

OFFICIAL VETERINARIAN

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Veterinary Delivery Partnership Project - future contracting for veterinary services

In July, AHVLA announced plans for the future contracting of veterinary services and related changes to the arrangements for the training and certification of OVs. AHVLA's Veterinary Director, Simon Hall, provides an update on the project.

"The plans to modernise the now seriously outdated models that currently exist for training and appointing OVs, and for commissioning work undertaken by them, have now been in the public domain for some months. I am pleased with the level of engagement there has been since then, as this has been valuable in raising issues which have in turn shaped our thinking and approach."

"Two supplier days held in September for the supply of veterinary services, successfully identified a number of issues, and a synopsis of the questions asked, and AHVLA's response to those, has now been published on Defra's e-tendering (Bravo) system: <https://defra.bravosolution.co.uk/web/login.shtml> (registration required).

"A supplier day has also been held for the training and certification requirement, and details of the issues raised, and AHVLA's responses, have also been published on the Bravo system. A consultation has also been held, raising issues which we have also listened to, and has shaped the way forward in several areas.

"I am aware that there have been some criticisms that the new arrangements, in introducing a delivery partner between AHVLA and the tester, reduce the funding available for the remuneration of those actually testing on-farm. Given the state of public finances, we are obliged to seek the best possible value for money for the taxpayer, but will assist, and encourage, suppliers to operate efficiently so that a high proportion of the available funding will be paid to the people who actually do the testing.

"I am also aware that there continue to be concerns expressed that the new approach fails to recognise the wider surveillance and other benefits of an effective working relationship between livestock businesses and their vet, which on-farm TB testing helps

support. These points have been well made and we are considering to what extent they can be reflected in the contractual specification. The competitive tendering process must be fair and transparent as required by the law and rules for proper administration of public finances, but we will be seeking best value for money, with more emphasis on quality of service than on lowest cost. Bids which aim to deliver through local practices should be well placed to compete successfully for the work.

"In terms of progress made since July, it is now possible to publish on the Bravo system an indication of the likely size and geography of the regional lot areas, together with an estimate of work volumes and value. Initial thinking is that there will be seven regional lots, with a delivery partner appointed in each of the following areas:

Lot 1 – Wales, North

Lot 2 – Wales, South

Lot 3 – South West 1 (Devon & Cornwall)

Lot 4 – South West 2 (Remainder of South West of England)

Lot 5 – South East England

Lot 6 – Midlands

Lot 7 – North of England

"These details, which are subject to confirmation, have been published now in order to give potential suppliers a better understanding of the size and likely work volumes involved.

"There will be constraints on the number of contracts which any delivery partner business can hold, in order to safeguard against the disease impact of a supplier failing, but we are not yet able to say exactly how that will be specified.

“What is also clear is that from April 2014, OVs will no longer hold appointments as Local Veterinary Inspectors (LVIs) under the Animal Health Act 1981 (see next article for further information). LVI status conveys enforcement powers which are seldom used by OVs: for example powers of entry to premises; and powers to test, treat, sample and detain. From the consultation it is evident that most OVs are unclear that they currently hold these powers. It is no longer appropriate for such powers to be given to a large number of people who do not need them, and removal clarifies the relationship between the OV and the client in a way which reduces concerns about potential conflicts of interest. Following advice from HMRC, removal also simplifies responsibilities for payment of tax and National Insurance.

“In future, situations requiring the use of legal powers will be managed differently. For example, with respect to TB testing, legislative changes will be introduced which automatically apply movement restrictions to herds in which reactors are identified without the need to serve a TB2 restriction notice. If there is a requirement to exercise veterinary inspector powers, e.g. to access premises where entry has been denied, this will, as now, need to be referred either to AHVLA or the local authority.

“It should be understood however that the removal of these statutory powers will not affect the authority provided by the Official Veterinarian appointment in all other respects. This includes the ability to sign certificates in an official capacity where Veterinary Inspector powers are not required.

“Progress has also been made with new arrangements for training and certifying OVs (see next article). The aim of this work is to make high quality training easily accessible, including more modern delivery arrangements which better fit with contemporary working practices. The arrangements will also be more flexible, to suit the needs of a wide-range of veterinary individuals and businesses. Best professional practice means it is no longer tenable, or for that matter fair to the practitioner or livestock keeper, to be trained once, perhaps many years ago, and then to be left to work with skills which may become rusty or out-of-date. Incorporating revalidation, at appropriate intervals, will allow compliance with the standards of clinical governance required by the RCVS code. This forms the basis for

a quality assurance system which enables veterinary professionals to self-regulate and minimises the need for onerous third party assurance.

“In terms of a timetable, the Invitation-to-Tender (ITT) for the training and certification requirement was published shortly before Christmas, with the aim of a contract being signed by March for incremental implementation over the following 12 months. “The ITT for the supply of veterinary services is likely to be published around early/mid 2014.

