BVA response to Defra / APHA / Natural England
Badger Vaccination Training - options paper for increasing the number of lay vaccinators

Who we are

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. With over 18,000 members, our primary aim is to represent, support and champion the interests of the United Kingdom’s veterinary profession. We, therefore, take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters and the wellbeing of the profession.

2. We have consulted with members with direct experience of badger vaccination operations through their work with cattle and/or wildlife.

3. We welcome the opportunity to comment on two potential options for changing the current training delivery model for lay vaccinators in order to increase capacity for training and to support badger vaccination on a much greater scale than currently. Badger vaccination offers one of the few possible exit-strategies from the policy of large-scale repeated culls and we strongly support further exploration of the role of badger vaccination in the overall TB control and eradication strategy. Government should prioritise research to evaluate the impact of badger vaccination on bTB incidence in cattle in order to provide a greater understanding of this control method as part of any exit-strategy or as a firebreak.

4. It is essential that welfare standards and the practical elements of vaccination, including cold chain, correct vaccination technique, and record keeping, are maintained in any changes to the current approach for training lay vaccinators.

Proposed option 1: train the trainer model

5. Under this model, APHA would develop a Train the Trainer course in partnership with NE, enabling groups or individuals to deliver the approved courses Module 2: Cage Trapping for Badger Vaccination and Module 3: Vaccination of Badgers Training Course. Although we recognise that this delivery model has already been used successfully by NE to scale up cage trapping training for the purpose of the badger control licences, we have some concerns regarding the potential for dilution of skills. We do not consider it appropriate for non-veterinary professionals to deliver training on skills which under any other circumstances are purely veterinary.

6. If this option were to be progressed then the potential contribution of wildlife rehabilitation centres to the delivery of training should be explored as many of these would have direct experience of medical treatment of badgers, whereas many of the other stakeholders listed in the schematic would not.

Proposed option 2: veterinary surgeons sign off lay vaccinators

7. Under this model, the current Module 3: Cage Trapping and Vaccination of Badgers would be compressed from a 2.5 day classroom course to a one day classroom course, delivered by APHA, with practical elements. Competency to vaccinate (ie practical assessment) would subsequently be assessed in the field by a veterinary surgeon.
8. The involvement of vets in assessment of competency should not be limited to the ‘Directing Vet’ model. Vets who will be most suitable for this role, as a result of a specific interest and/or skills in dealing with badgers, or an interest in TB control, may not be affiliated with the local practice prescribing the vaccine, and indeed may not even be in general practice. Most vets are not familiar with dealing with badgers and/or have different understandings of badger BCG vaccination. In order to maintain the confidence of existing lay vaccinators in any new assessment process it will be important that the assessing vet has some knowledge and interest and that specific training is put in place to ensure all the vets involved have the same baseline and put out the same messages. As such the roles of prescribing and assessing competency to vaccinate should be separated.

9. We support further consideration of the potential role for Registered Veterinary Nurses. We agree that veterinary sign off could reasonably be delegated to RVNs where they have an interest in and experience of this area of work and support further discussion with RCVS on this option.

10. The options paper recognises that the proposed requirement for veterinary sign off in the field represents an additional responsibility and one that would involve working antisocial hours. For the proposal to succeed it will be essential to encourage and involve enthusiastic vets with an appropriate badger/conservation/farming/TB interest at an early stage and consider appropriate remuneration for the work which recognises the professional task of assessment and certification.

11. Consideration should also be given to offering module 3 training tailored specifically to vets. Such training should recognise their pre-existing veterinary skills and be offered at a reduced cost in order to encourage those who would like to contribute to badger vaccination programmes.

Conclusion

12. On balance we consider that Option 2 represents our preferred approach in relation to the maintenance of standards, confidence in the scheme, and the protection of animal welfare. However, it is essential that measures to attract vets, and potentially RVNs, with the appropriate interest are put in place, including remuneration appropriate to the professional task being carried out.