Content of last BVA Council Meeting: Council Report for 1 Dec-2010

Held at the British Dental Association in Wimpole Street. This was the last council meeting held under the old arrangement of Territorial reps, and was smaller as a result of the inclement weather.

Updating from the previous meeting

There is to be a Welsh Branch of BVA along the lines of the Scottish branch, this may allow improved representation for Wales, for under the new arrangement the Welsh would only have one rep on Council.

Dangerous Dogs. The government response to Defra's consultation is expected shortly, deed not breed, compulsory microchipping, responsible ownership, and education are expected to be the main planks. The 4 things that people with aggressive "status dogs" are probably not likely to take on board.

Welfare Aspects of dog breeding has a new advisory council. The current main point is that all second caesareans are to be reported to the kennel club. This starts on 1 Jan 2011.

OV Tendering This may only apply to England and Wales. In September Defra said that they were looking at options. This is despite us previously being told that a Pilot phase would start in April 2011, with full implementation in April 2012. Now a "milestone/roadmap" will appear in due course. However to upset the applecart again Defra told an MP that the reason for the change to tendering was that "BVA could not guarantee a supply of OVs". This is despite Defra telling BVA that it was an EU Directive and that had to be followed. There may be a further response before Christmas (but they did not say which one).

Membership Topics. There are now 12,284 members of BVA, slightly up on last December's figure. Again we sadly lost several eminent members of BVA in the last quarter. RVCA member Dr Wijeratne whose interests included animal genetics, production, AI, and was even asked out of retirement to help with understanding BSE. Olaf Swarbrick also passed away, he was a renowned poultry expert, and his knowledge of poultry and badger diseases was, like many clever people, better than his handwriting. He was very supportive of younger vets, and also recently pointed out that the Uffingham White Horse was in fact a dog. We also lost a young vet James Hollingworth, a committed cattle vet, and excellent cricketer and rugby player, who died of meningitis.

Chairman of the Board there is a full report on its way, but we were told that BVA is on track for a surplus this year.

Under Members Services discussion, there was significant feeling about the possibility of a City and Guilds Anaesthetic Monitoring qualification. BVA had been against the idea, but SPIVS were more interested. This is to get non nurses the opportunity to MONITOR not MAINTAIN anaesthetics. As there appears to be a significant shortage of VNs, with 40% practices having no VNs, and a probability that over 40% of ops do not have a VN in attendance, it was thought that these anaesthetic monitors might be a good idea. It was also pointed out (again) that it would be nice if VNs could be legally allowed to MAINTAIN

anaesthetics. The City and Guilds plan needs further review and could only proceed if it did not undermine VNs, and was a credible qualification.

A further topic under MSG was the notion of a Vet Formulary Database of products not on data sheets but that have been safely used in exotic/minor species. Seems a good idea, but BVA had concerns over accuracy, keeping it up to date, and overall responsibility and liability.

I brought up the EMS databases/recording/driving licence. The Dick Vet "driving licence" is good but basic in some aspects. Perhaps that is not a bad thing for some vet students. The XLvets EMS database again has its uses; BVA/RCVS are concerned about its ownership. I tried to log my practice into it with no success. We are a foster practice for Bristol, and do lots of EMS (helps keep me up to date) for many vet schools. I would like to see what the database can do. A lifelong log of EMS/PDP/CPD would be good especially if it is not a box ticking exercise...

Veterinary Policy Group main topics were Antimicrobial resistance and responsible use. It appears that the vast majority of resistance is of Human Use origin. There is concern that vets may get the blame despite the evidence to the contrary, some to be published shortly. So obviously responsible use is a prerequisite to avoid restrictions. Apparently there is a problem with POM EA classed medicines, which is being looked into.

There was a debate on the suggestion/possibility of a new Veterinary Surgeons Act, or as may be the case a Veterinary SERVICES Act. The existing one dates back to 1964 and then included Veterinary Practitioners (non university-trained vets). We have come a long way since then, and there are a lot of paraprofessional/technicians who also need regulating. It is not currently clear whether the VSA would be UK wide or one per country. Our own Fred Landeg spoke in favour of a new VSA, explaining that Veterinary Art had been replaced by Veterinary Science, that we have an instant media happy to pull professionals down. The act is to protect animals and society, and that a separate RCVS council from the Fitness to Practice committee was a benefit. Change is inevitable but progress not! Nicky Paul spoke against telling us that the Legislative Reform Orders might be adequate, separating RCVS Council from Disciplinary activities. As the new VSA was possibly to sort out the paraprofessionals why alter the existing VSA? She thought that a new VSA may reduce veterinary control over "veterinary matters". She pointed out that in New South Wales all "acts of veterinary surgery" are specifically listed. Would this make matters easier? Whatever happens we must be aware that other groups would lobby hard to get their point over, we (BVA) must lobby hard to protect animals and society.

