury to the haemopoietic stem cells at or shortly after birth. This lack of stem cells leads to deficiencies of megakaryocytes and hence platelets, explaining the clinical signs of haemorrhage.

### Test quantified

Jude Roberts from the UK presented some initial results from her PhD which, using viscosity measurements, quantified the number of somatic cells in milk required to create a positive result using the California Milk Test (CMT).

Samples with low SCC produced lower viscosity reactions while high SCC samples produced higher viscosity and took longer to reach this state.

Jude showed that 390,000 cells/ml was a very specific point at which the CMT was detectable, and this may in fact be too high a threshold for herds that are trying to identify sub-clinical cases of mastitis especially when most vets and farmers are now using 200,000 cells/ml as a measure of (a) freedom from subclinical mastitis, (b) effective treatment, and (c) to select appropriate dry cow therapy regimes.

It was a surprise to several delegates that this commonly used test had not been quantified like this before!

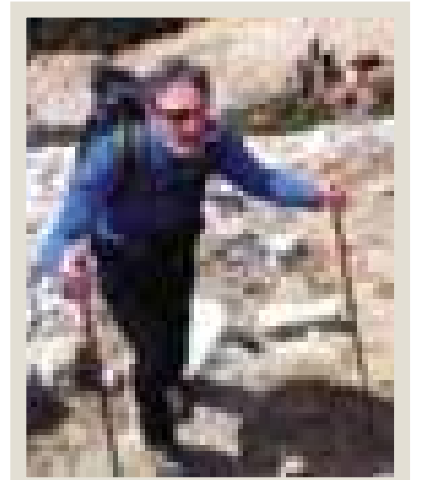
### Mobility scoring

Use of mobility scoring to identify lame cows for treatment early in the course of the disease, improves welfare and helps maximise 305-day milk yield. This was the conclusion of a peer-reviewed paper presented by Simon Archer from Nottingham University.

Reduction in milk yield for lame cows is hard to demonstrate, as it occurs over a protracted period of time. Also, lameness is a production disease so higher yielding cows are more likely to be affected.

### Metabolic profiling

A very good keynote presentation was given by Robert Van Saun on the indicators of dairy cow transition risks and he proposed that the concept of



Andy Holliman takes to the slopes.

metabolic profiling should be revisited.

He reminded delegates that more than 50% of all calving cows experience some sort of metabolic disease. Metabolic profiling is indicated to identify not only nutritional status of a group, but also to identify subclinical disease and potential risk of disease.

Currently, parameters such as non-esterified fatty acids (NEFAs) and  $\beta$ -hydroxybutyrate (BHB) are measured and used as predictors, but Robert argues about cause and effect and suggests that these changing parameters may simply be a direct effect of reduced dry matter intakes (DMI) prior to calving. And he suggested that suboptimal production in early lactation cannot be accounted for only by reduced intakes – so something else must be utilising energy, such as inflammatory reactions, and that any immune response is further depressing DMI and milk production.

None of the current parameters that we measure is specific to any one disease, so are we genuinely identifying risk, or are we simply detecting disease



San Cristobal in Santiago.



A sign spotted while trekking.

very early? Robert suggests that there can be no standard approach, and that many proposed sampling groups miss the dynamic points of change.

In most metabolic profiles, mean values are meaningless, while costs can be prohibitive, so metabolic profiling should be customised to particular

#### CONGRESS SNIPPET

Urovagina should be classified as mild (urine only on the floor of vagina), moderate (urine covering less than or equal to half of the external cervical os), or severe (urine covering more than half or whole of the external cervical os).

This condition is probably underdiagnosed, yet the moderate and severe manifestations have a very significant negative effect on the likelihood of a cow becoming pregnant. Proven risk factors are: forward sloping pelvic girdle; a horizontal vulva; low body condition score; and endometritis in the first 60 days post-partum.

herd problems and targeted at animals that are free of obvious clinical disease to avoid confusion arising from outlying results resulting from concurrent disease.

It is likely that, in the future, multi-component indices will be developed, such as the “liver activity index”, which will hopefully allow more strategic interventions to genuinely prevent disease.

To date, risk factors have been characterised, but application to disease prevention has been elusive.

Sara Riuzzi presented results of a study demonstrating correlations between pre-partum blood and urine parameters and post-partum blood calcium. She suggested that the significant correlation between the levels of blood phosphorous and urine urea sampled before six days pre-partum and blood levels of calcium sampled within 36 hours post-partum could form the basis of a useful indicator of the risk of milk fever post calving.

#### Challenges ahead

A seminar was run by Mark Bryan (New Zealand), Ian Goodbrand (Canada) and David Black (UK), entitled “Keeping the Flame Alight”, addressing the challenges facing rural practice around the world.

The speakers suggested “that the continued provision of successful rural veterinary (large animal) services is of global importance”, giving the reasons

of biosecurity, animal welfare, food safety and socio-economics.

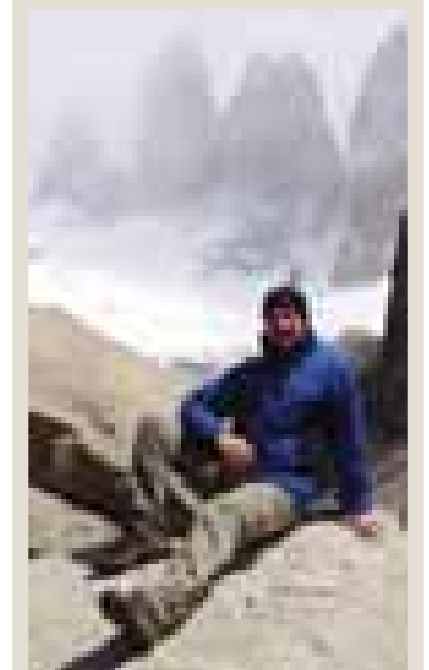
Mark explored the changing demographics, needs and aspirations of “Generation Y” vets, and what must be done to maintain their interest and commitment, especially in mixed rural practices, concluding that they needed (a) a lifestyle which allowed them to work to live, (b) a collegiate, team-based environment, (c) continual learning opportunities, (d) opportunities to change career path, and (e) chances to embrace technology.

Ian described a novel approach in his remote Western Canadian practice whereby provision of an on-site crèche and day-care centre has allowed his mainly female workforce to return to their careers very easily and integrate family life with the practice.

David described how the development of the XLVet group of 46 practices in the UK was attempting to address, amongst other aspects of modern practice, many of the “Generation Y” issues, and how that model might work in other countries.

During discussions it became clear that these challenges were recognised around the world, but that some developing countries such as Chile were more concerned about the quality of veterinary training itself, and the ability to find challenging jobs of any description.

Brazil, for example, has 142 vet schools and 4.1 million farms, many of which have fewer than 10 animals.



The author relaxing at Torres del Paine.

#### ERRATUM

In part one of these reports (on page 37 of the January issue) an incorrect symbol appeared in the opening sentence of the final paragraph at the foot of the third column. It should have read:

The examples he gave were of hormonal growth-promoting implants and the use of beta-agonists which he suggested would give 43.6kg more beef in 20 days with no increased carbon or water footprints.

# Seeking to be more actively involved in herd fertility improvement

CONCERNED that he was becoming little more than a pregnancy scanner for some dairy clients, Neil Laing of the Clyde Veterinary Group decided that, rather than waiting to be asked, he needed to get more proactively involved in herd fertility improvement.

At the recent international Sustainable Dairying Symposium staged in Barcelona by Pfizer Animal Health, he told UK vets that the first client to say yes to his selective synchronisation proposal was £8,000 better off for a £1,000 outlay after just one year.

The client was a 280-cow herd in Lanarkshire, already performing respectably. Milk production was averaging 28-30 litres per cow per day all year round, equivalent to about 9,000 litres/cow annual yield, with a 406-day calving interval. The herd

owner, though, recognising that better was possible, agreed initially to a one-year trial, though only after Mr Laing had taken the initiative, pitched the proposal and asked for the go-ahead.

The programme involved selective breeding synchronisation. “Neither the client nor I wanted to blanket-treat all cows on the kind of synchronisation programmes used in the USA for example,” he explained. “But I did want to move from haphazard to planned involvement in improving fertility.”

On a fortnightly routine, the programme designed specifically for this client and implemented by Mr Laing with the farm workforce involves frequent observation of cows, good record-keeping and a “CIDR selective oestrus synchronisation” protocol.

Even before the programme was started, Mr Laing said conception rates

in this herd were good. At 65% to first service and 70% to the second, he suggested these data in conjunction with good milk yields could be an indicator of particularly sound nutrition.

Before his intervention, however, heat detection and the use of “watch lists” were not good. As a result of the programme, the continuingly good conception rates combined with getting more cows served before 100 days in milk had brought the herd calving interval down by seven days in the first year, worth £28/cow, said Mr Laing.

#### Major concern

At the animal health forum at the 2010 Dairy Event and Livestock Show, Jonathan Statham from the Bishopton practice in Ripon said that sub-optimal dairy cow fertility was “a major concern”, citing data from NMR that the national average calving interval was about 426 days.

He quoted a Dutch study in which

cows were scanned and hormone profiles taken that found 42% of high yielding cows not showing signs of heat, despite an otherwise functioning oestrus cycle. So, while better observation was clearly essential, he said other techniques were also needed to help identify oestrus in cows showing weak or zero observable evidence.

Specifically, he mentioned using tail paint, heat detection systems and CIDR-based selective synchronisation.

Returning to Neil Laing’s experience, based on evidence from his pilot herd, several more of the Clyde practice’s clients including suckler beef herds are now pursuing selective synchronisation.

“Whole-herd synchronisation may be expanding in the USA, but I’m not sure it’s right for the UK,” said Mr Laing. “But used selectively, synchronisation does have UK potential in the right situations.”

Speakers at two events discuss their efforts to deal with problems of sub-optimal fertility

# The Minister, vets and trust...

**AS you read this article the Minister will be giving final thoughts and conclusions on a 120-page report that has shed light on significant issues. Will a new proposition, that does not exist anywhere else in Government, be accepted?**

The report states, "Some will doubtless fear that this initiative will go the way of past initiatives that have promised much and delivered little. Some stakeholders have told us that, when they sit on DEFRA 'stakeholder' groups giving advice or opinions, it is not always clear how that input is used, if at all, to inform policy. We have worked hard in defining new arrangements not to fall into these traps."

It is expected that DEFRA will never be the same again. A "lack of trust" has been identified between Government and animal keepers. Exactly how this has come about is not defined within the report on *Responsibility and Cost Sharing* but the establishment of an England Partnership Board is seen as the way to move forward.

