BVA response to Environment Sub-Committee: Future UK-EU relations: energy, environment and health

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, animal welfare, public health, regulatory issues and employment matters.

2) We welcome the opportunity to provide our evidence to this inquiry on Future UK-EU relations and the issue of veterinary capacity to meet the requirements of those relations.

3) The vital role of veterinary surgeons in trade, protecting public health, food safety and animal health and welfare is recognised around the world. Imports of both animals and animal products may carry pathogens that can represent a threat to public health and the health of animal populations in the UK. Veterinary certification and controls form a vital part of the biosecurity framework for the UK and our trading partners. In the broadest sense, biosecurity can be said to cover every aspect of disease control, prevention and treatment, all of which are areas that rely upon the knowledge and skill of veterinary professionals.

4) To facilitate trade, the UK will need enough veterinary surgeons to meet the additional demands for export and import certification and controls that may be required following the end of the transition period. If that requirement is not fulfilled, it could present a significant barrier to trade and could be detrimental to the UK farming, food and hospitality sectors.

1. What does the Trade and Cooperation Agreement (TCA) require of veterinarians and their associated professions?

The Trade and Cooperation Agreement

5) The Withdrawal Agreement concluded between the EU and UK on 17 October 2019 formalised the position that Great Britain would be leaving the EU Single Market, as well as the unique position of Northern Ireland within the Single Market for agri-food products and live animals. Leaving the Single Market means exporters will require an Export Health Certificate (EHC) to transport animals and Products of Animal Origin (POAO) from Great Britain to the EU Single Market and Northern Ireland. There is also the requirement for additional certifications for pet travel and equine movements.

6) Unlike a normal free trade agreement, any deal reached between the UK and EU was going to manage additional trade friction, not seek to reduce it. There was hope that the Trade and Cooperation Agreement (TCA) would in some way make that additional trade friction less burdensome, reduce bureaucracy and limit the level of controls that would be required. However, the TCA Sanitary and Phytosanitary SPS chapter provides very little in this regard.

7) Within the structures created by the TCA, there will be a “Trade Specialised Committee on Sanitary and Phytosanitary Measures” where the UK and EU can meet and discuss the operation of SPS arrangements and potentially seek further facilitations without compromising biosecurity. It is imperative that the UK government engages industry and the veterinary profession to understand the practical experience of meeting the demands of exporting SPS goods and to work together to identify potential solutions to bring to this specialised committee.

8) We welcome the provisions for cooperation on antimicrobial resistance (AMR), animal welfare, and sustainable farming. However, it should be noted that the TCA says, “The Parties recognise
that animals are sentient beings.” At present this is no longer the case in the UK and should be rectified with legislation as a matter of urgency as BVA has urged government to do for some time.

2. Will vet availability be a constraint on the operation of the new arrangements in the UK? If so, what is the extent of the shortfall, and what are its causes?

9) From 1 January 2021, there has been an increased demand for veterinary certification and supervision for goods including live animals, POAO and germplasm as well as pet animals and equines moving between Great Britain and the EU Single Market and between Great Britain and Northern Ireland. Additional veterinary capacity is needed to fulfil this demand. However, quantifying how much additional capacity is difficult. It is still too early to tell if the UK has sufficient veterinary capacity at present to do this. Many operators are still waiting and delaying some of their exports. For example, the capacity for the certification of travelling pets will currently be less than usual given the covid-19 travel restrictions. Thus far, veterinary capacity has not yet been a barrier and we welcome the work that has been done by government to increase that capacity.

10) Our understanding from discussions with the UK government, EU contacts and industry is that during the month of January exports have been well below the level that would typically be expected. Engagement with French authorities has provided that in the first few days of January, traffic from GB to France was only 30% of its usual amount, and it is at approximately 60% as of 14 January 2021. However a large percentage of the lorries were arriving in France empty. The proportion of batches that require SPS checks is around 5%, compared to 10% in usual times.

