

Knowledge Natter with Lou Northway

David Charles MRCVS

RCVS Knowledge:

Welcome to this Knowledge Natter by RCVS Knowledge. Here, we have friendly and informal discussions with our Knowledge Award champions and those who are empowered by quality improvement in their work. Whether you're a veterinary surgeon, veterinary nurse, receptionist, or member of management, quality improvement will and can positively impact your everyday life. Listen and be inspired.

Lou Northway:

Hi, everybody, and welcome to this RCVS Knowledge Natter. My name is Lou Northway. I'm quality improvement clinical lead here at RCVS Knowledge. And today I'm interviewing Dave Charles, formerly from Scarsdale Vets, which are part of IVC Evidensia, about his amazing Knowledge Award this year. Dave audited a number of practices in the UK to collect baseline data on lambings and cesareans. Dave introduced training and how-to guides, used smart goals, and put several recommendations on the provision of analgesia, selection of use of antibiotics, and the use of adjunctive medications in place for the team to follow. The strong adoption of the recommendations across the practices resulted in a reduction in prophylactic antibiotic use with improved use of local anesthetics and provision of analgesia. Hi, Dave. Welcome to this Knowledge Natter.

David Charles:

Hi, there.

Lou Northway:

How are you today? Have you had a good day so far?

David Charles:

Yeah, not too bad. Thank you. Just getting used to moving out of practice and into my new role. So no, it's been a really good week.

Lou Northway:

Good. I'm really pleased. So I thought we'd start, then, since life has changed for you recently, I think everyone would love to know a little bit about you. So could you tell me about your career journey so far?

David Charles:

Yeah. So I went to med school actually after having had some time studying another degree. So I studied genetics at Birmingham Uni first for a couple of years, and then I had a couple of years out working in various cocktail bars and things as well. So I came at it a bit older, as a mature student. And I always say to people, "If you can deal with angry drunk people on a Saturday night, you're probably quite good at client communication." That's what I tell our students quite a lot. Yeah.

And then, so I trained down at Bristol. During my time at Bristol, I was quite heavily involved in AVS. So I was AVS president across my fourth and final year, which I think, for me, gave me a really good understanding of the wider profession. Obviously, there's a lot of involvement with BVA, RCVS, a lot of the other membership organizations. That's actually where I first came across some of the stuff you do, when I was on the Good Workplace Working Group and that sort of stuff as well. And I did a lot of work then with VDS Training and that.

Then I moved to Norfolk to do farm and small animal work after graduating. And for me, I did mixed, but I always knew eventually I was probably going to end up doing farm work. But I really, really liked surgery. So I had this conundrum of, "What's the best way of doing it?" So I did small and farm mixed. And then it happened, and shortly after I'd graduated as well, which was always fun. Then I moved up to Derbyshire in early 2020 and moved to Scarsdale, obviously. There's a really big, broad, focused farm animal practice. So an awful lot of dairy but also a lot of beef, unless you have an appetite for growing the sheep side.

So I ended up putting a pitch forward to revamp our sheep side of the business. So that included redoing the Flock Health Club. And then I launched Midlands Advanced Breeding Services in 2021 to offer laparoscopic AI and a lot of brisk, bespoke advanced repro work. And that's partly where the audits pan out of, from really growing the sheep side at Scarsdale, because before the lambing and caesar audit the year before, I'd done just at Scarsdale a vasectomy clinical audit as well to look at the best antibiotic choices and some of the things around infection control that then fed into some of the questions of the caesar and lambing audit.

I did my CertAVP in sheep as well with Liverpool. And yeah, after four years in practice, this summer I've just moved to Nimrod Veterinary Products as their first veterinary sciences

manager in a role that, for me, ticks a lot of boxes because it combines technical and scientific advice and knowledge alongside business development and strategy, which is something that I'd always been interested in back from even pre-AVS, probably from managing the bars and that, and I'd grown that and obviously set up the advanced breeding company. So yeah, I've been here just over two months at the moment, and so far going really well.

Lou Northway:

Yeah. It sounds like you've had such a involved career so far, and I think it's fair to say that quality improvement and your natural drive to make things better has probably supported you in doing so. Would you agree?

David Charles:

Yeah, definitely. Obviously, over the last couple of years a lot of the quality improvement in clinical audits and things have been very clinically focused. But actually, during AVS time in my year, we did a lot to restructure it and actually make it work a lot better as an organization for the membership and looking at some strategic partnerships and things as well, which is obviously a bit different to the kind of QI that I obviously won the RCVS Knowledge Award for, but it's still a form of quality improvement in progressing based on the evidence.

Lou Northway:

And earlier on in your career when you were a part of the Association of Veterinary Students, isn't it, that's what AVS stands for, you said that's when you first had your first sort of taste of QI, so to speak, formally, what did that involve? What were you looking at that point?