The list of people who have contributed to the content and ideas contained within the report is long and impressive. It is perhaps easy to speculate that DEFRA arose from the unpleasantness of the foot-and-mouth disruption of 2001 and that it was always reacting rather than operating in a planned fashion.

Ten years later a fresh start is "badly needed" and everyone, including Ministers, civil servants, animal keepers, vets and other stakeholders will be expected to change the way they work.

Since the reporting group was set up, the reduction in spending has been defined and the DEFRA budget is to be reduced by 30%. In loose terms this is around £100 million per annum and is roughly equivalent to the annual cost to the Government of bovine TB.

The figures available from financial audits, however, have been shown to be able to give "a snapshot in time" assessment but, "they are not of a quality which would be needed to implement a comprehensive cost sharing regime". To some extent this reflects the day to day difficulties of dealing with disease and the associated costs but one of the first actions for the Partnership Board would be to have a

management budget.

When the reporting committee was established, there was a declaration of aims:

"The overall aim of Responsibility and Cost Sharing is to reduce the risk and cost of animal disease and improve the welfare of kept animals." As time went on, another sentence was added: "We also need to: rebuild and maintain trust between animal keepers and DEFRA; and improve the effectiveness and value for money of policy and delivery." The new initiative now has a very clear direction and purpose.

The kept animal sectors have been defined and include "farmed animals contributing to the food chain or kept for other commercial reasons (for example, beef and dairy cattle, sheep, pigs, camelids, poultry, game birds, farmed fish) where the animal keeper must earn an economic return on the activity; animals kept by "hobby" farmers who may not be seeking a commercial return; animals kept for competition, display, performance, conservation or other reasons, where a commercial return may be required or where some element of private or public subsidy may be available; and companion animals kept by individuals, families or groups. Individual species may fall into any or all of the above groups."

Some figures have been allocated to the various sectors, which may come as a surprise to many. The economic value of companion animals is not stated but a table shows that if the value of cattle, sheep and pigs are added together they come to a similar figure allocated to horses at some £7,000 million.

Somewhere there will be a figure for the losses saved by animal health support and it is in this area of economics that veterinary surgeons can expect to become increasingly involved. What is it worth to keep disease at a low level by forward planning rather than having adequate coffers to cover failure of disease control?

The report identifies that Animal Health has had around 10,000 individuals performing work as Official Veterinarians in the past five years, coming from around 2,200 practices.

There are currently around 600 vets employed in various parts of Government for the purposes of, among other things, policy

development, technical advice, and veterinary practice. This includes about 300 at Animal Health, 100 at the VLA, around 50 in other parts of DEFRA (including its other executive agencies), 40 at the Food Standards Agency and 25 in other Government departments.

The interdependency of large animal practice and Government is one of the expected areas for change, while recognising the role of vets in improving animal health. Much of this work is expected to be in partnership with stakeholders and not directly funded by DEFRA. Intense discussion can be anticipated but it is clearly indicated that current arrangements will not continue. This is said to offer "a great opportunity" for the veterinary profession.

One of the comments about the report is that a 30% cut will make sure that there is real change. If the proposals were for 10%, then things would continue as is with a little tinkering but now there is a real need to move on and develop a much better structure.

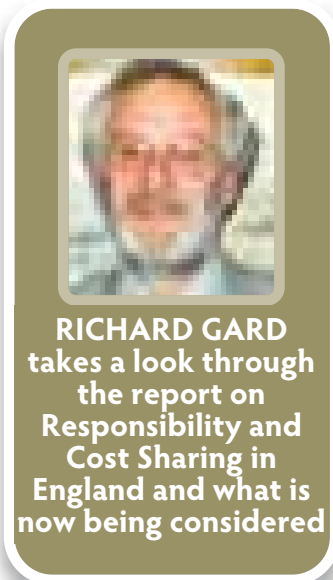
The proposal is for the England Partnership Board to be made up of 12 individuals. Three or four of these will be civil servants with budget responsibilities for animal welfare and its delivery. The CVO at DEFRA is to be an *ex officio* member and the CEO of the new Animal Health and Veterinary Laboratories Agency should attend meetings of the Board as appropriate. The external Board members should serve in an individual capacity rather than as formal representatives of particular sectors or organisations.

## Lead responsibilities

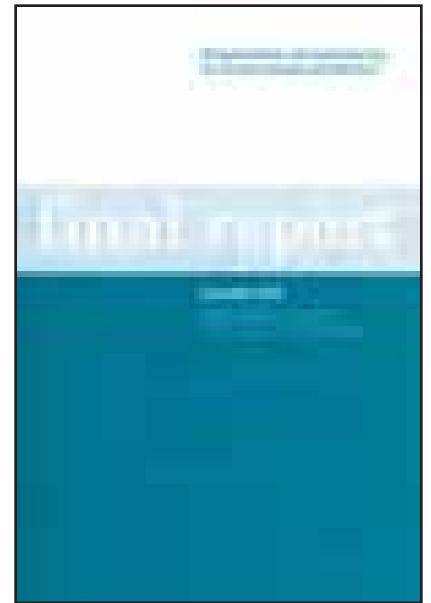
Establishing effective channels of communications between the stakeholder interest groups and organisations is said to be "vital to successful partnership working". Each external member will have a "portfolio" comprising lead responsibilities for one or more industry, sector or other interest groups, including the relevant professional bodies. They would act as communication channels between these groups and the Board.

The way in which the various bodies and interest groups organise themselves to exploit these communication channels, both into and out of the Board, will be crucial to the Board's effectiveness at representing the views of all animal keepers.

The Board will advise the Minister and ultimately be accountable to him. The Minister will take responsibility for decisions and will be accountable to Parliament. The report continues: "We propose that the Board should be the



**RICHARD GARD takes a look through the report on Responsibility and Cost Sharing in England and what is now being considered**



sole source of Departmental advice to the responsible Minister on all strategic health and welfare [sic] matters relating to all kept animals in England. There should be no 'parallel track' of advice to the Minister from officials within the Department on these matters. This will give effect to the requirement that the Board, and in particular its external Board members, are central to the DEFRA decision-making machinery.

"It would be expected that the Minister would in most circumstances accept the advice offered by the Board and if, in exceptional circumstances, he decides not to do so he would make public his reasons for taking a different view."

Built into the proposals is recognition of the need to avoid unintended consequences. One of the examples is the risk that disease remains unrecorded if compensation is cut. Disease surveillance is one of those areas of opportunity for practices. Another area for consideration is recognition of good farming practices that prevent disease so that farmers who put in a great deal of effort should in some way be rewarded for reducing the area disease risk.

It is recognised that the food chain is complex but it may be that the Board could exert real influence with the full range of stakeholders. Also highlighted is the need for insurance against disease and health breakdowns. Farm animal vets may gain valuable insights from their small animal colleagues about the benefits and operation of animal health insurance.

There is no timetable for developing trust but the need is urgent. It is all about people and if the right individuals step forward confidence can return to the application and policy of animal welfare. The first communication is awaited from the Minister.

# Partnership working – the big idea

**IT is time to consider the role of veterinary practices with the new order of disentanglement from financial dependency on the Government.**

In the cattle regions, there are rumblings that if the involvement with TB testing is lost, then some practices may stop cattle work altogether.

The cattle are expected to still be at pasture so a rearrangement of service provider can be anticipated. If too many difficulties arise, so that farmers lack emergency support, then an analysis of preventable emergencies by forward planning may be a valuable development.

Either that or a rule that a livestock unit has to be able to call in a vet within, say, two hours, in order to retain a licence to farm. Alternatively, there could be a State veterinary service support officer patrolling the byways. It is easy to get carried away with ifs, buts and perhapses.

The notion that the State reduces direct involvement in favour of partnership seems to be the big idea and nine case studies have been published that have guided the thoughts and processes for future activity. These are seen as successful cases that can be considered to offer lessons learned or guidance.

There is no mention of failed partnerships that may also offer valuable information. Not all of the cases achieved their aims in the way anticipated but veterinary practice involvement forms an important part in the planning, development and encouragement of improved animal welfare as well as the delivery for clients and non clients.

## Case study – pigs

Regional health improvement programmes in both Yorkshire and the Humber and the East of England to improve pig health in a collaborative and sustainable way by involving people from all parts of the supply chain.

Funding is split 70:30 between the RDAs and BPEX non-levy funds respectively with total project costs of approximately £267,000 per region.

Specific aims to: promote good biosecurity via the development of a

biosecurity tool; promote openness and honesty so that people can identify and overcome the main challenges to the control and elimination of infectious diseases; develop an on-line map of pig units, incorporating information on health; develop disease alerts so that producers from neighbouring units are informed when unusual disease symptoms are observed within the vicinity; establish gold standards for diagnosis and ways of non-invasive testing; improve pig health and establish areas of disease freedom.

The amount of time required to engage producers with the scheme has been considerable. Feedback has been positive and clear progress has been made. However, the risk of non-engagers is currently unknown and this will need to be carefully managed going forwards. Barriers to progress have also included: stigmas associated with being infected with swine dysentery; concerns that BPEX and vets will instruct producers on what to do on-farm; a lack of confidence in the database of unit locations; different opinions from vets regarding diagnoses.

The benefits of belonging to the scheme include more efficient production, reduced use of antimicrobials, fewer carcasses condemned, reduced variability in carcass weights, improved competitiveness, a reduced environmental impact, better relationships between the whole supply chain and a reduced probability of breakdown of disease

in the future.

## Case study – cattle

Livestock Assurance South East Region (LASER) is a health assurance scheme that aims to improve the health and productivity of cattle in the South East Region. It is a three-year pilot project, involving farmers, vets, markets, laboratories and industry groups.

Farms are awarded a health status (bronze, silver, gold or platinum) for each of five diseases (BVD, IBR, leptospirosis, Johne's disease and bovine TB) based on the steps taken by farmers to identify, prevent, control or eradicate each of them. LASER is the first cattle health assurance scheme to

include a notifiable disease – bovine TB. The project is managed on a day-to-day basis by Westpoint Veterinary Group, and overseen by a steering group.

£30,000 has been funded by EBLEX with a significant amount of time not charged for by members of the project's steering group, veterinary surgeons, auctioneers and laboratory managers. There is no cost to farmers for joining the scheme, but there are obviously costs associated with vaccination and disease testing.

At the end of the first year, over a quarter of the region's 4,000 cattle keepers have been added to the LASER database and work is ongoing to ensure the health status of their farms is kept up to date. It is anticipated that the scheme will be rolled out to other regions.

The project has been well received by farmers and vets. Improvement in health status of herds in the region is increasing. There will be a major benefit to farmers who buy and sell cattle, as animals with a higher LASER status are likely to command a higher price, whilst farmers buying in cattle with a known health status will be able to take the appropriate biosecurity precautions, knowing the disease risks that the bought-in cattle pose to their own stock.