“The new arrangements for training and certifying, and the removal of veterinary inspector powers, will apply across England, Scotland and Wales. The new approach for the supply of veterinary services is however currently only planned to be implemented in England and Wales.

“Finally I would advise all businesses interested in bidding for this work to subscribe to the Bravo system (<https://defra.bravosolution.co.uk/web/login.shtml>) to receive updates and further information.”



New training and certification arrangements

Along with changes to the procurement of veterinary services, AHVLA has announced its aim of modernising the system for training and authorising vets to act as OVs. In summary these changes will, in future, see:

- Training delivered by a single commercial supplier who will be responsible for providing a complete system of training, revalidation and administration.
- The cost of training will fall either to the recipient or their employer in recognition of the professional benefits accrued. The cost to users, however, will be given considerable weight when evaluating bids and will be fixed for the life of the contract.
- This cost will be offset by an increase in the quality of service provided, which will be more accessible, consistent and, in-line with professional best practice, will allow revalidation. It will also improve the level of support provided to individual vets and their employers by promoting best practice for clinical governance, and contribute to Continuing Professional Development (CPD).

Official Veterinary Qualifications

OV panels will be discontinued and replaced by Certificates of Competence with corresponding training modules. The Certificates of Competence will be termed Official Veterinary Qualifications (OVQs) and the proposed list is shown in table 1. Possession of the relevant, valid OVQ will be a mandatory requirement for operating as an OV, whether performing AHVLA funded statutory work or that funded by private customers.

Feedback from the profession

A consultation was recently run to seek feedback on these proposals. A synopsis of the main issues arising, and AHVLA's response to these, are described below.

1. Why change a system that has worked well for decades?

AHVLA has received regular and consistent feedback that while much of the training delivered by AHVLA is well received, there is room for improvement, especially in the following areas:

- AHVLA Veterinary Officers are not expert trainers, meaning delivery can be inconsistent.
- There can be delays in training courses becoming available, with consequential delay in new OVs being able to operate.
- The time away from the work place in order to attend face-to-face training, sometimes in distant locations.

Whilst the direct contact between AHVLA and OV vets has benefits, it will be possible to redirect resource not expended in training to practice liaison and audit. This provides better on-going contact than an once-in-a-lifetime training encounter.

2. Timing of the change: it is unreasonable to implement this now whilst the outcome of the TB testing procurement exercise is unknown.

There will be minimal requirements for current OVs to revalidate their existing knowledge and skills ahead of contracts being awarded for TB testing work (see question 9).

3. Concerns of a single training provider

The option of authorising more than one training organisation in order to give some choice in a competitive market has been considered. It has however been concluded that a single provider model is preferable as it better ensures consistency and portability of qualifications. It also maximises economies of scale, providing better value for money, in particular by spreading the fixed costs of developing training materials and IT systems. The training organisation could of course be a consortium, or could sub-contract work in order to provide complete coverage of subject matter expertise and geography.

AHVLA would expect to have a close relationship with the provider and will monitor their performance, including seeking customer satisfaction, to ensure continuous improvement in the service provided. AHVLA will also work with the provider to create opportunities for OVs to be trained to provide innovative services such as TB Plus / Cymorth TB (see article on page 13) or enhanced surveillance.

Table 1: Official Veterinarian Qualifications

OVQ	Description	Revalidation Interval
OVQ - ES (essential skills)	Basics of state veterinary medicine, working with AHVLA, regulation of animal diseases and animal welfare, principles of certification, avoidance of conflicts of interest, communication, health and safety etc. A prerequisite for any other module - except OVQ-CA.	5 years
OVQ -TT (tuberculin testing)	Tuberculin testing of cattle and other species.	1 year
OVQ -SS (statutory surveillance)	Statutory surveillance activities for 'endemic' diseases other than TB; currently Brucellosis and anthrax testing but others may be added.	3 years
OVQ -EX (exports, general)	General principles of international trade, export procedures and export certification, a foundation for the following export modules. This alone may be sufficient for certain exports for which no further training is required (e.g. insects).	5 years
OVQ -SX (pet exports)	Exports of companion animals including PETS and pet birds.	5 years
OVQ -UX (ungulate exports)	Exports of ungulates including equidae.	3 years
OVQ -AX (avian exports)	Export of poultry including Poultry Health Scheme and captive birds which are not pets.	3 years
OVQ -PX (product exports)	Export of products of animal origin including food for human consumption and animal by-products.	3 years
OVQ -GX (germplasm exports)	Exports of germplasm including supervision of artificial examination centres.	3 years
OVQ-CA (companion animals)	A separate self-contained module specifically designed for companion animal vets with minimal reference to production animal issues. (No requirement to undertake OVQ-ES and OVQ-EX.)	5 years

4. Cost of training

The cost of training and revalidation will in future fall directly on the recipient or their employer, a reflection of the professional benefits accrued, which enable both publicly and privately-funded income streams to be developed or maintained. There will also be cost and time savings over the current AHVLA-provided classroom-based training.

