

Vets Newsletter

Spring 2023



Staff, training, equipment and ethos

Photo by: Dr Madonna Livingstone Rabbit Vet of the Year 2022 with her rabbit enthusiast team

This is the last part of the rabbit-friendly guidance series. But we will put it online at the end, as a resource for veterinary practices, and will welcome any feedback or comments that we can include and update it with, as we want it to be a living document that reflects advances in this area.

This last part then, is more about the less easily defined aspects of “Rabbit-Friendliness”. The staff, their training and experience, their qualifications and, most importantly, their attitude to rabbits. This applies to all staff members, vets, veterinary nurses, including those in training, and reception staff, as well as any other ancillary staff who may work with or around

them. The equipment the practice has available, and what they can borrow, hire or refer patients onto. The arrangements made for out of hours cover, both for existing in-patients and those calling to be seen for the initial consult OOH. And the general ethos of the practice and its staff.



Vets

Obviously, we would love it if all the vets at a practice were experienced with rabbits, and keen and excited to see rabbit patients, but we know that isn't always the case. We ask the practice to list those who genuinely are, and what we are looking to ensure is that there is always someone available who does fit into that category. We have, unfortunately, had historic situations where a practice has said "Everyone is happy to see rabbits" and the experience of our members who have gone there has not borne this out. And, even more unfortunately, where a member has gone to a practice on our recommendation, to find that the one or two vets who are on the list are either not working that day, or haven't worked there for some time.

So, rotas and other needs permitting, please try to have at least one vet who fits that bill present all the time, and if they leave, obviously it would be great to employ someone with a similar interest, but if not, please let us know, and we can make sure people don't have their expectations raised, causing everyone a problem.

We don't ask for extra qualifications for Silver level, just that vets are willing and keen to see rabbits. Any extra CPD they have carried out is great to see. There are so many great resources out there nowadays. Obviously there is the RWAF, but Just Exotics and LagoLearn are exotic and rabbit specific, respectively. VetGirl on the Run do some good stuff, as do VetAhead. Lafeber provide some good, mostly free content, including videos. Many companies do webinars, some free, some paid for, with the Webinar vet specialising in this platform, and other companies, such as BSAVA, Improve International, CPD vet and many others, including several vet Schools, all doing both online and face to face rabbit CPD. We have run an annual conference, but due to COVID have pivoted online both independently and through the Webinar Vet, with the hope to restart face to face events in 2024.

For Gold level, we ask that at least 1 vet holds a further qualification in an area involving rabbits. The list is not exhaustive, as we are open to accepting appropriate qualifications from other countries, but the following are accepted:

RCVS Cert or Diploma in Zoological Medicine

ECZM Diploma in Small Mammal Medicine

ESVPS/ISPVs Exotic Animal Practice certificate

AVMA Exotic Companion Mammal veterinary Specialist

MSc in a relevant subject such as Wild Animal Health

Vet Nurses:

Similarly to the above, for vets, really. We know that very often it's the vet nurses who drive the interest in seeing rabbits, and attend CPD which they bring back to benefit the whole practice. There is a lot of CPD available for VN's nowadays, from the same providers as listed above, and several organisations run approved postgraduate qualifications such as the Advanced veterinary Nursing (Small mammals) run by Fraser Training and Consultancy, and the BSAVA VN Merit Awards. Please feel free to contact us if we have missed off any courses and qualifications you are aware of.

Vet reception and other staff:

Receptionists and other frontline staff answer phones, make appointments, schedule procedures, give out information to clients, and organise the waiting area. Their job is vital to the smooth running of a practice, and that becomes especially important when booking in rabbits, who need to be admitted rapidly, to minimise their time waiting in an area which may have dogs and cats present. Reception staff need to prioritise rabbits who are off their food, or who are showing the owners only relatively subtle signs of illness, who may in fact be much more seriously ill than is immediately realised. This makes receptionists uniquely positioned to give that initial all important advice, as well as answering every day queries. Their attitude towards rabbits is also the first thing owners who are new to the practice encounter, and is therefore vital in inspiring confidence.

Out of Hours Cover

This is one of the trickiest aspects of approving a veterinary practice for placing, or not, on the RWAF vet list. There are 2 aspects to this.

Clients contacting the practice outside of normal hours may attend the practice, if it does its own OOH, and in that case, its all straightforward enough. You know what the standard of care is then, and even if the practice employs specific night staff, its possible for them to have the same level of knowledge as the day staff, and perhaps to be able to contact a rabbit-friendly vet where required.

Clients contacting the practice out of hours and being diverted to an OOH practice is more problematic. Firstly, it may be farther for the animal to travel, which is the same problem any OOH urgent case faces, but may be more of an issue with an acutely ill and very stressed rabbit. Secondly, the emergency clinic may not be remotely rabbit-friendly in nature, being full of loud animals, both in the waiting and kennelling areas, which may not have much separate space for rabbits. And lastly, whilst Emergency and critical care medicine is a speciality in itself nowadays, and such clinics are often staffed by very well qualified and experienced practitioners in this field, such training does not often include rabbits.