## Case study – livestock

The North West Livestock Programme has a fund of £17.8 million. Performance Grants comprise £9.75 million, which at 40% intervention will lever in at least £14.6 million of private funds.

The remaining £8 million pays for the knowledge transfer work including monitor farms, demonstrations and group activity, the ICT network and website, the training of all vets and advisers, and at least 4,200 one-to-ones. The work can be roughly divided into three areas: nutrient management and resource efficiency; animal welfare; communication, sharing good practice, knowledge and ideas.

The contracted animal health deliverers have engaged with the farmers' own vets, using a technical adviser alongside to ensure practical solutions.

The communication strand of the programme supports six monitor farms as well as group activity and demonstration events. Monitor farms

enable a group of farmers to decide on trial projects on one monitor farm and then disseminate the results more widely.

These farms are ordinary, everyday holdings, so that other farmers who visit or get involved can go away and try the same things themselves. They are not intended to be faultless examples.

Overcoming the complexities of rules and regulations is seen as an important factor together with confidence in any recommendations and advice. Vets require mentoring and training and they are seen as a significant resource for the farmer.

## Case study – sheep

Yorkshire Forward (Landskills) is part way through a £1.1 million programme to devise and deliver practical workshops focusing on improving

animal welfare. There are a number of challenges in engaging with sheep farmers: they are notoriously hard to reach; they historically don't want to take time away from the farm to train because they often have a second job; they don't like full day or to pay for training; they don't have good internet access which limits communications.

Working together with veterinary networks (XL Vets) has allowed the sheep farmer to be targeted in a constructive way, delivering timely sessions on topics he or she recognises as a priority for their farm business. Many vets have updated their own skills by attending "train the trainer" events to ensure real learning outcomes for individuals attending.

Farmers are helped to identify early warning signs so preventive action is taken reducing health problems. This has also built trust between the farmers and their vets so if something does hit the flock they can work together to resolve it quickly.

Full details of the case studies are available at [www.defra.gov.uk/foodfarm/policy/animalhealth/sharing/pdf/rcsag-report101213.pdf](http://www.defra.gov.uk/foodfarm/policy/animalhealth/sharing/pdf/rcsag-report101213.pdf), together with successes involving bluetongue, export certification, plans to eradicate BVD in Scotland, exotic diseases of pigs and developing calf exports.

One of the key discussion points will be sources of future funding to enable partnerships to be developed.

## VETERINARY Practice

looks at how things are developing, with case studies from various areas of the country

...veterinary practice involvement forms an important part in the planning, development and encouragement of improved animal welfare as well as the delivery for clients and non clients.

There are a number of challenges in engaging with sheep farmers: They are notoriously hard to reach; they don't want to take time away from the farm to train ... they don't like to pay for training...

# No one gave two fingers to Tamerlane

**YOU are working in a five-vet equine practice. So you have had a busy weekend with 14 calls: eight colic cases, one of which had to be referred for surgery, five laminitic cases, of which only one was really acute and actually needed seeing, a very minor stitch-up and a straight forward "pus in the foot".**

All were actually simple cases which you could handle without assistance from your colleagues. However, the sheer number made the weekend very stressful,

particularly as you did not get any food between breakfast and eight o'clock in the evening on Saturday. On reflection, as you did not come on duty until 8.30 on Saturday morning, you should have made a packed lunch like you do every weekday.

You are certain the practice out-of-hour's (OOHs) equine work has got busier since last year. There certainly seem to be more clients. You are actually not correct. One of your older colleagues keeps a record and shows you that the number of OOHs varies with the seasons but has not actually increased this year from last year.

## Reflections

You decide to keep a work diary to prove him wrong next year. As you are planning to do an RCVS certificate, the diary will be useful as a "Learning diary" for the A and B modules. A colleague points out that a "Critical incident diary" is also useful as the new certificates are biased towards what you have learnt from your day to day work rather than just what you have done, and that you have to reflect on that learning.

So whenever you have had a bad

Graham Duncanson, BVSc, MSc(VetGP), DProf, FRCVS, is a farmer's son who qualified as a veterinary surgeon from Bristol in 1966. He spent eight years as a Government Veterinary Officer working in all districts of Kenya where he was primarily engaged in disease control. He returned to Norfolk in 1975 to work as a general practitioner in a medium sized practice and has been working there ever since, loving life as an equine/large animal veterinary surgeon. He travels extensively and hopes to still be practising when his daughter qualifies.

weekend or night on duty, spare a thought for a veterinary surgeon in Tamerlane's army.

Remember Tamerlane's success, like Genghis Khan before him, was based on the use of fast cavalry ridden by archers. Horses, or in fact strong ponies, were vital for his success. He was not tolerant of failure.

The RCVS, VDS and fussy clients are small beer compared with having your head cut off! It should be remembered that Tamerlane was often committing over

100,000 horsemen onto a battle field. Think of the reserves and breeding herds which were required.

At a similar time in history, at the Battle of Agincourt in 1415, it is unlikely there were more than 4,000 horses involved. The famous English archers with their long bows, who are first said to have used the V sign, fought on foot. They used this sign to show anyone that they had not been captured by the French and had their first two fingers cut off, preventing them pulling a bow.

Mercifully, from a disease control point of view, the famous horse-borne message service throughout Tamerlane's vast empire relied on riders travelling very fast over short distances and then changing horses. The horses, therefore, tended to stay in one area as they would be then used to go back with another message. Infectious diseases, therefore, did not travel rapidly over large distances.

## Coughing horses

So what would have been the likely call-out for a veterinary surgeon in Central Asia in 1415?

Large numbers of cavalry horses are coughing. Tamerlane has already over-run Persia and passed through the Caspian Gate. You, as an educated man, are aware of the teaching of Abu Ali bin Sina on the contagious nature of infectious diseases. You have to prepare rules for quarantine.

The disease must not be allowed to spread to the front line troops. The horses are all unvaccinated. We are 400 years before Dr Jenner in Gloucestershire, who was the father of immunisation. He noticed that the milkmaids did not get small pox. He then immunised a boy with scabs from the lesions on the cows' udders and

found the boy did not get smallpox.

All the cavalry horses will be susceptible to whatever agent is involved.

What are the likely candidates?

- Adenovirus and rhinitis infections. These infections are common in young horses. They are self-limiting and so are not likely to be a problem to the mature cavalry horses.

- Equine herpesvirus. This must be certainly considered. Luckily in these strong ponies the neurological form is unlikely but the respiratory form is probably second on the list to equine influenza.

In either event, strict biosecurity, as described below for influenza, must be carried out. The respiratory form is likely to be type 1. However, this type can cause abortion and so the troop horses must not go near any of the breeding farms.

## Top disease

- Equine influenza. This must be top of the list. It is an orthomyxovirus categorised as an A virus. Strains are found in ducks and geese, which do not cause disease. However, they can change species and then become pathogenic to horses and even man. Do you recommend to Tamerlane that no ducks or geese are allowed in close proximity with horses or with the troops?

Ducks and geese may be eaten but not live in the same air-space as the horses or the troops. The recommendation must be try to prevent infected units mixing with non-infected units. Obviously infected horses must be rested and given as much fresh air as possible. The army commanders must use these animals only for show to frighten the enemy and not galloped into battle. River crossings must be avoided.

- Equine viral arteritis. This disease must be included in the list but it is unlikely to be a problem causing respiratory signs in these strong ponies. It is more likely to be a problem in mares and foals.

Certain cavalry units have horses which can't be ridden on account of bad skin



Tamerlane in his capital – Tashkent.

disease.

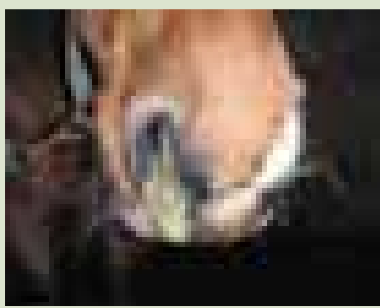
- Biting flies. These are well-known to the cavalry. There are several types which are given different names. Every effort must be made to prevent them from being a problem to the horses. Dung must be removed as far as possible. These flies are known to cause swellings on horses, which may be persistent in the saddle area (*Eosinophilic granulomas*). These swellings will eventually go.

They are also known to cause a reaction in some horses causing widespread lumps which respond to cold water and tend to reduce in a few days (Urticaria). The cavalry-men also hate biting flies as they think that they spread the debilitating disease causing horses to have pale gums (equine infectious anaemia). Any horse that is suspected as having this disease is kept over 200 yards away from any other horse and given a complete rest.

- Mosquitoes and midges. These are known to cause severe irritation on the



Horses have always been important in Central Asia as indicated by this statue dating back to 300 BC.



A young horse with strangles.

mane and tail of certain horses (sweet-itch). The cavalry men know that these horses are often related to each other. They know that the itching appears when the insects are about, mainly in the hot months of the year. They will not know that these insects spread a very serious disease (African horse sickness) which has yet to spread to Asia from Africa.

Mares in the breeding areas are aborting. This is very likely to be equine herpes virus. It could be type 1, having come from another group of horses. However, it is much more likely to be type 4. There are other infectious agents which will cause abortion in horses but none will appear as an abortion storm.

EHV 4 normally causes abortion in late pregnancy and will also cause neonatal mortality. So Tamerlane's vet is going to have a large number of sick neonatal foals to treat with a very small chance of being successful.

### Respiratory problem

Foals are dying with respiratory signs, when they are still with their mothers. This is very confusing to you as the problem seems to only affect a few breeding groups. The foals are not acutely ill but the disease has an insidious onset.

The first things the grooms notice is the foals seem to have an increased respiratory rate. You decide to sacrifice one of the really sick foals and do a post mortem. You find multiple abscesses, some as big as oranges, in the lungs. It is likely to be an infection of *Rhodococcus equi*.

There is no real treatment nowadays except for prolonged antibiotics, normally both erythromycin and rifampicin. Recovery rates are poor. In those days there would be little that could be done as horses had to be athletes. The affected breeding groups would be slaughtered.

Many of the yearlings are now coughing and some are very ill. Of course, this could be equine influenza or any of the other differentials discussed as causing the current respiratory disease in the mature cavalry horses. However, in yearlings there is a real likelihood of an outbreak of strangles. This is caused by a bacterium, *Streptococcus equi*. It is highly contagious, particularly in naive

horses.

It was first reported in Europe in 1251 and so would be well-known in central Asia in 1415. Tamerlane's veterinary surgeons would recognise the signs of swollen lymph nodes in the submandibular region. These swellings rapidly enlarge and then abscessate. As there were no antibiotics available, it is very likely the abscesses would have been lanced. This would certainly bring down the fever and also might well limit the mortality. Very strict isolation procedures would have to be put in place.