11) Further demands for additional veterinary capacity in Great Britain to sign EHCs are expected. The current grace period that is in place for movements from Great Britain to Northern Ireland that removes the requirements for the majority of EHCs will come to an end on 1 April 2021.

12) There will also be the need for OVs to perform import checks once sanitary controls are applied on imports into Great Britain from the EU. These requirements will be phased in. From April 2021 all POAO will also require pre-notification and the relevant health documentation. From July 2021 there will be an increase in physical checks and the taking of samples at Great Britain Border Control Posts.

13) Where the Great Britain BCPs will be located is still uncertain. In the Border Operating Model, which was updated in October 2020, the government notes “Much of this infrastructure will be located at ports and border locations but where this is demonstrated not to be possible, HMG will provide inland facilities.” There is then a list of “intended and potential inland sites.” At this stage more certainty is needed. Putting in place this infrastructure and staff will require a significant amount of time and resource.

14) Great Britain can learn from the experience neighbouring states who are preparing border Sanitary and Phytosanitary infrastructure and staff to comply with imports from Great Britain. Ireland was required to have BCPs in place from January. The Irish Government agreed sites and plans in 2018 and were preparing to hire “in the region of 200 extra full-time staff to carry out Sanitary and Phytosanitary Controls (SPS) checks and controls at ports and airports.” A sizeable number of this cadre will be OVs, but there will be phytosanitary staff and support staff included in this number. In the Netherlands, there were plans, reported in 2018, for an additional 145 veterinarians for the Port of Rotterdam ahead of a previous potential no deal.

15) Recently, the government announced £14 million in funding has been given to local authorities across England to help them maintain the UK’s high standards on imported animal products.

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1 https://www.gov.uk/government/publications/the-border-operating-model
“Over 500 new port health roles are being created to facilitate the new checks on imports of animal products from the EU from April 2021.”

Not all of this reported 500 personnel will need to be qualified official veterinarians (OVs), but it is likely that a significant number will be OVs.

16) In Great Britain there are very limited numbers of OVs that have the required training to function as Portal OVs. It is likely that Port Authorities will be seeking to source OVs from existing certification businesses further reducing the availability of experienced export OVs in the supply chain.

3. As short-term measures, what can Government do to ensure vet capacity is not a constraint on the agrifood industry?

17) At this stage, a month after the end of the transition period, there are material uncertainties and limitations on knowing what the exact increase in control and certification requirements is likely to be. When preparing for a no-deal exit in 2019, Defra’s “mid estimate” assumption was a fivefold increase in the number of EHCs.

18) Translating EHCs into veterinary workforce demand is complex. Defra estimated an additional 200 Full-Time Equivalent (FTE) OVs will be required to certify export of POAO from Great Britain. Businesses involved in export certification work, put the number higher requiring at least 350 FTE additional vets. Translating an FTE figure into the actual number of OVs needed is a further complexity. This is because many qualified vets operating in the private certification market certify health certificates alongside other veterinary activities. There is a range of OV qualifications tailored to specific types of export (e.g. avian for poultry exports) so it’s an oversimplification to focus on total numbers of OVs without a clear understanding of which panels will be most needed. Geography is also an important factor, OVs with the right panels will be needed to the correct localities to meet the need of local industry and transport logistics.

19) The Animal and Plant Health Agency (APHA) has increased the number of veterinary surgeons with products of animal origin certification panels from approximately 600 in February 2019 to more than 1200 at the end of the transition period. There has also been the introduction of a Certification Support Officer (CSO) role. These allied professionals work under the direction of an OV, providing support by collecting the evidence required for the OV to complete an EHC. The CSO does not remove the requirement for an OV to sign the EHC. There are now 400 CSOs trained in Great Britain.

