BRITISH VETERINARY ASSOCIATION

TUBERCULIN TESTING OF CATTLE: VETERINARY SURGEONS ACT 1966

Submission by the British Veterinary Association

INTRODUCTION

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom and represents over 10,000 members. Our chief interest is to protect and promote the interests of the veterinary profession in this country and we therefore take a keen interest in all issues affecting the veterinary profession, be they animal health, animal welfare, public health or employment concerns.

2. The number of bovine TB breakdowns has been increasing year on year for a number of years. The extent of those parts of the country which are often described as “hotspot” areas is growing and the disease is continuing to spread to areas which have been free from bovine TB for decades. This is a deteriorating situation, which the BVA strongly believes must be tackled as a matter of urgency.

3. The BVA is grateful for the opportunity to comment on the proposals to introduce legislation, under the Veterinary Surgeons Act 1966, “to permit properly trained and competent non-veterinarians to perform tuberculin skin testing of cattle”. However, we are extremely concerned that the impetus for this suggested change to the Act is based on incorrect data. We have shown that there is no need for this change if TB testing is correctly managed, there being more than adequate manpower to meet current testing requirements.

4. The BVA has further concerns at the way in which this matter is being considered – in isolation rather than as part of the management of the eradication of TB and other livestock diseases and in that context as part of the Animal Health and Welfare Strategy. The report of the Policy Commission on the future of farming and food states, “In view of England's abysmal animal health record in recent years DEFRA in consultation with the industry needs to devise and implement a comprehensive animal health strategy”.

5. It remains our view that the visit of the veterinary surgeon to the farm offers the best opportunity for constructive partnership with the food producer/livestock owner and the value of this visit should be enhanced rather than downgraded. It represents the most economic expenditure of public money for public good.

THE LAY TESTER

Question 1: Do you agree with the proposal that trained and competent non-veterinarians should be permitted to carry out tuberculin testing of cattle?

6. The BVA believes that whilst the administration of an injection might be delegated to appropriately trained lay personnel, the interpretation of the resulting reaction requires professional judgement and is an act of veterinary surgery. While the principle of lay involvement in the technical aspects of the test might be acceptable the following issues make the change to the law uneconomic and inappropriate:

(a) the impact of lay testing on surveillance. In some cases the TB test is the only time veterinarians visit a farm and see the whole herd and the BVA would like to see the TB test becoming part of a programme of on-farm surveillance;

(b) the BVA is opposed to lay testers being able to sign restriction notices as the consequences of this action can be profound. The relationship between the lay tester and the veterinarian will be a key factor if the veterinarian is to sign certificates
based on information provided by the lay tester, a clear legal definition of responsibility will be required;

(c) how cost effective will lay testing be? The veterinarian's presence will still be required where test results are positive or inconclusive;

(d) it may be that employing lay testers only in cases where there is an expectation of negative results is the way forward. However, it must be borne in mind that this is only likely to occur in areas where testing is infrequent and veterinary surgeons are consequently less time constricted and so employing a lay tester will be of less value.

Question 2: Do you agree with the proposals at Appendix B and that lay testers should be able to complete and sign restriction notices?

7. The BVA is concerned about the position of the veterinary surgeon should a lay tester be allowed to sign a restriction notice. However, it is our view that if lay testers are allowed to sign restriction notices in order that movement restrictions could be imposed immediately then those notices should be for a limited period and a veterinary surgeon should be called immediately if test results are inconclusive or if reactors are found. This will be difficult in rural areas in terms of distance to travel and availability of veterinarians and is likely to prove less flexible and more expensive than the present arrangements.

Question 3: Do you agree with the three-stage approval system for becoming an approved lay tester?

8. We are concerned that the training as described may not be adequate to bring lay testers up to the required high standard. Particular elements of the process give rise to concern as follows:

(a) the use of terminology like “clinical signs” clearly implies that there is a diagnostic element to the role of the lay tester and that the test is not as simple as it is being made to appear;

(b) the lay tester cannot and should not be expected to diagnose TB in isolation, that is, without knowledge of other or related diseases;

(c) the proposed training course content makes no reference to training in clinical recognition; and

(d) criteria to monitor the training and regulation of lay testers should be drawn to offset the inevitable variation in standards of training that is carried out by practices or private individuals.

THE REGULATORY IMPACT ASSESSMENT

9. In paragraph 8.2 of the Regulatory Impact Assessment reference is made to persons of “good character” only being permitted to carry out tests. What is not clear is the basis on which a person can be said to be of “good character”.

10. The logistics of the process for supervision of the lay tester in training remain unclear, furthermore there are anomalies in the suggested system for payment of the supervising veterinarian.

11. The Regulatory Impact Assessment states in paragraph 10.1 that “this proposal is not expected to impose additional costs to any sector”. The BVA would like to know how this assessment has been made with regard to the veterinary practice sector and would seek disclosure of the data upon which this assessment has been based.

12. The BVA is extremely concerned at the reference to the “worsening” TB situation and the implied acceptance of this problem. Eradication should be the aspiration of Government.
 CONCLUSION

13. The BVA, while accepting that some technical aspects of TB testing might be undertaken by suitably trained non-veterinarians, would ideally like to see further development of the routine TB test visit to become part of the programme of on-farm surveillance. In some cases the TB test visit is the only time veterinarians visit a farm and we would like to see Government take greater advantage of this statutory on-farm veterinary presence. This would allow for a more appropriate use of veterinary time and skills in providing advice and introducing control strategies to prevent, as well as detect, disease and other welfare problems and it would also demonstrate a practical commitment by the Government to improved veterinary surveillance.