Every effort would be made to prevent this disease reaching the cavalry horses. However, in those days there would be no way of identifying the carriers either by nasopharyngeal swab or scoping the guttural pouches. Tamerlane's veterinary surgeon would have been delighted to send off blood samples to the Animal Health Trust!

Muleteers are dying. The doctors think they are becoming ill from their contact with their donkeys and mules which are also very ill. Some of the horses are chronically ill.

Could this be glanders? It is a highly contagious disease of equids caused by a Gram-negative bacterium, *Burholderia mallei*. The disease has always been prevalent in Central Asia. It is characterised by nodules and



A bit used by Tamerlane's cavalry.

ulcers in the skin and granulomas in the lungs.

Donkeys and mules tend to contract an acute form which has a high mortality. The more chronic form in horses does not have as high a mortality. The disease was recognised in Greece by Aristotle 300 years before Christ and would have been very well established 1,700 years later.

Humans can definitely contract the disease with often fatal consequences. In man the disease can be acute or chronic. It has an incubation period of between one and 14 days. The bacterium tends to localise in the lungs and mucosa of the nose, larynx and trachea and so the main signs would be of pneumonia.

A cellulitis with vesiculation, ulceration, lymphangitis and lymphadenopathy is seen on the skin at the aetiologic agent's point of entry. The veterinary surgeons and their medical colleagues would be well aware that they were dealing with the same disease in man as in equids.

for the majority of these horses.

The plight of horses sourced for slaughter was the main focus for discussion and the key issues raised for immediate address were related to the practical and consistent enforcement of current regulations across Europe, with horses transported for slaughter receiving the same regard for their welfare as competition and leisure horses.

Professor Sandy Love, chairman of the BEVA Trust, said: "The Equine Transport Forum and the BEVA Trust Equine Transport Enforcement Award are both practical tools with which to address some of the major equine welfare issues of our time."

Nominations for the award are open and can be made via the FVE and the BEVA Trust. The award will be judged by the FVE Working Group on Transport, and will be awarded for the first time in November this year.

• The Forum presentations can be found at [www.fve.org/events/index.html#conferences](http://www.fve.org/events/index.html#conferences)

### Stem cell training course

VETCELL is running its next one day training course for veterinary surgeons with Professor Roger Smith on 7th



Even the comedian rides a mule in Tamerlane's army.

I wonder if they would be aware that the draft oxen were not affected. I hope they did not feed the mule carcasses either to the troops or to Tamerlane's lions. In either case there would have been a large number of deaths.

### In conclusion

Perhaps now you are glad you are working in the 21st century in England's green and pleasant land, rather than in the hot, in fact extremely hot, steppes of central Asia in the 15th century.

### Further reading

*Infectious diseases of the horse* by T. S. Mair and R. E. Huchinson. Equine Veterinary Education Ltd (2009) ISBN 0-9545689-2-3.

## Aiming to improve long-distance horse transport

VETERINARY surgeons attending the first veterinary-led European Equine Transport Forum, held in Brussels on 29th November, agreed that their profession needs to take a leading role to help enforce the current regulations governing the long-distance transport of horses, in order for equine welfare standards to be improved.

In support of this, the BEVA Trust has announced the introduction of the BEVA Trust Equine Transport Enforcement Award of €1,000, to be given annually to the individual or group of individuals working in the field doing the most to improve enforcement of the current transport Regulation.

The Forum was initiated by the BEVA president, Madeleine Campbell, in conjunction with the Federation of Veterinarians of Europe (FVE) and was sponsored by the BEVA Trust and World Horse Welfare.

It attracted representatives from 38 nations, including a strong turnout from Eastern Europe where horses sourced for slaughter often start their journeys and Italy which is the end destination

March at the RVC.

Both bone marrow aspiration and stem cell implantation will be demonstrated and attendees will be given the chance to practice the techniques.

The course costs £150 per person (including VAT) and delegates will have the option to purchase a half-price bone marrow aspiration kit and transport box for treating their first stem cell case.

For details, telephone 01865 922227 or see [www.vetcell.com/training/](http://www.vetcell.com/training/).

## X-ray service in Wales

EQUIRAY reports that it is offering equine vets in South Wales and elsewhere a mobile x-ray service. Available at any time day or night, the firm's technicians will travel to a site to take digital x-rays, using the Uno Equine portable digital x-ray system.

"All images taken can be viewed within minutes and decisions made there and then regarding further tests," the firm states. Images are e-mailed instantly to the vet or supplied to the practice on a CD or memory stick as well as being stored by Equiray for three months.

For details see [www.equiray.co.uk](http://www.equiray.co.uk).

# Now, what's in store this week...?

"The best way to predict the future is to invent it" – Alan Kay

**NOW if your practice is anything like mine, tea breaks in the staff room will very often be the usual mixture of grumbles over Mrs Jones and her bad-tempered cat, a good-natured wrangle over whose turn it is to go out for more milk, and an in-depth analytical discussion on the quality of last night's *Big Brother* contestants on television.**

Having concluded these vital topics, matters will then subside as nurses and vets alike pull out the latest glossy magazines or daily newspapers, yet almost without exception, instead of commenting on the lead story of the day or the latest celebrity gossip, they invariably turn immediately to the horoscope page.

Someone will read out in a tone of

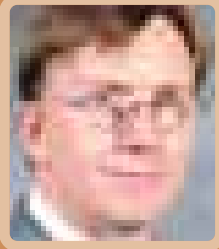
mild excitement or scornful disbelief what is in store for their star sign in the week ahead, and the rest of the staffroom occupants will greet this

with cries of derision or acclamation depending on how accurate it is; this is followed immediately by everyone then demanding to know what their future is going to be like.

Now, call me cynical, but these pieces have always struck me as being written in such a vague manner that they can be interpreted almost exactly as one wishes;

I've sometimes

wondered if it would be possible for a magazine to re-publish the same horoscope six months after it has first used it, simply changing the predictions around a bit so that what had been given for, say, Scorpio is switched to Gemini and vice versa, and see if anyone notices.



**EWAN McNEILL** continues his occasional series on the theme 'When I rule the world...'

In truth, horoscopes often seem to be an easy way for a newspaper or magazine to fill its pages with little or no effort. I know this for a fact, because my mother worked as a journalist on a local paper for many years, and one of her regular jobs was to write the paper's horoscope.

Now, local papers will often subscribe to a press syndicate organisation that will produce all manner of page-filling waffle suitable for any newspaper, whether it happens to be the *Skegness Times* or the *Oban Gazette*, so they'll provide items such as recipes, crosswords, general articles about gardening or house maintenance, and of course horoscopes, but this particular editor, being Scottish, was too mean for that and so the job fell to my mother.

She said it was probably the easiest piece of journalism she has ever done. Sitting down with a cup of coffee and an active imagination, she would start with her own star sign, and – perhaps not surprisingly – write something good.

**"Virgo: the strong attraction between mischievous Pluto and romantic Venus means that you will come into some money soon, possibly with a dark handsome stranger thrown in for good measure. Your attractive personality will shine through this week, and close friends will appreciate your kind support for them. This would be a good week to book that holiday, and make sure you don't over-exert yourself – feel free to take time out from mundane tasks such as housework to enjoy yourself."**

She would then turn to my father's star sign, and write something like this.

**"Leo: with the dark side of the moon turning towards the red planet of Mars, take care not to upset those who are close to you. Let the generous side of your nature show – family members may appreciate little gifts or thoughtful gestures, and listen if someone you know make suggestions about future plans, it would be a good idea to follow them. Why not try to surprise someone you love and do their tasks for them?"**

You get the idea. She would then rattle off the other 10 signs in a matter of minutes, despite the fact she knew precisely nothing about the solar system, divination or astrology, putting in anything she thought sounded good, and pop it on the editor's desk, who would simply grunt approval and send it up to the compositors for printing.

After a while, she realised that only she and the editor knew who was composing the column, and she started – without their knowledge – to design various predictions around the star signs of individual members of staff and then listened to their

reaction on the day the newspaper was printed as they read it out during their coffee break, marvelling at how closely the horoscope resembled their personal circumstances.

Now of course a venerable and upstanding publication such as *Veterinary Practice* would never stoop to filling its pages with this sort of stuff but, given that so many people do seem to enjoy following their horoscope, it did occur to me that when I rule the world I'll make it compulsory for astrologers to write their columns more specifically, so that all those who read the feature, eager to know what the future holds, will find something that really relates to their life and times.

I would also change the names and the signs of the Zodiac; let's face it, the current ones are pretty meaningless anyway, so I'll alter them to something more useful or recognisable, employing titles and symbols that are closer to people's everyday experiences. Let me give you an example, because if there is one place where a truly accurate horoscope would be useful it's the veterinary world; find your own sign below and see just how accurate it is for you in the next week!



## Furunculosis

(21st March-20th April).

A surprise in store today when that cat's lump you thought was a tumour suddenly pops, spraying green pus over you, the owner and the consulting room walls. Look on the bright side – the cat feels better already, although the nurse will curse you for making such a mess. More problems next week when that pyometra you'll be operating on ruptures just as you squeeze it out of the abdomen. Lucky instrument: Holman retractor.



## Amoxicillin

(21st April-21st May)

A predominantly nursing sign, and with Saturn rising on the third cusp of the moon, this week should be a good time to ask the boss for a pay rise – but take care and choose your moment carefully; if he's just had a cat abscess burst in his face he'll be pretty grumpy and will not only refuse the extra money but will probably do something mean, such as ask you to clean the floors and walls. Lucky bandage: 5cm weft open weave.

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**Periodontitis**  
(22nd May-21st June)

A nasty shock on Thursday when the postman brings you no less than three bounced cheques from clients; you should have known better than to accept them without a banker's card, shouldn't you? However, things look up after lunch when one of your biggest farm clients rings to say he's expanding his herd and would like to chat to you about increasing the number of regular health visits. Lucky intramammary: something with penicillin in it.



**Endocarditis**  
(22nd June-22nd July)

A bad week if you're an assistant; the nurses decide you can make your own coffee for a change, and hide the milk. It's behind the second dog kennel on the left. Why not cheer them up by buying everyone some chocolate biscuits – it's about time you did, instead of scrounging off everyone else. Offer to make them coffee too for a change, but watch they don't faint with surprise. Lucky dog breed: Hungarian Vizla (but not the one on Tuesday afternoon).



**Corynebacterium**  
(23rd July-22nd August)

Bustling Uranus rising behind the new moon means that there's a busy old week in store for you: 27 caesareans on Belgian Blues between now and Wednesday, which is a touch unusual for a small animal practice in the middle of Birmingham. But then that's the great thing about being a vet – you never know what's going to come in through the door next. Just a warning for next week – the circus is in town, and you'll have a constipated snake, an elephant with a nosebleed and the receptionist will tell you there's a clown on the end of the phone saying his parrot is dead. Don't worry, it's only old Mr White from down the road having a moan about his aviary as usual. Lucky syringe: 2ml plastic.