We have a new President Elect in the form of Peter Jones a vet who has been in the medicines industry and politics associated with them for over 30 years, he will take over from Carl Padget in 2013.

BVA responded to Defra's proposals for BTb. Concerns were raised at council that any proposals should be centrally delivered and not farmer led, as some farmers in an area have vested interests. Additionally some farmers would be liable to attack from animal rights activists if listed as wishing to reduce badger numbers on their farm. Any process needs to include goats and camelids. Although it was pointed out that increasing Tb Testing does not currently appear to reduce the incidence of the disease, it is one of the few tools that we have, and did help a lot in the past. Whilst vaccination is a hope of salvation, I asked about

timescales for reduced risk to cattle by vaccinating badgers. The suggestion is that this is likely to be 5 to 10 years or even more, with immunity emerging in younger and only mildly infected badgers, and the passage of 5-10 years resulting in the death of the more severely infected ones who would not benefit from disease protection by BCG vaccination.

Anyone in Royal Counties with a view on this please contact Rachel Gledhill at BVA as soon as possible...before 8 Dec 2010. Email rachelg@bva.co.uk

Welfare of Exotic Pets was discussed with considerable enthusiasm. There are a great many of them mostly bred abroad, rather than captured. The owners in the UK are often obsessive, and very keen to learn. The less well informed buy on impulse and may abandon the pet. There is not a great risk of zoonotic disease as they currently mostly come in with import licences, but they do carry disease and we were told of a case where a child got repeated infections of meningitis as a consequence of repeatedly bathing with a WaterDragon. There are opportunities for vets to ensure client responsible ownership (tortoise parties?), vets should be able to supply suitable education or educational material, and improve overall animal welfare for these pets which now as a result of a certain advert include significant numbers of Meerkats...

Operation Silverbirch was the training exercise carried out by Defra to simulate a FMD outbreak, and how they and vets and the country would cope. It got off to a bad start when the vet local to the (fictitious) outbreak phoned the local AH office to discuss operation silverbirch with them, to be told that "AH does not deal with trees"! The exercise was some use, and BVA made a good job of coordination and information, with government contacting BVA directly for information on the situation. The local vet reported some problems, with communications being one. With phone/fax email and texting, Defra should be able to contact practices / vets promptly. Some forms were not pre-authorised, not enough contingency plans were in place, there were no pre agreed terms for paying OVs, there was still no pre-agreement with the food industry regarding vaccinated animal products, no arrangements for moving animals for milking welfare, problems with animal movement licensing recording. Vaccination still seems to be a cause of conflict. It has to be used strategically, surrounding an infected area. Sometimes one vaccinates, and then when the outbreak is over you kill the vaccinated animals. Sometimes one vaccinates and allows them to live. You can only vaccinate where the stock density is sufficient to provide a barrier to the disease, and you have enough vaccine of the right strain. You must have agreement from the food industry before you start if it is to be vaccinate to live.

The last item was a BVA Policy on Microchipping and Scanning. Although a good notion the wording was not satisfactory, and the suggestion that a vet gets all new clients pets scanned and checked out by Petlog probably would not work. The unsatisfactory wording was as follows...

BVA supports the compulsory microchipping of all dogs before the first change in ownership or at first veterinary examination if earlier.

It was considered that as many puppies are examined or even de-dew clawed at 3-5 days this is not the correct time to insert microchips, with some reports of chips introduced too early ending up in the spinal column.

Although I try to scan all relevant patients each time I see them, I certainly do not check with Petlog as to who the current owner is. Microchipping has been compulsory in equidae for nearly a year, and it is generally very popular with all members of society, and they have the seal of approval of the Travelling Community. Apparently the record number of chips that Weatherbys has come across in a single horse is 4. So scan before you chip.

A good nationwide database of all species and all microchips would be of benefit, but is probably some way off.

Finally....

This is the last BVA Council report from your Territorial Rep, as the system is changing. It has been suggested that I stand as Regional Rep for the South East. BVA will be writing to you in January with a voting paper, and if you would like me to continue to be the BVA Council Rep for the area I would be most grateful of your support.

Best wishes

Joe Sprinz

The Veterinary Hospital

23 Wellington Street

Thame