A more modern approach to training provision will mean that it can be accessed on demand – it will no longer be the case that vets are economically inactive as an OV whilst they await a training course to be run. Similarly, training should be accessible during the working day, or out-of-hours, rather than the requirement to travel to an AHVLA office during working time, time which might otherwise have been used to provide chargeable services.

In terms of the costs charged, be assured that cost will play a significant part in AHVLA's selection criteria for the provider. In view of concerns raised, more emphasis will now be given to price in assessing tenders, and the contract awarded will be written to avoid price rises over its term. Tenderers will also be invited to offer incentives such as non-discriminatory discounts to encourage uptake.

The procurement will challenge prospective training organisations to offer innovative solutions for effective and accessible training. Much of this may be on-line, but we would expect additional activities to address practical skills such as tuberculin testing. The training and revalidation should count as good quality CPD towards RCVS requirements and should form part of the Professional Development Pathway for recent graduates. Voluntary added-value optional CPD modules could also be offered, at extra cost, which could provide credits towards postgraduate qualifications.

5. Loss of Veterinary Inspector status

From April 2014, OVs will no longer hold appointments as Local Veterinary Inspectors (LVI) under the Animal Health Act 1981. LVI status conveys enforcement powers which are seldom used by OVs: for example powers of entry to premises, and powers to test, treat, sample and detain. From the consultation it is evident that most OVs are unaware that they currently hold these powers. It is no longer appropriate for such powers to be given to a large number of people who do not need them, and removal clarifies the

relationship between the OV and the client in a way which reduces concerns about potential conflicts of interest. Following advice from HMRC, removal also simplifies responsibilities for payment of tax and National Insurance.

It must be understood that the terms Official Veterinarian (OV) and Local Veterinary Inspector (LVIs) do not mean the same thing. The removal of these statutory LVI powers does not affect the authority provided by the OV appointment in all other respects, including the right to sign certificates in an 'official' capacity where Veterinary Inspector powers are not required. The current OV stamp would remain in use, but may not be required by all OVs.

In future, issues requiring the use of legal powers will be managed differently. For example, with respect to TB testing, legislative changes will be introduced which automatically apply movement restrictions to herds in which reactors are identified without the need to serve a TB2 restriction notice. In the event of access to a premises being denied to an OV, such a case will need to be referred to AHVLA to manage.

It is not felt that there is any adverse impact on the level of authority the OV will have with farmers – the change in legislation to make restrictions automatic will provide the same result, but by a different route. There are also no known instances where OVs have needed to invoke LVI powers in order to gain entry to premises independently of AHVLA or the local authority. If a farmer refuses to test, it will be necessary, as now, to refer the matter to AHVLA.

Conversely, this has the benefit of removing a potential source of conflicts of interest because it will be clear that OVs are not expected to exercise enforcement powers.

6. Reduced capacity for outbreak response

AHVLA is very sensitive both to the need to have an adequate exotic disease outbreak response and to the invaluable assistance the OV/veterinary community provides in such a scenario. A mechanism for the emergency designation of vets as Veterinary Inspectors is required and consideration is being given to how this may be delivered. HMRC have clarified that, when in response to a "national emergency", a derogation will be considered along with the normal considerations for determining office holder (i.e. employment) status.

7. Confusion and concerns that non-MsRCVS will be allowed to train

Only qualified vets will be authorised to work as OVs. Others can undertake training and be assessed, but cannot be authorised as OVs. Examples of non-vets who may wish to be trained could include: AHVLA's lay TB testers; local authority Environmental Health Officers signing AHVLA export certificates for food products (who will be required to possess OVQ-EX and OVQ-PX); vets based abroad who may seek work in the UK; and final year veterinary students.

For any vet who has achieved an OVQ, the ability to act as an OV would be given by AHVLA for the duration of validity of the certificate of competence. This does not oblige the individual to undertake OV work and there is no commitment on AHVLA to offer publicly-funded OV work.

8. AHVLA, rather than the training provider, should be responsible for authorising OVs.

Agreed; AHVLA will continue to issue letters of authorisation and official stamps.

9. The necessity of revalidation and concerns over the cost of revalidation

We accept the concerns that have been expressed, and have revised our approach to revalidation.

Revalidation is considered preferable to more onerous systematic third party inspections. There is however a balance to be struck between frequency of revalidation and its depth. This should bear some relationship to the rate at which the required knowledge changes or skills may lapse or become outdated. Looking at these and benchmarks used elsewhere, it is proposed that the revalidation intervals shown in Table 1 are used.