**Histiocytoma**  
(23rd August-21st September)

Why do these awkward clients always home in on you? Perhaps it's because you listen patiently to them, spend at least half an hour on every dog with

blocked anal glands, and don't charge properly – never a good idea when the boss has just had the accounts for last year and things are not as good as he hoped for. Lucky rota: late shift (the branch surgery will be very quiet and the cleaner will bring in home-made cake).



**Enalapril**  
(22nd September-22nd October)

Puzzlement this week when 27 copies of the *Vet Record* drop through your door, but it's just that the postman's got you mixed up with the hospital practice down the road yet again. More seriously, problems with the ultrasound machine for the third time this month – you suspect your idiot of a partner has been fiddling with it and has probably dropped it but as usual he'll deny everything. Check what your partnership agreement says about giving notice and call the estate agent about that empty shop on the high street; you know you've always fancied running your own one-person practice – so much less hassle. Lucky coffee mug: the one advertising pet insurance.



**Abomasum**  
(23rd October-21st November)

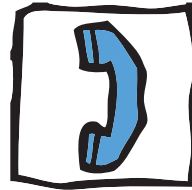
Many cattle vets are born under this sign, so if you're reading this just before you set out on the usual round of pregnancy diagnoses and foot trimming, watch out, because the milk tanker will be driving round that blind bend on the B374 just as you're coming the other way. You know you shouldn't be using the mobile phone to text your daughter as you drive, so better hide it when the police ask who caused the accident. Good job no one's hurt – but the boss will be pretty annoyed, it's your third new car since you started the job and you've only been here six months. Lucky pre-med: a benzodiazepine.



**Leishmaniasis**  
(22nd November-21st December)

Embarrassment this week when you spend 30 minutes trying to find a cat's uterus when eventually you twig that – yes, you've guessed – it's a tomat. No good blaming the nurse – you admitted the animal and its testicles are the size of tennis balls. Next time lift the tail and have a look! Further problems when the owner

turns out to be a barrister and starts ranting about surgical trespass, but the VDS people are very helpful in this sort of situation, so get on the phone to them PDQ; you've put their number on page 17 of your diary. Lucky antibiotic: clindamycin.



**Epistaxis**  
(22nd December-20th January)

A disturbed night's sleep as the phone rings every 10 minutes between 1am and 4am, but don't worry, it's just the RCVS checking that you're doing your 24-hour on-call service properly. Things seem pretty gloomy the next day when you get to the surgery, but don't get too concerned, it's not lack of sleep, it's just because you've forgotten to take your sunshades off when you entered the practice. Lucky hoof knife: the one with the red handle.



**Meloxicam**  
(21st January-19th February)

With Neptune due to transit the sun this week, now is a good time to get your summer holidays booked. Just ignore

the fact that the boss has already booked herself off for all eight weeks in July and August when the schools are out – score through her name on the year planner and play dumb, claiming you had already asked for these dates last year when she was drunk at the practice Christmas party. Lucky stethoscope: the one with clean earpieces.



**Cirrhosis**  
(20th February-20th March)

A frustrating time this week when you spend 20 minutes bandaging a dog's left foreleg only to realise it's the right one that needs the dressing. Try and hide the wasted materials from the nurses, they'll only laugh at you; pretend you were practising a new technique and you might just fool them. Not so easy to explain why your second dressing falls off as soon as the dog goes back into its kennel. Probably better just to let the nurses do the job in the first place. Lucky anaesthetic: nitrous oxide (but make sure the oxygen's switched on too).

And finally – if the horoscope turned out to be accurate for you, please let the editor know: he might just give me a job!



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# Accepting bereavement

**I REMEMBER** many years ago seeing a young starling caught by a sparrowhawk. In witnessing the act it struck me as poignant that I was probably the only human to ever note that that particular starling had been alive and that it was now dead.

The starling had left no apparent mark on the world, it had existed but no longer did, and without my observation there was nothing to note its passing other than the temporarily full belly of the sparrowhawk. Without human interpretation, I guess the death of any animal is much the same.

I was brought to this train of thought by an article on the radio this morning about a mother who for the last 20-odd years had placed artificial flowers on the grave of her baby. Over the same period, the local vicar had removed the flowers as it was contrary to parish regulations, only real flowers being allowed.

A sociologist was interviewed about the increasingly common practice of people putting all sorts of things on

the graves of their loved ones (photos, food, bottles of beer were given as examples) in order to personalise them and say something about the life of the person they had lost.

## No memorial

It reinforced my view that I wish to be cremated and have my ashes scattered in the sea so that there is no permanent site that any descendants or remaining loved ones might feel obliged to visit or upkeep in any way.

The comments of the sociologist suggested that the practice of personalising graves to commemorate people was a relatively new phenomenon. Death, it

seems, is something that many of us appear to find harder and harder to come to terms with. And the more we try to come to terms with it the more difficult it seems to become.

To get some perspective on this, it is worth remembering it was not that long ago that around 20% of babies born in Britain would not expect to see their fifth birthday. Indeed, we have a

photo on our wall of my wife's grandfather with his twin brother who died at the age of about nine from diphtheria.

Before routine vaccination and the discovery of antibiotics, childhood illnesses carried off many a youngster and the expectation of parents was that this would be so.

Burying children and loved ones must have been an almost routine occurrence.

I'm not suggesting that the persons involved grieved any less or felt the loss less keenly than we would today, but I do get the sense that they did not dwell on it to the extent that we do in the modern era. There were enough other struggles in life to divert their attention away from the things that could not be changed.

I think that this shift in the way we deal with death is particularly marked in the amount of grieving that now takes place over pet animals. I am not certain that this is a good thing.

Looked at rationally, grieving is something that should enable us to come to terms with our loss and then move on, not something to dwell on and hold us back in a state of paralysis.

I am therefore sceptical about pet bereavement counselling because, in many ways, I think it legitimises an over-reaction to what is an inevitable and predictable event. And in the case of animals, a loss that is easily replaced by the acquisition of a replacement.

Sad as I have been at the time over the demise of any of my own dogs, I have never "loved" the replacement dog less or wished that I could swap it for "old Bob". In many ways I am grateful that dogs live a relatively short life because it has given me the pleasure (and heartache) of owning many of them over the years.

## Therapy as 'normal'

Of course, we are all aware of the modern trend (particularly in the USA) for the rich and famous to employ the services of a therapist. The "funny" thing about this is that the therapy never seems to produce a result but instead becomes a part of "normal" life, like eating, drinking and sleeping.

The therapy seems to feed the anxiety that caused the person to turn to the therapist in the first place (I am not talking here about people with medically diagnosed mental health problems who may benefit greatly from such things as cognitive behavioural therapy and with whom I have great empathy) and becomes an end in itself.



In my view, such people would probably benefit more from being told to go and work voluntarily in a shelter for the homeless one day a week to bring some perspective back to their lives.

So people whose pets have died? Sympathy, understanding and common sense advice are, of course, required. But creating monuments to them, both actual and metaphorical ones, should surely be discouraged.

## Scent of nostalgia

All right, I admit that our garden is pretty full of overturned and broken crosses placed on the graves of dead rats, guinea pigs, rabbits and dogs, but the comforting thing is that they are overturned and unkempt and we sometimes stumble across them when doing the weeding. We then, with a smile and the scent of nostalgia, rack our brains as to who it was we buried there.

Fortunately, we, and more especially the kids, came to terms with each loss fairly quickly and moved on to the next one without dwelling for too long in the past. We are probably lucky in this respect because for some people accepting the death of a pet is considerably more difficult. However, I think all recently bereaved owners should be encouraged to "move on" in a sympathetic and caring manner without recourse to too much inner soul searching and hand wringing.

We don't want to create a demand for counselling on the death of a pet when no such need really exists because going down this route will, in my view, lead to long-term grief for those involved.

If that becomes the case, it might then be necessary to issue a Government health warning with each new pet along the lines of: "The death of your pet can seriously damage your health."

Let's help our clients keep the death of their pet in proportion to ensure that such a thing never comes to fruition.

**PERISCOPE**  
continues the series  
of reflections on issues  
of current concern

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# Getting ready for spring

AS I write this in mid January, the mornings are still very dark and the only sounds likely to awake me, aside from the alarm clock, are the battering of rain on the perspex roof of the back porch or the wind whistling around the eaves. The sound of birds singing in the morning still seems a long way off.

The dawn chorus is one of the most wonderful indicators that spring is just around the corner. Not much beats lying in bed on a Sunday, knowing you don't have to get up, and listening to the crisp clear notes of the birds that inhabit your garden and street. Each song is distinct and magical in its own right, and when they are superimposed on each other it is like a gifted orchestra at work. It tells you that the dark days of winter are on the wane.

It is largely the male birds that sing, primarily to establish ownership of a territory and to attract prospective mates into it. Research has shown that male great tits usually start singing well before sunrise and that the more impressive males sing earlier than the others.

Early singing, therefore, equates to better quality males and increases the number of females that they are likely to mate with. A good singing voice is, therefore, one of a male great tit's best

assets.

Interestingly, research into the singing habits of great tits has produced a result that is somewhat counterintuitive. It appears that providing supplementary food delays the onset of singing each morning by about 20 minutes when compared to similar males who are relying solely on natural food sources.

The reason for this was not fully explored in the research but one of the consequences may be that these later singing males may "allow" other males into their territory and thereby reduce the number and availability of females for themselves to mate with.

Whether this phenomenon can be extrapolated to other

species is not yet known but it does raise the question of whether supplementary feeding of birds all year round, as opposed to just at times of winter shortage, is the best course of action.

Last year a study published by the University of Birmingham found that food supplementation during the spring caused the earlier laying of eggs by blue tits and great tits and also shortened the incubation period. Strangely, though, clutch sizes declined significantly in the supplemented birds so there is probably more work needed to tease out the

reasons for this effect.

Artificial feeding can also have an effect on the evolution of a whole species. One such species is the blackcap, a summer migrant to northern Europe which has traditionally wintered in southern Spain. Whilst some blackcaps have always migrated to Britain for the

winter, most would have died due to lack of food. Now though they are finding plenty of food put out by people in their gardens and as a result large numbers are surviving. Being closer to Germany they are returning to their summer breeding grounds earlier than those wintering in southern Spain and are therefore able to claim the best territories and nest sites.

Research has shown that blackcaps tend to breed only with individuals that winter in the same place as themselves and that in as little as 50 years there are already physical differences between the two distinct groups.

