Submission to DEFRA Consultation: Extending the Use of Para-Veterinary Professional Approved Tuberculin Testers (ATTs) to Perform Tuberculin Skin Testing of Cattle in England

Who we are

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. With over 17,000 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.

2. Our response is submitted jointly with the British Cattle Veterinary Association (BCVA). BCVA is a specialist cattle division of the BVA comprising 1,250 members, of whom approximately 950 are practising veterinary surgeons working with cattle in farm animal veterinary practice.

Do you consider that the use of suitably trained, competent paraprofessionals (ATTs) as part of a veterinary led team in private veterinary practice to carry out TB testing is an acceptable option within the current TB surveillance regime? What concerns would you have, if any?

3. BVA believes that there is a role for lay TB testers as part of a veterinary-led team, under veterinary direction, as long as all lay TB testers are appropriately trained, regulated and subject to standards of quality assurance that ensures an equivalent competence as a veterinary surgeon carrying out the same task.

4. Expanded use of ATTs could mean better utilisation of veterinary surgeons. Less bTB testing could provide additional capacity that can be used to develop a more fulfilling role for the vet. In turn, this has the potential benefit of increasing retention of vets.

5. A veterinary certificate is a written statement made with authority; the authority in this case coming from the veterinarian’s professional status. Veterinarians have a professional responsibility to ensure the integrity of veterinary certification, meeting the 10 Principles of Certification set out by the Royal College of Veterinary Surgeons (RCVS). The first principle states:

   “A veterinarian should certify only those matters which:

   a) are within his or her own knowledge;

   b) can be ascertained by him or her personally; or
c) are the subject of supporting evidence from an authorised veterinarian who has personal knowledge of the matters in question.

In some circumstances, a certificate or the accompanying Notes for Guidance may allow a veterinarian to attest matters on the basis of a declaration by another person e.g. the exporter or their agent, a farmer, transporter, animal health officer or food business operators.”

6. Misleading, incomplete, inaccurate, or untrue certification reflects adversely on the veterinary surgeon signing and calls his or her professional integrity into question. Certification of this nature may also expose the veterinarian to complaints and cases may come before the RCVS Disciplinary Committee arising from allegations of false or dishonest certification. Effective regulation, with a reasonable expectation of sanction where there has been a breach, is an essential element to providing assurance.

7. Where vets are basing their certification on ATT declaration it is vital that the regulation of these professionals is as robust as that for vets. The consultation document provides very little detail on how this operates currently for APHA employed ATTs. We would ask that APHA clearly spells out how this process is likely to work in future, given the expected expansion in the numbers of ATTs as a result of this policy change.

8. As ATTs are unable to carry out pre-movement testing for intra-EU trade we concerned this may lead to two processes operating within England. We are concerned that two layers of certification for domestic and export markets could increase the risk of food fraud and leave the UK unable to provide public guarantees to EU export markets. Thorough quality assurance processes will be necessary, and we would ask for clarification on how this works today for APHA employed ATTs.

9. BCVA has carried out a survey of its membership to inform this submission. The findings reveal concern about the potential impact on the resilience of some veterinary practices because of the proposed policy change. As a result, some private veterinary businesses may reduce veterinary staffing levels, which would likely impact on coverage in certain areas of the country that are more marginal for farm animal veterinary businesses. A move towards a greater use of ATTs should be mindful of this reality, and ensure adequate time is available for practices to prepare and make necessary business decisions. Otherwise, a policy change intended to alleviate concerns about veterinary capability and capacity may have be detrimental to this aim in the short term.

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10. Veterinary surgeons make every contact on farm count. Testing provides an intervention which is maximised, adding value over and above carrying out a procedure. Administering bTB tests is an opportunity to examine the holistic health and welfare of individual animals and herds, which vets are uniquely qualified to do. This can provide valuable disease surveillance information for Government. Testing is also an opportunity to engage with farmers where vets can provide advice on issues of biosecurity, herd health planning and husbandry. There are concerns that the proposed policy could result in a loss of these additional benefits associated with testing, as ATTs will not have the necessary animal health and welfare knowledge.

11. Training provided to ATTs should ensure they have the skills necessary to ensure their personal safety and the safety of others on farm. This includes effectively restraining the cattle.