20) Government has put in place surge capacity to meet demand in the short term. Provision has been put in place for APHA vets to be taken off front line work and utilised to fill gaps in provision when this is needed. APHA has also trained a number of new export locums to meet demand without moving frontline staff off other work. This dedicated locum capacity is particularly welcome. APHA veterinary capacity is an important resource that is needed to meet animal disease incursions in the UK, which could limit that ability for that resource to be released. This necessity was underlined on 11 November 2020, when an Avian Influenza Prevention Zone (AIPZ) was declared across England, Scotland and Wales to mitigate the risk of the disease spreading.

Immigration

21) The UK is highly reliant on EU vets. According to the Royal College of Veterinary Surgeons (RCVS), on 19 January 2020, there were 27,324 UK practising vets. Of these, 7,936 graduated in the EU (29% of the total). In recent years, more veterinary surgeons who registered in the UK

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4 https://www.gov.uk/government/publications/port-health-transition-fund
5 Question for Department for Environment, Food and Rural Affairs UIN 96843, tabled on 29 September 2020 https://questions-statements.parliament.uk/written-questions/detail/2020-09-29/96843
6 James Quinault Defra evidence to Public Accounts Committee https://committees.parliament.uk/oralevidence/1585/default/
qualified in the EU than in the UK. However, between 2019 and 2020, EU registrations dropped by 35%. This has largely been because of Covid 19 and restrictions on travel. Last ten years of annual registration data below:

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<td>741</td>
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22) The FSA estimates 95% of the veterinary workforce in abattoirs graduated overseas – with the clear majority of these coming from the EU. Losing these veterinary surgeons from slaughterhouses would increase the risk of food fraud, provide the potential for animal welfare breaches, and remove a level of public health reassurance to consumers at home and overseas that could jeopardise trade.

23) Free movement of people has had an enormous impact on our veterinary workforce. Any additional barriers to the movement of EU-qualified vets to the UK have significant consequences for animal health, animal welfare, public health, and trade.

24) In February 2020 the government set out its plans for a new immigration system. Free movement has now ended as has the automatic registration of EEA qualified vets by the Royal College of Veterinary Surgeons as part of the Mutual Recognition of Professional Qualifications (MRPQ). In place of free movement is an employer-led points-based system which is likely to place a significant administrative and financial burden on veterinary businesses who will be required to sponsor recruits from outside of the UK. This new immigration system casts significant doubt over whether the profession will be able to fill the workforce gap created by the end of free movement when we are already struggling to recruit and retain vets.

25) Under the MRPQ, EU qualified vets had the automatic right to register with RCVS to practise in the UK and vice versa. This no longer applies. For now, an amendment to the Veterinary Surgeons Act passed in February 2019 will allows vets will be able to join the register without sitting the Statutory Membership Examination if their veterinary school is approved or accredited by EAEVE at the time of their graduation. These vets will still need to meet the language requirement for RCVS. To register with the RCVS vets will need a score of at least 7.0 in the International English Language Testing System (IELTS) or Occupational English Test (OET) at least a grade B. This standard is appropriate and is in line with doctors and other professional bodies, as well as the standard that has been expected for vets seeking to register from third countries.

4. In the longer term, what can Government do to increase the number of UK-trained vets working in the agrifood industry, and support their retention?

Education
26) The UK has taken steps in recent years to expand the number of veterinary undergraduate places. This includes increases to the capacity in a number of existing veterinary schools and the establishment of new veterinary schools and partnerships: University of Surrey School of Veterinary Medicine (which produced its first graduates in 2019), Harper and Keele Veterinary School (first intake in 2020) and the University of Aberystwyth/Royal Veterinary College training hub. This new capacity is welcome, but it will take 5 years for these new routes to produce new vets.

27) There are concerns about how quickly the capacity of UK universities could be further expanded to meet a massively increased demand at short notice. Increasing capacity takes time, money (both initial capital and ongoing revenue), and personnel.

28) The University of Surrey announced plans to open the school of veterinary medicine in October 2012; the first cohort of students did not graduate until 2019. The Surrey veterinary school cost £45 million to establish.