Blackcaps migrating the shorter distance to Britain have rounder wings and longer, narrower beaks, presumably an adaptation to eating seeds and fat



A great tit.

from bird-feeders rather than the fruit on shrubs and trees favoured by their southern Spanish counterparts.

In addition to the availability of supplementary food, milder winters in Britain have also helped this distinct population of blackcaps to evolve. It will be interesting to see if the harshness of the last two winters has had a significant detrimental effect on the "British" blackcaps or if supplementary feeding had been sufficient to mitigate it.

Current advice is that we should continue to supplement birds throughout the year. I will certainly continue until told otherwise and await the start of the spring dawn chorus with eager anticipation.

## Wildlife rehabilitation conference in Ireland

THE 1st Annual Irish Wildlife Rehabilitation Conference was held last August, when around 130 veterinary surgeons and nurses, rehabilitators and others associated with wildlife took part in an informative and enjoyable conference in the Boyne Valley Hotel and Country Club in Drogheda.

The conference proceedings were opened by Emma Higgs, organiser of the event and creator of the new Irish Wildlife Matters website.

The first speaker, Ann Fitzpatrick of NPWS (National Parks & Wildlife Service), covered the important topic of legislation. It was unsurprising to hear that while legislation is in place for the care and rehabilitation of wildlife, the system for licensing is underused and ailing. Much needs to be reformed in this area but uptake of the current system

is essential for this to happen.

Ann's talk was followed by presentations from a number of experienced vets and rehabilitators covering a range of animals including the rehabilitation of raptors by John Chitty (co-editor of *BSAVA Manual of Raptors Pigeons and Passerine Birds*), bats by Maggie Brown (West Yorkshire Bat Hospital), mammals by Joanna Hedley (senior clinical training scholar in exotic and wildlife medicine) and otters by Grace Yoxon (International Otter Survival Fund). These talks discussed common wildlife injuries and problems; species specific

rehabilitation procedures; and the importance of networking.

After lunch, it was gloves on as practical sessions began using wildlife cadavers. Split into groups, attendees were rotated between four stations.

First was Joanna Hedley (pictured)

and her display of terrestrial mammals: full body examinations were discussed as well as the most common problems associated with each species. John Chitty practised rehydration procedures and taught practical bandaging techniques for birds and showed appropriate injection sites. Grace Yoxon "grasped" with otters (with a dog grasper), discussing handling and feeding techniques; and Maggie Brown introduced people to pipestrelles and a Leisler's bat, their care and examination procedures.

Following on from the practical sessions, Steve Davidson of Raptor Rescue UK outlined their template for rehabilitation work, i.e. a network of accredited rehabilitators nationwide.

On the

following day the conference programme was repeated for a non-veterinary audience.

Also throughout the weekend Birdwatch Ireland, Raptor Rescue, Bat Conservation Ireland, Irish Wildlife Matters, Irish Veterinary Nurses Association, Safe4pets and the Irish Whale and Dolphin Group were present with stands displaying information about their organisations.

Evening talks by wildlife consultant Jim Wilson provided an informative counterpoint to the conference.



The *Veterinary Practice* conservation correspondent is eagerly awaiting the return of the dawn chorus

BEE KESSO reports on the first of what is hoped will become an annual event

# A must-see film with everything...

**MY wife is an avid reader of historical fiction, a genre with which I have a problem. I love history but find it difficult to accept the "fuzziness" between fact and reality that inevitably accompanies any fictionalised account of that which has really happened.**

I accept the inevitability of this more easily in historical movies, but still feel concern regarding the authenticity of what I am watching. Of course, the notion that a story really took place adds to the ways in which one can identify with the characters and become emotionally involved in the events unfolding on screen.

This phenomenon is well-known to movie makers as demonstrated by the false claim made at the start of the Coen brothers' *Fargo* that it was based on truth.

Essentially, I take the view that whilst much in a historical account must be fictional unless one makes a straight documentary, the film should hold true to the significant events that happened. When one takes that stand too strictly, however, there are immediately problems.

*The Untouchables*, Brian de Palma's 1987 account of how Elliot Ness' small group of incorruptible federal agents brought Al Capone to justice is, in my view, the finest film of its genre. David Mamet's script is a masterpiece that

captures the essence of the struggle between Ness and Capone wonderfully; however, there are several liberties taken with the truth.

For example, there were not just four but 10 Untouchables including Ness, plus Frank Basile, his driver, amazingly their only fatality. But when one views the finished product these inaccuracies are totally forgivable and the basic truth is maintained.

Another superb movie that changes history, and more significantly in this case, for artistic effect is Anthony Mann's *El Cid* (1961). The final scene as the Cid leads his forces out of Valencia to defeat the invading Almoravids is

iconic, but in reality the battle went the other way.

This brings us to Peter Weir's current offering, *The Way Back*, a story of an amazing escape from a Siberian prison camp in 1941. This movie is based on the book *The Long Walk*, ghost written by Ronald Downing with Slawomir Rawicz credited as the author.

Rawicz claimed that the book chronicled his own trek through some of the harshest parts of eastern Asia with a band of fellow escapees. Recently though, there have been claims that whilst Rawicz was a prisoner in Russia, he was not an escapee and he presented, as his own, the experiences of another inmate, Witold Glinski.

as kennel cough, making early detection almost impossible," said David Sutton, the company's global technical director.

"The difficulty is that many vets may miss the opportunity to accurately diagnose this disease as the window of opportunity for detecting the virus is fairly small. This, combined with the fact that the clinical signs so closely mirror kennel cough, means that it is more than likely that vets will simply treat the signs of the disease, rather than properly diagnosing the condition – making the monitoring and identification of outbreaks extremely challenging.

"Critically, the early detection of canine flu is essential to prevent the rapid spread of this emerging disease, which can be much more serious than CIB and, in some cases, fatal, as demonstrated in the United States. We are fortunate that in Europe there seems to be no established disease at present.

"Keeping one step ahead of this newly emerging disease is important for the future health of the European

Whoever really made the trek and, whilst there are no official records to corroborate it, there is evidence that such a journey did take place, Weir has produced yet another excellent movie to add to his already impressive list, which includes *Picnic at Hanging Rock*, *Witness*, *The Truman Show* and *Master and Commander*.

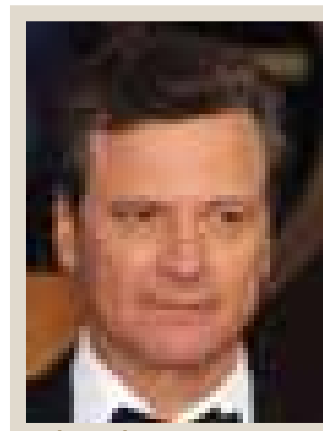
There are solid performances all round and, although one is left in no doubt as to the enormity of the task faced by the escapees, the film is nicely paced so as never to become bogged down by the effort of it all.

## Battle against adversity

*The Way Back* could be said to be a battle against adversity and such a struggle of a totally different nature is portrayed in Tom Hooper's *The King's Speech*.

More historical fiction, this movie represents King George VI's battle to overcome a debilitating stutter, an impediment that becomes crippling after he reluctantly becomes king following the abdication of his older brother, Edward VIII.

How accurately does this movie portray what happened? Without giving specifics away, it does so reasonably well, with some forgivable licence for dramatisation. For instance, we know



Colin Firth.

that George VI was treated by an unconventional Australian speech therapist, Lionel Logue. We can, of course, never know what really went on in their therapy sessions but their representation in *The King's Speech* is theatre of the highest order.

Colin Firth is a very fine actor (his true worth too often lost in

dross such as *Brigit Jones* and *Love, Actually*). Here he produces a magnificent performance as the afflicted monarch.

As I write, I hear that he has won a Golden Globe for his performance, the best actor Oscar should follow if there is any justice in the system. Opposite him, Geoffrey Rush is the perfect foil as Logue and the scenes between them are scintillating.

Let me state that I am anything but a fan of royalty but I was totally gripped by this movie, which is by turn heartbreaking, tense and exhilarating. The final scene is moving and spellbinding. Firth and Rush are backed by an excellent cast including Helena Bonham-Carter, Guy Pearce, Michael Gambon, Derek Jacobi, Timothy Spall (who produces a fabulous cameo of Churchill), Claire Bloom and Anthony Andrews.

This film has everything, do not miss it.

## Round-table on canine flu

INTERVET/Schering-Plough Animal Health recently hosted Europe's first round-table discussion on canine influenza. Opinion leaders from Europe and the USA linked up in London to participate in the event.

One outcome was the formation of The Canine Respiratory Group, led by Intervet/Schering-Plough, which has the following objectives:

- to educate and create awareness of canine influenza amongst vets in Europe;
- to formulate new diagnostic guidelines;
- to find a simple way for suspect cases to be identified; and
- to establish a surveillance scheme across key European countries.

"The biggest challenge faced by the group and veterinary surgeons across the EU is the fact that canine influenza is not easy to diagnose and differentiate from the common condition of canine infectious tracheobronchitis (CITB), also known

dog population."

The disease was first discovered as a result of investigations into a number of acute respiratory disease outbreaks involving thousands of racing greyhounds at tracks in the USA between 2003 and 2006

Since the first outbreaks, CIV has spread to all breeds and types of dog in the USA and has been diagnosed in at least 34 US states.

Typically in the USA many CIV outbreaks can be traced back to shelters and boarding kennels where an infected individual can readily disseminate infection amongst susceptible contact dogs.

However the disease is not limited to kennels or dog shelters, and as the USA has clearly demonstrated, canine influenza can readily pass into community at large, creating local disease outbreaks amongst the pet dog population.

• Intervet/Schering-Plough's canine flu vaccine was launched in the US in July 2008 with a conditional licence and a full licence was granted in June 2010.

## President of deer society

DR Mark Dagleish, head of pathology at Moredun Research Institute in Edinburgh, has been appointed the 30th president of the Veterinary Deer Society (VDS).

He succeeds Dr Hugh Reid, also from Moredun, who was appointed president in 2009.



Dr Mark Dagleish.

Dr Dagleish (pictured, courtesy of Moredun) graduated from the Royal (Dick) in 1990 and joined Moredun as veterinary pathologist in 2009. Last year he was appointed a special lecturer in veterinary pathology at the Nottingham veterinary school.

The VDS aims to provide a forum for discussion and the exchange of ideas on all matters pertaining to deer. Details are on [www.vetdeersociety.com](http://www.vetdeersociety.com).

# Elegant vehicle offers exciting driving experience

**THE world of amateur football is a funny old place. Fortunately my knees are still holding up and, at present, I can continue to enjoy my Saturdays playing football with the guys rather than traipsing around Moben looking at kitchens that (a) I am not interested in and (b) couldn't afford even if I was.**

It also means that I get to join in on some of the inevitable banter that makes team sports so appealing. Take last week for example, when, after months of negotiation, I finally persuaded my Italian friend to make his first appearance for our team in the illustrious Cotswold Alliance.

