



Department  
for Environment  
Food & Rural Affairs

## **Extending the Use of Para-Veterinary Professional Approved Tuberculin Testers (ATTs) to Perform Tuberculin Skin Testing of Cattle in England.**

**24 July 2018**



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# 1. Proposal

Defra and Animal and Plant Health Agency (APHA) are inviting views on a proposal to enable veterinary practices to use para-veterinary professional Approved Tuberculin Testers (ATTs) to perform tuberculin skin testing of cattle in England.

# 2. Background

Bovine TB is the most pressing and costly animal health problem in the UK. The disease threatens our cattle industry and presents a risk to other livestock, as well as wildlife species (mainly badgers), pets and humans.

The timely testing of cattle herds is a key disease control measure, with the tuberculin skin test being the primary test used. Routine surveillance testing of cattle herds is carried out at regular intervals: in the Low Risk TB Area of England most herds are tested every 4 years, in the Edge Area either annually or six-monthly and in the High Risk TB Area annually until the proposed change to six-monthly testing in 2020. The testing interval is decreased to 60 days in the event of a TB incident in a herd. In England approximately 7.5 million cattle tests were carried out in each of the last three years 2015-2017. Most bovine TB testing in England is currently carried out by veterinary surgeons, working for Veterinary Delivery Partners (VDP), under contract to APHA.

Para-veterinary professionals as ATTs have been used in Great Britain, albeit in a limited way, since 2005. To date this has been restricted to a small number of suitably trained APHA staff, notably Animal Health Officers (AHOs), under APHA veterinary direction.

Although ATTs can conduct skin tests, responsibility for interpretation of their test results rests with an APHA veterinarian. ATTs do not carry out pre-movement testing for intra-EU trade but are otherwise not restricted on the tests they can perform.

APHA are looking to extend the use of ATTs in England only so that private veterinary businesses also have the option of deploying them to carry out TB tests. In private practice under the current surveillance arrangements only veterinary surgeons qualified as Official Veterinarians (OVs) are able to perform skin tests in GB.

# 3. Potential benefits of the proposal

We believe that there are a number of potential benefits for veterinary businesses, industry and government. These include:

- enabling VDPs in England to increase the breadth of their workforce so that they can handle an increase in TB testing e.g. the introduction in 2020 of six-monthly surveillance testing, instead of annual testing, for higher risk herds in the High Risk TB Area of England.

- providing contingency in the face of the current and worsening shortage of cattle veterinarians in England by supplementing the practice workforce.
- enabling veterinary surgeons to focus more on specific veterinary tasks that require veterinary judgement and/or sign off.
- providing increased bovine TB testing resilience in the event of an exotic animal disease outbreak and also a pool of resource available to help in an exotic disease outbreak.
- enabling veterinary businesses to provide a cost-effective TB testing service, whilst maintaining high quality standards, to their commercial and government customers.
- potentially providing a cost-effective solution for practices in England who carry out relatively low levels of TB testing (e.g. in the Low Risk Area).

**1. Do you consider that the use of suitably trained, competent para-professionals (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?**

## **4. Requirements for appointment of ATTs**

In accordance with The Veterinary Surgery (Testing for Tuberculosis in Bovines) Order 2005 (the Exemption Order), ATTs appointed by APHA would:

- a) pass a security check equivalent to that required for civil servants.
- b) receive accredited training and a theory examination specified by APHA. The intention is for this to be overseen by the European School of Veterinary Postgraduate Studies (ESVPS).
- c) receive practical training specified by APHA, supervised by an Approved Veterinary Surgeon (AVS) and to include an independent practical assessment.
- d) have their employment (as an ATT) terminated and their ATT accreditation removed in the event of misconduct or incompetence. This would include failure to avoid conflicts of interest.

More details of the requirements are included as an Annex to this consultation.

## 5. Veterinary supervision

The work performed by ATTs must be managed by a veterinary surgeon.

This means that in line with the requirements of the Exemption Order prospective ATTs, during training, would be constantly supervised by an Approved Veterinary Surgeon (AVS), who would be a designated OV authorised by APHA. After qualification ATTs would continue to be managed and directed by an AVS but could carry out TB tests without a veterinary surgeon being present.

The AVS would be trained and approved to carry out this role and their responsibilities, which would include an obligation to attend any test without delay if required, would be clearly prescribed. There will be a limit on the number of ATTs an AVS can supervise so as to ensure they are working as part of an effective veterinary-led team.

**2. 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?**

## 6. Test types

No ATTs will be permitted to carry out pre-movement TB tests for intra-EU trade purposes (including animals producing semen, ova or embryos for intra-EU trade). APHA will consider whether there needs to be any further restriction on the types of tests that ATTs can carry out in England. This may include any private tests e.g. Pre-Movement and Post Movement Tests, or tests that could potentially result in the herd regaining Officially TB Free Status following a TB breakdown. It may be that ATTs are precluded from carrying out these test types or only permitted to carry these out under the supervision of an AVS i.e. with an AVS present.

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

## 7. Audit

Our existing TB testing contracts with VDPs, actively managed by APHA to ensure the specified service standards are delivered, include requirements for quality assurance of OV performance. Further assurance is provided through an OV registration and accredited training scheme, with revalidation. There will be sanctions for anyone identified as non-compliant. These controls are consistent with the legal requirements for ATTs, so APHA

propose bringing all approved TB testers (both vets and non-vets) into the same programme.