David Charles:

Yeah. So actually, a lot of the QI that we did in my time with AVS, it had two plinths. There was a non-clinical form of QI, which was this big EMS Experience Project that I run. So looking at student placements and improving the quality and the kind of minimum standards of them as well, which are bits, and that's what we did with the sheep repro one. Ended up with a lot of best practice guidance and checklists and things that I produced. And also I guess because it was students, we also did quite a few financial grants as well to release some of the cost benefits. But then also across AVS, there were chances to get involved in plaudits across some of the final year projects and things as well. So yeah, really got involved across the board, really, which was really good.

Lou Northway:

Yeah. When we were talking before we started recording just now, we mentioned about the fact that professionals are probably undertaking QI already and not realizing. So what advice would you have to people if they haven't really started a QI project yet? What would you say to them?

David Charles:

One of the things that was pointed out to me was there's a lot of resources out there already and places that you can go. I really wish that I'd known about some of the RCVS Knowledge resources when I'd designed the audit because I probably could have saved a lot of time in designing it. So going out and learning from what other people have done to improve your own QI work I think would be really good.

Obviously, people who have gone through any of the CertAVP modules, there's quite a bit on clinical audit, quality improvement in the aides for the Foundations of Advanced Veterinary Practice Module that everybody has to do. So I'd come across a bit of it that way. And I think also just reach out to people who you know have done QI work before. Obviously, now with the RCVS Knowledge Awards and stuff, there's a very handy list of people who have done it well, and I'm sure they'd all be happy to offer advice and stuff. I know I definitely would.

I think it's really interesting because definitely within the former company I used to work for, they were all really impressed that it was a farm-based QI project. And I think that's probably one of the things that I'm most proud of is I hope it's proved to a lot of people that QI and clinical audits in in-practice research definitely are doable in farm, even though the structure and the environment you're working is very different to a small animal practice. We still manage to make it work actually quite easily.

Now that farm vets have a lot more technology at their hands, it's almost easier than ever to do. And we got a really good paper out of it as well which was another benefit that we could share the QI learnings and the evidence beyond just the corporate that I was working for, which is something that I'm quite passionate about, that QI work and best practice should really be available for everybody. It shouldn't be kept behind any particular organizations because, actually, it's for the benefit of the profession and for the animal welfare, ultimately.

Lou Northway:

Yeah. No, I absolutely agree, and quality improvement is definitely something that needs to be shared broadly. Outcomes need to be surely shared and we should all be learning from them. So, no, I completely agree. And your project was really comprehensive. It's probably one of the biggest ones I've read yet, actually, throughout all of the years that we've been doing the awards

now. So I thought we could just go over some of the key areas in a bit of what was your decision-making? How did you decide what bits you wanted to improve and look at? And can you tell us a little bit about what you found?

David Charles:

Yeah. So the audit, as I say, really came off the back of a small audit I'd done at my practice in 2021. I'd done an audit of all the ram vasectomies that we'd done because we were just interested. Different, more senior clinicians had their own views of which antibiotic it was best to use for a vasectomy and the different techniques. And we thought, "Well, actually, let's audit this. Let's see if there is any difference. And if there is a difference, then which should definitely be using the one that the evidence points towards." I think I was quite lucky, obviously, from doing my certificate. And at the time we were the partner practice for Nottingham University as well. So it was very much a practice that had a culture of best practice, and we do journal clubs and that. But actually, I wouldn't say not having that would've been a barrier to doing the audit. It just probably helped a bit. But as we say, there are so many good resources on the RCVS Knowledge website that there's plenty out there if you go looking.

So I wanted to look at sheep cesareans and then also lambings or assisted general deliveries as well because I'd been doing a lot of work around the most appropriate antibiotic selection. Obviously, we had the European Medicines Agency reclassify them into A, B, C, and D not long before we did this audit. And it was quite interesting that what a lot of people would reach for perhaps was a category C, because historically we've always used PEN-STREP as a first-line, and actually then it was classified as a category C. And so I was going, "Well, it would be good, wouldn't it, if somebody had some evidence as to if there's any clinical difference if we used a D, so a straight penicillin or an amoxicillin?"

And then because I'd done mixed, I think I'd always used a lot of Sterillium. I was used to surgical gloving for everything as well. And so I was quite interested to see what people were doing in farm and what the differences were. And then also the point really around the anesthesia protocols was very much driven by learnings on the certificate and conversations with other practitioners, not just in my practice but across various groups and on CPD courses as well.

And if you have a look at the data sheet for the local anesthetics that we have licensed for cattle, because, obviously, none of them are really licensed for sheep, the dose pretty much says five mil at one site, and it doesn't really give any more information than that about toxic doses or anything. There were a couple of studies that if you calculated it, the toxic dose was much lower than you'd probably think for sheep. And so it was interesting to look at what people were

doing and to see how many people were using epidurals to reduce the amount of... Like a regional anesthesia and things as well. So I was quite keen to incorporate that. And then, yeah, it grew into this beast of an audit, really. And I-

Lou Northway:

Yeah. An absolute beast, but it's really brilliant.