I had talked him up to the coach for ages, after hearing that he had once had a trial for Juventus, and was looking forward to inevitable praise from my team mates for unearthing such a talent. The first impressions were good as the player in question turned up to the game complete with sunglasses on head, despite it being December, and trophy girlfriend in tow, meaning a record attendance for the club. The Cristiano Ronaldo of the Cotswolds, some might say.

Unfortunately, the illusion soon faded. Ten minutes into the game the ball made its way to the feet of our new striking sensation. With a deft first touch he tapped the ball past the onrushing defender and clipped a trailing leg in the process.

Now unless I missed the team of snipers hidden in the bushes, I cannot explain how this innocuous looking challenge resulted in our new big-money signing rolling around on the floor

clutching his face and wailing like a banshee. The referee looked momentarily puzzled as to what to do, whilst the members of the opposing team screamed blue murder believing the histrionics were a direct ploy to get their defender sent off.

I only managed to pacify the situation by mentioning that the player in question was an Italian and that back home these actions were deemed as being perfectly normal. Needless to say I won't be getting tapped up for the vacant scouting role at Arsenal anytime soon.

Now whilst we are on the subject of Italian objects that may look the part but often disappoint, I should mention the Alfa I have been driving this week. The Giulietta is

Alfa's replacement for the 147 and has the intention of making the company a major player in the small compact class.

Marketed as a direct rival to the all conquering VW Golf and Ford Focus, it most certainly has its work cut out and will need to appeal to a much wider market than just die-hard Alfa fans if it is to be proved a success.

## Sprightly

I drove the most powerful diesel model which is powered by a 2.0 litre 170bhp engine. This was a sprightly little unit that provides decent levels of performance, 0-62mph in just eight seconds, with excellent frugality and efficiency.

Over the test period I averaged close to 50mpg and I have just found out that the CO<sub>2</sub> emissions are a mere 124g/km which is very impressive for a car of this size.

The Giulietta is also equipped with Alfa's unique DNA driver settings across the range. This facility allows drivers to configure the car's set up from three settings – Dynamic, Normal and All-Weather – depending on where their mood takes them



**ROBBIE TIFFIN**  
tries out the new Alfa Giulietta which proves to have the substance to back up its unquestionable style



and what the weather conditions dictate.

Keener drivers will find themselves almost always selecting the Dynamic mode as this sharpens up the responses of the throttle and brakes, plus frees up an extra 30Nm of torque from the engine, meaning a much more spirited driving experience.

Being an Alfa, the ace up this car's sleeve is most definitely on the styling front. Despite keeping much of the basic body shape of the 147 it replaces, the new Giulietta earns serious credit with some neat new additions such as LED running lights and the trademark triangular grille which now floats free from the body work.

The Giulietta's coupé looks discreetly conceal the fact that this car has five door practicalities, with the extra handles disguised in the C-pillars. Step inside, and it's obvious that real effort has gone into making the car's interior both elegant and desirable.

The swept-back dashboard is well made, and the materials used are good to the touch. Importantly, there isn't a hint of the plastic or other cheap man-made materials that can so often spoil an interior's feel and therefore its ultimate desirability.

The excellent hand-stitched red leather sports seats are a case in point and were not only gorgeous but also very comfortable and cossetting when driving along a bendy road. This Alfa most definitely has the substance to

## AT A GLANCE

**Model tested:**

Alfa Giulietta 2.0 JTDM 170bhp Lusso

**Price as tested: £21,195**

**Fuel consumption: 50mpg as tested**

**Power output: 155 bhp**

**CO<sub>2</sub> emissions: 124 g/km**

**Top speed: 135 mph**

**0-60mph: 8 seconds**

**OVERALL: ++++/5**

back up its unquestionable style.

All in all, the Giulietta is not only a very elegant vehicle but also great driver's car, offering a highly exciting driving experience without leaving too much of a carbon footprint.

Priced at an entirely reasonable £21,000, it should be a serious consideration for anyone looking for something a little more special than a Volkswagen, Ford or Vauxhall as their next family vehicle.

I'll finish with the interesting fact that another area in which the Giulietta excels is with its fantastic safety record. According to the Euro NCAP studies, it's the safest compact car ever crash tested.

Perhaps if it were a footballer then it would have the style and elegance of Paulo Rossi with the grit and determination of Nobby Stiles. Now wouldn't that be something special!

## UFAW and HSA scholarship winners present their research findings

THE annual UFAW/HSA Animal Welfare Student Scholarship meeting, where UFAW Animal Welfare Student Scholars and HSA Dorothy Sidley Memorial Scholars present their work, took place at the University of Glasgow on 8th December, albeit in truncated form owing to the hostile weather conditions.

The scholarships are designed to encourage and develop interest in animal welfare science. Projects are up to eight weeks in duration and the annual meeting provides a platform for scholars to present and discuss the findings of their studies.

Two of the student presenters with the furthest distance to travel were Josep Subirana who flew in from Barcelona to talk about his work on assessing pain in dogs in neutering programmes in developing countries, and Saara Maria Hiippala from the Estonian University of Life Sciences who presented her work on the assessment of diagnostic methods for canine monocytic ehrlichiosis amongst the stray dogs of Sri Lanka.

Bernard Mwakifuna of the University of Bristol presented his research on electrical waterbath stunning of chickens and the potential for ineffective stunning due to variations in electrical resistance between birds.



# VETERINARY Practice BUSINESS & FINANCE

## THIS MONTH:

- Quick update on legislative changes
- Considering a common sense approach to health and safety
- An explanation of 'structured products' – an investment which needs careful consideration
- Eight reasons why it is essential to make a will

## New laws for businesses in 2011

**THE change of government last May has caused a number of rethinks in respect of the plans of the previous Government for new legislation. As a result, there is some uncertainty as to what we can expect businesses to have to cope with in 2011.**

With that caveat, set out below are some of the business-related measures that are currently scheduled to be introduced over the next 12 months.

### Bribery Act 2011: the corporate offence

Under the Bribery Act, which takes effect on 1st April, a new “corporate” offence of allowing bribes to be offered or paid by a person acting on behalf of a business is introduced.

Thus, if any employee, agent or subsidiary offers or pays a bribe in order to win or retain business, not only will that person commit an offence but the business he or she claims to be working for will also commit an offence, even if its directors or managers were not aware of the actions of the individual. The rules also cover accepting a bribe.

A statutory defence against this new charge will be that the business has put in place internal controls to deter bribery, and these controls meet a statutory test of “adequacy”.

Statutory guidance on what this test means is to be issued shortly by the Ministry of Justice – it will

be vital for all businesses that they take this seriously and implement meaningful controls which have the purpose and effect of ensuring that no acts of bribery take place on their behalf.

Bear in mind that, while this new offence is often referred to as a “corporate” offence, it may in fact be committed by any commercial organisation, which will include partnerships as well as companies, as long as they are involved in commercial activities.

Note that a bribe could cover something as simple as a small payment to expedite an order or accepting a trip to an event that might be considered unreasonable or out of proportion to the normal course of business.



**JOHN DAVIES provides a quick round-up of changes that practices should be aware of**

### Paternity leave

Enhanced paternity rights will come into effect in respect of babies due on or after 3rd April 2011. The current right to take two weeks leave will be extended, for eligible employees, so that they will be able to

take up to 26 weeks additional paternity leave to care for a child under one year of age.

Eligible persons include not only natural fathers – adoptive parents are also eligible, as are persons who are married to, or in a civil partnership with, the child’s mother but are not the child’s father, as long as they expect to have the main responsibility for bringing up the child.

### Equality Act

Much of the Equality Act came into effect in October 2010. Other provisions will be brought in in

stages following further consultation with stakeholders. One provision which is currently due to take effect in April 2011 concerns positive action in recruitment and promotion.

Under this change, employers would be able to favour job candidates on the basis of a “protected characteristic” (e.g. sex, race, sexual orientation, etc.) which is currently under-represented in the employer’s workforce.

This provision has, however, come in for re-examination by the Coalition Government and at this stage there is doubt whether it will in fact be implemented.

If it is not, then existing positive action schemes would become illegal. If allowed, employers still ought to exercise care if positively discriminating.

### Time to train

The Apprenticeships, Children and Learning Act 2009 introduced a statutory right for employees to make a request to take time off to study or train – this is popularly known as the Time to Train right.

Employers are obliged to consider seriously any requests of this kind that they receive, but will be able to refuse a request where there is a good business reason for doing so.

The right to make a request in relation to study or training was introduced for employees in organisations with 250 or more employees on 6th April 2010. The intention is still to extend this right to employees in SMEs in April 2011.

### Flexible working

The Government will extend the current statutory right to ask for flexible working rights to parents (or adoptive parents) of children under 18. This will take effect from April 2011.

John Davies is head of business law at the Association of Chartered Certified Accountants.

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This new category of eligible person adds to the existing list of persons who have this right:

- parents of children aged up to 17;
- parents of disabled children aged under 18;
- carers of certain adults.

You may recall that the right is to ask the employer for permission to work “flexibly” – there is no presumption that the request will be acceded to (although in practice most are). The employer has the right to refuse a request if there is a strong business case for saying no.

### National Minimum Wage

In accordance with long-established practice, the hourly rates for the National Minimum Wage will be revised with effect from 1st October. The new rates will be announced in the spring.

For information, the 2010-11 rates are £5.93 for workers of 21 and over, £4.92 for those between 18 and 20, £3.64 for workers between 16 and 17 and £2.50 for first-year apprentices.

### Default retirement age

Employers will be prevented from forcing employees to leave employment because they have reached the age of 65 – the so-called “default retirement age”. As from October 2011, it will be illegal to do this, although in future they will be able to lay down a compulsory retirement age if they can justify it as a proportionate means of achieving a legitimate aim.

They will still be able to dismiss people if the reason for the dismissal is strictly related to the employee’s capability to do the job: thus, it will still be possible for employers to “retire” people by a

specified age where there is a demonstrable need for the job concerned to be carried out by persons with a high degree of physical fitness.

An employer which issues a notification of retirement before 6th April 2011 will still be able to “retire” the employee if his or her retirement date is before 1st October 2011. What is to happen between 6th April and 1st October is still to be decided by the Government.

### Equal treatment for agency workers

New rules regarding the employment of agency workers will come into effect on 1st October. The changes set out in the Agency Workers Regulations 2010 will give agency workers the same basic employment terms and conditions as full-time employees after 12 weeks in a given job.

The Regulations implement the EU’s Temporary Agency Workers Directive.

### Common sense health and safety

The Government has published a report, *Common Sense, Common Safety*, that examines the country’s compensation culture and the impact of health and safety regulations on businesses and personal freedom.