In-patients and OOH care is the next complication. Some practices will keep rabbits at their practice during OOH periods. Such practices will be staffed to varying levels, from operating a fully staffed emergency service to completely unstaffed overnight etc.

The other scenario is that, at the end of the day, all in patients are transferred, either by the owner or a practice vehicle, to the OOH centre. Both of these carry their own issues. Animals transported by owners may need to be disconnected from intravenous fluids, and those transported in a practice vehicle may share the journey with other animals, adding to their stress, amongst other problems.

In addition, there is the question of what happens to those rabbits in the morning. If they are to be left at the emergency clinic, they may not be in the most rabbit-friendly hands and location. If they are transported back, its yet another stressful journey.

Obviously, we would prefer a practice to care for their own in-patients, in a suitably well staffed practice 24/7. However, we realise that there are great financial and other strains on the veterinary professions right now, and that it isn't that simple.

Our viewpoint at present, taking all the above into account, is that rabbits should not be moved backwards and forwards between a practice and an OOH centre, and that if left at the practice, there should be staff checking on them overnight.

For a Gold practice, it is vital that if OOH clients are directed to an emergency centre, this also holds Gold status, and that in-patient rabbits should not be moved between centres, and should be kept at the practice with a high level of overnight care.



We do mandate that at least one vet/VN in the practice CAN intubate rabbits, but we leave it totally up to the individuals responsible for those anaesthetics how and when they choose to do so. We believe that it is vitally important for patient safety that it can be done where required, but that the decision on how and when to do so is made by yourselves. “How” here covers whether its blind or visualised, and what exact technique you use, and also covers whether you choose to use an endotracheal tube or an “exo” tracheal tube, ie a supraglottic airway device or, less likely, a pharyngeal mask. If you choose to use a V-gel supraglottic airway device, we ask that you carry them in a broad enough range of sizes to cover all the patients you are likely to see, which is much easier to do so with the 2nd generation model.

Other than the above, we don't have any desire to control what vets do, and believe very strongly in clinical freedom. Its also a 2 way process, with new techniques and developments all the time, and we are very pleased to hear of anything new that benefits rabbits health and welfare.

We ask on the form about whether or not your practice performs incisor and cheek tooth extractions partly to gauge the level of complexity of dental work being undertaken and partly for our own interest and information.

We do see the submitted forms as a huge source of data to best guide our CPD and newsletter topics, and to survey the type of problems rabbits encounter, with any information obtained being totally anonymised.



Equipment and drugs etc:

Rabbit medicine and surgery doesn't require a huge investment in extra equipment and drugs. There are few items of specialist equipment required that would not be present in any well equipped small animal practice.

Equipment:

Equipment that may need to have certain additional specifications for rabbit work may include things as simple as smaller ended stethoscopes, through to anaesthetic monitors that can record the higher heart rates of rabbits, and ultrasound machines capable of viewing the relatively smaller organ sizes of rabbits. There are other items of equipment which we would not expect every practice, even every Gold practice to have, such as CT scanners, which are obviously wonderful for use in rabbit dentistry and other imagining, but not exclusively used for rabbits.

But we would expect all practices to have a rabbit/rodent dental table and suitable dental equipment such as a high and low speed rotary burr for incisor and cheek teeth shortening respectively.

Drugs:

There are a few medications which any practice treating rabbits should have in stock, including both appropriate licenced antibiotics and off licence ones that may be used under the Cascade.

There are drugs which may not normally be stocked by most practices, but that a practice treating rabbits should have available in appropriate sizes and/or concentrations, including a range of “Specials” from various manufacturers such as but not limited to Summit and Bova. These may include cisapride, gabapentin and tramadol etc.

We would expect the use of any unlicensed medicines to be under the Cascade, and to be discussed with the owner to obtain informed consent.

We would expect a practice to have up to date references to the medications and doses used for rabbits. Suitable sources of information include the BSAVA Small Animal Formulary Edition 11: Part B (Exotic Pets), out in April 2023.

Procedures:

We expect all practices to use methods other than clipping for incisor teeth, and consider this an outdated and dangerous practice. We also consider conscious molar dentistry to be a dangerous practice and will not add any practice to the list which uses this technique.

Practice ethos towards rabbits:

This is probably the most difficult to sum up in words, especially without seeming patronising or holier-than-thou, neither of which is intended. We would like to see rabbits treated with the same care, knowledge and consideration as the more commonly encountered species: cats and dogs.

We know that funds are tight for everyone, but would like to reassure practices that while many rabbit owners have acquired their pet(s) without understanding the cost of both looking after, and treating their rabbit(s) properly, many are very well informed, and have a very good understanding of what can be done for rabbits nowadays. On the plus side, this means that owners are informed already about options, and already prepared for the costs and complexity of things. On the downside, they may already have spent a lot of money in other practices first, and may be travelling some distance to see you.

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