David Charles:

Yeah. So I was always going to do it at my practice, and I just reached out to one of our group vet advisors, who's retired this year, actually. But I said to him, "Do you think we could run this across the group?" Because there were a couple of other studies from the 2010s into sheep cesareans. There wasn't much into lambings. And they'd run them over cases seen at a university hospital over six or seven years to get the numbers. And I said to David Stockton, "Well, if I can run this across the group, I can get hundreds of cases in one year and we'll get really valuable information, and we can look at regional differences as well." Luckily, the corporate said yes. Yeah. So I wrote the audit as an online survey and then issued everyone a QR code to make as easy as possible to fill it in in the cars, and we capture this-

Lou Northway:

That's amazing, but again so simple, isn't it?

David Charles:

Yeah.

Lou Northway:

But it's just taking the time to think, "Oh, how can we get this data effectively from people rather than getting them to fill out physical bits of paper that they'd have to post or do things like that?" Yeah, absolutely brilliant.

David Charles:

Yeah. And also, it was one of those things that I think the easier you make it for people to do, the more they're going to do it. So in my practice, we set up reminders on the day book as well. So we looked at one day and seven day post-op data. And so when you booked that you've done a lambing or a cesarean, it automatically booked you a future visit to do a phone call on day one or day seven.

Obviously, because it's sheep, for a lot of the guys, you're probably there within the next week anyway and you probably see it, but you've got that reminder that was auto-generated as well. And that's where I think, like I said before, QI almost will become more and more accessible, particularly in farm and therefore probably equine as well, as we're using more tech because people can access their practice management system on the road and bill as they go. It's a little easier to put that data in then and there while you're thinking about it.

Lou Northway:

That point just then about booking the postdoc check, it being automated, that idea, I've just actually written down myself for something that I've been looking at recently. So thank you very much. What a brilliant idea. Along the journey of the audit, what was the feedback like from those that were submitting the data? Were they really interested as to what the findings were as you were going along? How did you find engagement was?

David Charles:

Yeah. So I think it was interesting because we'd never done anything like this at the corporate level before, and it was interesting that there were some practices that clearly were probably doing a bit more of this in-house, so for instance, like where I was working. So we were quite used to it. I think practices that maybe hadn't done so much before, the appetite was there, and it was really... I made a big deal all the way through of telling people that it was going to be worthwhile and that we were absolutely not going to sit on this data and never do anything with it. So it was always designed that the findings were going to be turned into best practice guidance within the group. It's taught on the Grant Academy. I presented it at one of the corporates conferences.

But I'd got an agreement before I even started writing the questions that we would write a paper because, as I say, it was so important that it was accessible for everybody. And actually, lots of people have reached out and said, "Oh, I read the paper and I saw the findings and now we've changed what we've done for lambing season 2023." Yeah, the engagement and the appetite was really interesting. And the guys in the group who knew what was going on, that we got pretty good completions.

And actually, we got some interesting feedback, which I didn't think of because of geographically where we were in the Midlands, but some of the more northern practices and some of the practices in Northern Ireland reached out and said... Oh, yeah, because we were going to run it from the 1st of January for the early lambers to the end of April. And then some practices said, "Well, we do quite a lot in May. Things kick off a bit later over here. Would you

extend it?" So we kept it open for a month longer than we were going to because the more data the better, really.

Lou Northway:

Yeah. I think as a profession, everybody wants to do things better, don't they? So it's just knowing how you can share what you're doing in an effective way, which is why, like you say, running your own big audit schemes within your corporate groups, sharing wider than that could work really, really well. And then like you've done, you've published your work independently, but there's so many brilliant case examples on the RCVS Knowledge website, which everyone should go and have a look at for inspiration because there is a project for everybody out there now. And your project, actually, is similar in some ways to a project that Vets Now did last year looking at canine dystocia. So they started with one area and then it went off on a spider web all in different directions and helped to improve the whole approach looking after whelping bitches. So very similar, different species.

David Charles:

Yeah, yeah. And I think that's the thing with all the repro stuff is not even just the delivery stuff but even when you were looking at synchronization and that, that it's all so interlinked that you might start with one question, but actually what people do for that part is influenced by what they've done maybe two steps before. So it was quite important to be a well-rounded thing.

Lou Northway:

Yeah. And going forwards, Dave, what's next for you? What do you hope to do going forwards QI-wise in your new role?

David Charles:

I think actually now within industry, there's probably a lot of QI going on that's not referred to as QI. And my role, obviously being split technical and commercial, is where there's some really good opportunities to work with a lot of the practices that we have good relationships for that we're giving CPD for that are using our products to undertake QI in terms of how people are using our products. And that feedback will ultimately inform how we improve the products to improve the outcomes that we're using as well.

Lou Northway:

Yeah. So yeah, that sounds like that's going to be a really good... It's been opening another element to your new role, which you can tailor it alongside. So, Dave, I think we'll leave it there for tonight, but thank you so much for taking the time to speak to me. Congratulations again on your amazingly huge project, which I think is going to positively impact the care that sheep have for many years to come. And for those of you listening, I really hope you feel inspired too. Details of all our RCVS Knowledge Award winners on the website and how to apply for the 2024 applications are open now also. But thanks so much, Dave, again for your time.

David Charles:

Thank you.

RCVS Knowledge:

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