The report puts forward a series of policies for improving health and safety, to ensure it is taken seriously by employers and the general public, while ensuring the burden on small businesses is as insignificant as possible. At the same time, the report calls for restrictions on advertising for “no win, no fee” compensation claims and a change in the way personal injury claims are handled.

Among the key recommendations is to extend the simplified Road Traffic Accident Personal Injury Scheme to include other personal injury claims. This would provide a simple three-stage procedure for lower value claims, accessible via the internet, with fixed costs for each stage.

- [www.number10.gov.uk/news/latest-news/2010/10/lord-young-report-55605](http://www.number10.gov.uk/news/latest-news/2010/10/lord-young-report-55605)

### Consumer credit and insolvency

As part of the Government’s review into consumer credit and personal insolvency, the Department for Business, Innovation and Skills and the Treasury want to establish how people can get a fairer deal when borrowing money, and if they can manage their borrowing better. The review will also determine how best to improve the help available to those who run into financial difficulty.

A call for evidence invited comments on how the existing consumer credit and personal insolvency regimes might be improved. It sought views on a number of Coalition commitments, including: tackling unfair bank charges; introducing a seven-day cooling-off period for store cards; introducing a power for a regulator to cap interest rates on credit and store cards; and requiring credit card providers to make electronic statements available to enable consumers to judge whether an alternative credit card would provide better value for money.

- [www.bis.gov.uk/consumer-credit](http://www.bis.gov.uk/consumer-credit)

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# Getting to grips with 'structured products'

THE establishment of the London International Financial Futures Exchange (LIFFE) in 1982 created a market in financial derivatives that enabled investors to access a wide range of global investment instruments without being exposed to ownership of the underlying assets.

As confidence in the use of derivatives, and in the quality of the financial institutions backing them, grew, providers constructed new combinations of derivatives.

The first of these, launched to the retail investor in 1991, was the relatively simple Guaranteed Equity Bond. This offered protected returns based on equity markets, assuming certain performance levels were achieved. This was the first recognised structured investment product or "structured product".

In the early 2000s, "Precipice Bonds", another type of structured product, made the news. These offered a greater share in equity market performance, promising large returns and high levels of income in rising markets, but at the cost of some or all the capital if performance targets weren't achieved. The bear market from January 2000 to March 2003 caused havoc amongst this type of structured product.

## What is a structured product?

A structured investment product aims to provide capital growth or income whilst also offering full or partial protection of the original investment. Structured products should clearly state the risks involved and the potential rewards available assuming a specific set of investment objectives are achieved.

Structured products usually have a specific term or period to maturity, e.g. five years, but recently open-ended structured funds have become available.

A structured product's pre-packaged

investment strategy can be linked to derivatives based on a single share, a basket of shares, options, indices, commodities, bonds or currencies. There is no single, uniform definition of what constitutes a structured product.

## How do they work?

Structured products usually combine two or more different investments to achieve their stated objective, whether that may be income, growth or a combination of both.

A proportion of the investment will be invested in assets which aim to provide the "protected" return on the product. This may be an investment based on cash deposits, government bonds or even corporate bonds, with sufficient interest or yield to grow to the specified "protected" amount.

However, some products use a derivative product to provide protection in exceptional circumstances. Irrespective of how the product intends to provide the protection promised, the key issue, particularly in volatile market conditions, will be the financial security of the organisation providing this promise. If this organisation does not deliver on its promise, the protection will fail.

The other element of the structured product aims to provide the performance. This will be a riskier asset which has the potential to provide higher investment returns but will also have a greater potential downside. In some cases the performance potential of this element is "capped" to preserve returns if a specific target level is achieved, but limiting returns if this element continues to perform.

It is not uncommon for this part of the structured product to be "geared" or "leveraged". Quite simply, the returns from

this element of the investment can be multiplied by using particular types of derivatives. However, this approach can also multiply any losses and may result in this part of the investment being lost altogether.

Whether the aim of the underlying investment is to provide the protection needed to ensure the investor's capital is returned, or to provide the investment return (or upside), the actual result will also depend on the institution remaining solvent and being able to deliver on its promise, alongside the investment outcome. This is known as counter party risk.

## When are they used?

Structured products can be tailor-made to meet specific objectives and can be used as an alternative to a direct investment, as a way to diversify a portfolio, to reduce risk or to take advantage of a particular current market trend.

In recent years, financial organisations have used them as stand alone investment products with specific marketing messages to take advantage of investor demand for an element of protection when investing. However, these products are becoming increasingly sophisticated, with little explanation as to how they work other than the potential benefits and protection. This can lead to a lack of understanding for both advisers and investors.

## What are the risks?

### ■ Default risk

Many structured products offer investors a level of protection against capital loss by investing in less risky assets. Default, or counter party risk, is the risk that on redemption the issuing company will not be able to pay the contractual interest or capital on their debt obligation.

In that situation, investors would not receive the return of capital assumed at the outset. In current markets, default risk is a consideration for many investors. The high-profile collapse of several global banking giants has highlighted the inherent risks which previously may have been

ignored.

### ■ Lack of liquidity

Structured products are typically designed to be held for a specific period of time. Substantial penalties may be levied for surrender before the end of the specified term, which may mean the investor will receive less than was originally invested. Even if the underlying assets have increased in value, this growth may not be passed on to the investor.

### ■ Lack of transparency

For many investors, the ability to "look through" their investments and understand how they are being managed is of great comfort to them. Structured products are becoming more and more complex and whilst the targeted returns may be disclosed at the outset, there is little information regarding charges and access to regular valuations which investors can review.

### ■ Dividend payments

Many structured products aim to provide capital protection whilst still offering the levels of return associated with equity-based investments. However, these products do not pay dividends and may track a capital return index rather than the total return version, which includes reinvested income. This can have a significant impact on returns.

## Summary

During prolonged periods of stock market volatility, more investors may begin to look at structured products as a solution to counter unpredictable market conditions.

Despite their potential attraction, structured products can be complex and expensive. Investors should carefully consider the benefits of these products and be sure that they understand the risks before deciding to invest.

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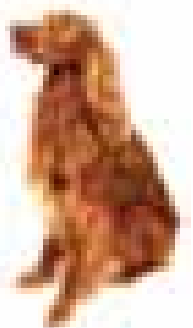
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# Eight reasons for making a will

**ENSURING that you have a valid will in place, that is reflective of your current wishes, is a fundamental part of any successful financial planning strategy.**

By making a will you can decide what happens to your property and possessions after your death. Although there is no legal requirement to do so, it is the best way to make sure your estate is passed on to family and friends exactly as you wish.

If you die without a will, your assets will be distributed via the laws of intestacy and you will have no control as to who will benefit and in what proportions.

Although it is possible to write a will by yourself, it is advisable to use the services of a legal or financial professional as there are various formalities you need to follow to make sure that your will is valid.

You may need legal advice from a solicitor for more complicated matters. A financial adviser can also advise you about how inheritance tax affects you.

In this article I will look to give you eight reasons why you should seriously consider getting a valid will in place to ensure your estate is in order.

## 1. If you don't make a will, you cannot control who will inherit your money and property

If you die without making a will, your property will be distributed according to law (the law of "intestacy"), which is likely to be against your personal wishes and the people you want to inherit your possessions may not benefit.

By making a will, you can determine precisely who will inherit your property and let your loved ones know that you have considered their needs.

The law of intestacy is complex, but, broadly speaking, the bulk of your estate will go to your spouse (including a registered civil partner) or, if you are not married, to your children (whether or not they are adults) and, if none, to other blood relatives.

In more detailed terms:

■ If the intestate dies leaving a spouse and issue (children) then the spouse will be entitled to the first £250,000

absolutely plus a life interest (a right to income only) in half of the residue. The children will inherit the other half of the residue absolutely on reaching the age of 18 and will be entitled to the spouse's share of the residue on his or her death.

■ If the intestate dies leaving a spouse and no issue but parents, brothers, sisters or issue thereof, then the spouse will inherit the first £450,000 of the estate plus one half of the residue absolutely.

■ If the intestate leaves no spouse or civil partner, then the whole estate is taken by issue and then successively: grandchildren, parents, brothers and sisters, etc.

■ If the intestate dies leaving no relatives, then the Crown will inherit the entire estate.

## 2. If you're not married and have not made a will, your partner may receive nothing

If you're not married but are living with your partner and you want him or her to inherit your estate, it's particularly important that you make a will. This is because the rules of intestacy make no provision for cohabitation or unmarried partners (other than registered civil partners).

If you die without making a will, your partner may not be legally entitled to anything from your estate.

## 3. By making a will you can determine who will handle your affairs after your death

If you die without making a will, you die "intestate". This means that the management of your affairs is then placed in the hands of administrators who are appointed by the court. The administrators distribute your estate according to the rules of intestacy (see above).

However, by writing a will you will be able to select your own "executors" who will be responsible for distributing your estate as per your wishes.

## 4. By making a will you can name a guardian for your children

If you have minor children, you can name a guardian to care for them in the event of them being left without any parents. Since a guardian takes the place of a parent, making a will gives you the option of choosing someone you believe will offer the best care for your children if you're not around.

## 5. It's important to make a new will if you get married or divorced

Once you have made your will, changes to your circumstances (e.g. marriage, separation, divorce, having a child or moving house) can make parts of the will invalid or unfair and open to a successful claim under the Inheritance Act.

Any will is automatically revoked by marriage, meaning a new one will be required if your existing will was written before your wedding.

You should, therefore, review your will regularly to reflect any major life changes, preferably every five years.

## 6. You can save inheritance tax

Making a will gives you the opportunity of saving inheritance tax liability. This is particularly important if you have substantial assets.

## 7. You must check your will regularly

It's also possible to die partially intestate. This occurs if you fail to deal with all of your property in your will or if a particular someone who was due to inherit in your will dies before you or if you divorce and your ex-spouse's legacy

becomes invalid as a result. It's therefore important to keep your will up to date.

## 8. You can express your preferences for what happens after your death

By making a will, you can express your preferences for burial or cremation and for donating organs or your entire body for medical purposes.

Hopefully this article gives you a better insight as to why wills are so important and how they comprise such a key area of successful financial planning.

By writing a will you will be able to state exactly who benefits from your estate (naming your beneficiaries) and in what proportions. You will also be able to name the executors whose job it is to administer the will as per your wishes and name any guardians for your children in your absence.

Writing a will is the only way in which you can guarantee full control over what happens to your estate on your death. It is therefore imperative that you fully consider your requirements and objectives and ensure you take appropriate advice to make sure these are reflected in a fully binding and legal document.



**DYLAN JENKINS**  
explains why it is essential to plan ahead with a fully-binding legal document

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# When guts are in free fall

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