29) At present, it is estimated that the full of cost of veterinary education is well in excess of £20,000 per student, per year of study. Despite existing funding mechanisms, the cost of providing undergraduate veterinary education exceeds current direct income streams. Expanding the numbers of UK graduates must be supported by additional Government funding in order to safeguard existing quality and standards in veterinary education.

30) Further, UK students are currently subsidised by the high fees of overseas students; a rebalancing in favour of producing more domestic graduates would therefore jeopardise the funding model of some veterinary schools, requiring more additional funding per UK student place. We welcome news that from summer 2021 that international students who have successfully completed an undergraduate or master’s degree will be able to benefit from two years’ work experience in the UK upon graduation, through the new Graduate Route.

31) Furthermore, there is a clear trend amongst UK graduates who have favoured clinical practice over public health roles. This is evident in the fact that 95% of the veterinary workforce in abattoirs graduated overseas. A significant cultural change and incentivisation would be required to reduce the existing reliance on overseas-qualified veterinary surgeons in this area.

Retention of existing workforce

32) Considerable efforts are underway to retain graduates within the profession. Erosion of the veterinary workforce has been an ongoing concern for BVA, RCVS and Government, which predates the decision of the UK to leave the EU.

33) Together, RCVS and BVA launched the report “Vet Futures – Taking charge of our future” in November 2015. The Vet Futures project aims to improve retention of the existing veterinary workforce by ensuring veterinary professionals are confident, resilient, healthy and well supported, and benefit from exceptional leadership. In July 2016, the Vet Futures Action Plan was launched with a series of actions to make this vision a reality. These actions are ongoing, and a review of the project is underway.

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9 Ibid
Paraprofessionals

34) Consideration is also being given to how the veterinary team can be reformed to allow paraprofessionals to take on additional tasks, freeing up veterinary time. In response to the expected increase in demand for EHCs, APHA introduced the new role of CSOs. Approved Tuberculin Testers (ATTs) are para-veterinary professionals with the authority to carry out statutory TB skin testing of cattle. ATTs have been used in Great Britain by APHA since 2005. Their use has been expanded to veterinary practice following a consultation conducted in summer 2018 and the completion of an ATT pilot study which ran from December 2018 to February 2020.

35) Further reforms need to be undertaken in a measured way that prioritises animal health, animal welfare and public health and does not undermine the role of the veterinary surgeon in diagnosis or the integrity of the veterinary surgeon’s signature. Some of this work is being undertaken as part of the RCVS Legislation Review.

5. What apprenticeship training routes are, or could be, available for veterinarians and their associated professions?

36) UK vet schools are held in high esteem for the high-quality vets they produce and are internationally recognised for their global excellence in teaching and veterinary research. However, the veterinary profession is facing a recruitment and retention crisis. With mounting efforts from a range of stakeholders to address workforce, there is much debate about the role that education and increasing the number of vet students could play in tackling these concerns.

37) We know that work needs to be done to encourage applications from a diverse range of students, including those from underrepresented and minority groups, and those wishing to study veterinary medicine as a second degree. This is at the heart of the recent BVA position of UK Veterinary Education.12

38) The RCVS sets the standard for education for veterinary surgeons in the UK. However, the RCVS is cognisant to the fact that UK graduates must meet the standards expected of vets worldwide. It is this international standard is what allows a UK OV signature to allow POAO to travel across the globe. Consequently, the scope to make significant changes to the veterinary curriculum is limited.

39) Already a huge amount of the veterinary degree is hands-on clinical training. The provision of accessible, high-quality and appropriately funded extra-mural studies (EMS) is an important part of veterinary education. EMS enables exposure to a wide range of working environments, both clinical and non-clinical, as well as all aspects of the veterinary team and allows students to gain a hands-on, realistic experience which cannot be provided in lectures.

40) There does appear to be more opportunity in looking at apprenticeship opportunities for allied professionals which the veterinary profession is keen to explore and support.