**What would you consider would be the maximum number of ATTs that any single AVS could: supervise to the required level in training? have oversight of once qualified?**

12. As noted under article 4 of the Veterinary Surgery (Testing for Tuberculosis in Bovines) Order 2005:

“(i) a trainee tuberculosis tester acting under the direct and continuous supervision of an authorised veterinary surgeon; or

(ii) an approved tuberculosis tester acting under the direction of an authorised veterinary surgeon,”

13. This is similar to the Veterinary Surgeons Act 1966 (Schedule 3 Amendment) Order 2002 which provides for veterinary surgeons to direct registered or student veterinary nurses who they employ, to carry out limited veterinary surgery. This has been interpreted by the Royal College of Veterinary Surgeons as follows:

“direction’ means that the veterinary surgeon instructs the veterinary nurse or student veterinary nurse as to the tasks to be performed but is not necessarily present.

’supervision’ means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed.

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‘direct, continuous and personal supervision’ means that the veterinary surgeon or veterinary nurse is present and giving the student veterinary nurse his/her undivided personal attention.”

14. It would be preferable to follow this formula, where the relationship is clearly defined by RCVS with clear expectations for both the vet and vet nurse. Where this is established it should be for the professional judgement of the veterinary surgeon to determine if this is met, not the setting of an arbitrary figure. This would allow each vet to consider the relevant circumstances: the level of experience of the ATT; the geography of where they are operating; the relationship with each livestock keeper and the level of bTB incidence in the given area. Setting a maximum figure may have the unintended consequence of setting a level that will become the expectation.

15. If there is to be a cap on the number of trainee or fully-qualified ATTs that could operate under the direction of each individual authorised vet, we would ask that this number is based on evidence and not anecdote.

16. APHA has been operating a system of lay TB testers and will have instituted arrangements for vets to direct lay TB testers. We anticipate these arrangements have been designed to meet the requirements of The Veterinary Surgery (Testing for Tuberculosis in Bovines) Order 2005 with an appropriate number of ATTs operating under the direction of approved vets. This detail should be shared and utilised to inform the policy making process.

17. The proposed pilot project should be developed to inform the maximum figure. This pilot should incorporate different practice sizes and models, different geographies and cover the experience of the high-risk area, edge area and low risk area where the testing regimes have diverged.

18. In the case an AVS will be able to oversee both trainee and qualified ATTs, the additional supervision expected for trainees should impact on the number of qualified ATTs permitted. If AVS’s are unable to supervise trainees and qualified ATTs, this may limit the uptake of the policy amongst smaller practices with a limited pool of vets.

19. If there is an option for additional supervisors for each candidate, we would seek clarity on how this would count towards each AVS’s total allocation of ATTs.

Are there any types of TB tests that you believe ATTs should not be permitted to carry out and why?

20. Currently in England and Wales, for APHA employed ATTs, qualified Lay Testers may carry out all types of TB test (except for export tests). The Veterinary Surgery (Testing for Tuberculosis in Bovines) Order 2005, made under section 19(4)(e) of
the Veterinary Surgeons Act 1966, permits lay TB testers to conduct tests in accordance with the Order. To ensure consistency in the delivery and audit processes it would be advisable to allow the same tests for APHA employed ATTs and those employed through private practice.

Do you agree that using ATTs as part of a veterinary led team under the current delivery framework would help ensure high TB testing standards are maintained?

21. It seems sensible to include both OVs and ATTs within a single system VDP to ensure consistency in the delivery and audit processes of the framework.

If the use of ATTs is agreed, do you think their use should be a) limited to practices working under the VDP contracts only or b) extended to any practice that can provide a supervising OV (AVS)?

22. ATTs have the potential to fulfil a useful role within a vet-led team offering a fulfilling career option as well as expanding the veterinary practice offer. Therefore, if veterinary practices wish to take up the option it should be made available across all practices.

How do you suggest that monitoring and auditing is implemented if ATTs are permitted to work outside of the VDP?

23. The VDP has its own checks and balances in place as does APHA. Allowing lay-testers to work outside these extra checks and balances would require separate system for quality monitoring and risk-based auditing. This standard should be equivalent to the other standards. Another check system may lead to third layer of testing, efforts should be streamline these layers to provide consistency and avoid confusion. Currently, APHA are responsible for auditing those practices not under the VDP. That is where the responsibility should also lie for ATTs working outside the VDP.

Do you support the implementation of a Pilot project under the direction of APHA to assess the feasibility of the use of ATTs in private practices?

24. As supporters of evidence-based policy making BVA supports the decision to develop an evidence-base through a pilot project. An appropriate pilot project should be developed that would incorporate different practice sizes and models, different geographies and cover the experience of the high-risk area, edge area and low risk area where the testing regimes have diverged.