Individual ATTs will operate within the already established APHA and VDP quality framework that requires:

- a) individuals to take responsibility to maintain their skills and performance levels;
- b) employers (e.g. practice OV's and VDPs) to carry out periodic risk-based spot checks;
- c) APHA to audit services provided, targeted through analysis of data.

**4. 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?**

## **8. Management of ATTs**

APHA would intend including the option to use ATTs in England in any future retender of the VDP contracts for delivering TB testing. Consideration will also be given as to whether ATTs could be used in private veterinary practices operating outside of the VDP contract. A separate system for quality monitoring and risk-based auditing would need to be established if ATTs are permitted to work outside of the VDP. This would be at the expense of the ATT or their employer.

**5. 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)?**

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

To provide further assurance on the deliverability of this proposal APHA would intend piloting the new use of this resource as early as Autumn 2020.

**7. 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?**

## 9. Pre-consultation engagement with stakeholders

In advance of this consultation APHA have discussed the principle of extending the use of ATTs with representatives of the veterinary profession and the TB Eradication Advisory Group for England. There was general support for this proposition, not least because of concerns regarding the shortage of cattle veterinarians available to perform this task in the future.

## 10. How to respond

If you wish to respond, please submit your comments by 7 September 2018.

You can respond in one of three ways

- ☐ Online
- ☐ Email to: [bTBengage@defra.gsi.gov.uk](mailto:bTBengage@defra.gsi.gov.uk)
- ☐ Post to:

Defra  
Cattle Measures Team  
Area 5D, Nobel House  
17 Smith Square  
London SW1P 3JR



## **Annex: overview of the proposed requirements for the Approved Tuberculin Tester qualification (subject to change post consultation if applicable).**

1. Minimum age qualification at initial application must be 18 years.
2. Identification and security checks will be carried out prior to enrolment for the training.
3. Minimum requirement will be 3 GCSEs or equivalent qualifications in Mathematics, English and in a Science Subject or Food Production OR three years performance in a Government regulatory role e.g. Local Authority Inspector or Environmental Health Officer.
4. A minimum of 6 months previous livestock handling experience will be required.
5. A Conflict of Interest (COI) declaration will be required prior to enrolment.
6. An online course (overseen by ESVPS) equivalent to the current Veterinary training module (OCQ(V) TT), will be completed prior to any practical testing being permitted.
7. The theory training will be completed with an examination which will need to be invigilated by a Member of the Royal College of Veterinary Surgeons (MRCVS).
8. Conditional authorisation to test under supervision from APHA for a maximum of 6 months will be given following successful completion of the online course and examination.
9. An Approved Veterinary Supervisor (AVS) must be nominated who must be a Member of the Royal College of Veterinary Surgeons (MRCVS) with a current OCQ (V) TT qualification. One AVS will be able to supervise a specified maximum number of ATTs.
10. The AVS will complete a short online course detailing their role and responsibilities and declare their own position including a successful audit within the last 2 years with no breaches. The AVS must accept responsibility and declare that they are supervising no more than the maximum permitted number of ATTs. An option for additional supervisors will be included for each candidate, to cover the possibility

that the candidate may need to move to another area to see test reactions in order to complete the requirements.

11. Candidates will be required to test 500 animals in at least 10 herds under the direct and continuous supervision of an AVS. The maximum number of cattle that may contribute to that number at any one test will be 100. The candidate will be granted conditional access to the required IT system for the recording and submission of TB tests.
12. Each candidate will be required to see a minimum of 80 skin reactions to the test and within that a certain number of different types of reaction. These do not necessarily have to be reactions on animals that they have tested, as long as they have seen and recorded them.
13. Whilst training, candidates will need to be constantly supervised whilst testing with no exceptions.
14. An AVS will be required to sign off on the training requirement for the numbers tested and reactions seen, once numbers are met.
15. Candidates will need to enrol and pay for a practical assessment once considered competent by the AVS and the minimum number of animals have been tested and reactions seen.

It is considered appropriate to separate the theory training and the practical assessment. This way hopefully only those deemed competent will be put forward for the practical assessment and only when ready. This will manage the cost for veterinary practices if potential ATTs cannot meet the level required and allow a period of notice for assessors prior to assessment date.

16. A practical assessment carried out by an independent assessor via the APHA contracted training provider will be required. Candidates will need to be assessed both on the injection day and reading day of the test (TT1 and TT2).
17. The AVS will need to be present at the practical assessment as the candidate will not be qualified to test alone at this stage (unlike a veterinary surgeon). Testing of a minimum of 30 cattle must be assessed. Group assessments will be acceptable i.e. more than 1 ATT with the same supervisor being assessed at the same test. This will reduce the resource requirements and costs.
18. If the assessment is passed, full authorisation to test will be issued from APHA. Candidates will not be permitted to test alone until authorisation is received.

19. If the candidate does not pass the assessment the supervisor will need to take over the test. APHA will decide on further action required which will depend on the reasons for failure.
20. The AVS will carry out a 6 month check of the ATT following full authorisation. The window for this check will be 5-7 months with automatic expiry of the qualification if not completed.
21. Revalidation of the qualification every 2 years, with automatic expiry of the qualification if not completed.