One of the changes introduced as a result of the consultation is that existing OVs will no longer be required to revalidate their competence immediately. Rather, they will be expected to do so within the period of the revalidation cycle applicable to the OVQ. For example, for tuberculin testing (OVQ-TT), it will be necessary to revalidate competence within one year of the new OVQ becoming available (see below for further information on transitional arrangements).

In terms of the approach to revalidation, a lighter-touch approach will be taken; for example an on-line self-assessment at less frequent intervals than originally considered necessary.

In the case of tuberculin testing, revalidation will include a certificate to state that the OV has been subject to an audit of their practical performance (in accordance with AHVLA guidance) with satisfactory results. There will be flexibility in how this audit may be carried out to reflect different circumstances.

As for initial training, businesses employing OVs, or self-employed individuals, will be expected to pay for revalidation; however AHVLA will, through the procurement process, seek to ensure that the cost - both in cash and time terms - is reasonable.

10. There won't be enough OVs in remote areas or where the volume of work doesn't justify investment in training and revalidation.

This risk is recognised, but the new approach should increase the accessibility of training. The accessibility of training will be a key requirement in the tender, including a requirement to recognise and manage slow internet connection speeds.

Also, see Question 9, by making revalidation self-assessed even a sole practitioner on a remote island will be able to comply. We intend that revalidation should not be onerous, and its cost should be correspondingly small.

11. The new approach is too onerous for the small animal sector relative to the volume of business generated.

This issue is accepted, and in response AHVLA is introducing a specific companion animal OVQ which excludes any reference to food producing species.

Transitional arrangements

The invitation-to-tender for the training requirement was issued shortly before Christmas 2013, with contract award planned for March 2014. Implementation will be managed as a rolling transition commencing Summer 2014. We expect modules to be introduced progressively, starting with those for which there is high demand, such as tuberculin testing and export certification including PETS.

Following consultation, it is recognised that the burden of revalidating all OV's immediately will be significant. Instead it is now expected that current OV's will be required to register on the system operated by the new training provider, in doing so declaring the work areas they wish to retain. These OV's will then be expected to validate their competence in line with the revalidation cycle of the OVQ, effectively conferring 'grandfather rights' on experienced OV's.

In the event that existing OV's do not register, their existing panel appointment will be cancelled. After this point any vet subsequently wishing to work as an OV would have to undergo the full initial training for any OVQ which they wished to use.

As a transitional arrangement, AHVLA will continue to provide limited training for OV work areas where the equivalent OVQ training is not yet available from the training provider.



New approach to quality assurance of tuberculin testing

An enhanced field audit programme for bovine tuberculosis skin testing conducted by Official Veterinarians (OVs) was launched by AHVLA in July. This builds on experience gained during a successful pilot in Wales in 2012.

OV practices are being invited to work with local AHVLA vets to ensure that the standard operating procedures, which were updated during 2012 in consultation with the BVA, BCVA and RCVS (available at: http://ahvla.defra.gov.uk/External_OV_Instructions/index.htm), are understood and consistently applied.

Field audits will spot-check the testing performance of individual OVs using, in England, a risk-based approach over a period of seven years. This will inform the development of a comprehensive audit programme that will be designed to assess all OVs over a designated period. Practice liaison visits will supplement the field audits where appropriate.

Individual OVs may be selected for audit on the basis of intelligence and/or data that raises concerns about their TB testing performance. Attention will primarily be directed towards OV practices or individuals who deliver a high volume of testing and/or where testing outcomes differ from the regional norm.

In Scotland, checks will take place during the next two years and will not be risk-based, as over 80% of all OVs in the country are expected to be audited within this two year period.

OV audits will also commence in Wales from January 2014.

AHVLA procedures for this audit work are published at: http://ahvla.defra.gov.uk/External_OV_Instructions/TB-testing-audit/index



Tougher approach to missed TB tests in England

Cattle keepers in England who allow TB tests on their herds to become overdue will face cuts to their farming subsidies under a zero tolerance approach announced by Defra.

With effect from January 2014, AHVLA will provide the Rural Payments Agency (RPA) with details of all farmers who have not arranged for TB surveillance and check tests to be carried out by the due date. The following test types will be referred to the RPA:

Test Type	
RHT	Routine Herd Test
WHT	Whole Herd Test
CON	Contiguous Herd Test
CON12	Contiguous Herd Test (12 months)
CT-NH1	New Herd Check Test
CT-NH2	Second New Herd Check
CT-HS1	First Potential Hotspot Check Test
CT-HS2	Second Potential Hotspot Check Test
CT(EM)	Check Test - Exposure Mitigation
CT(I-I)	Check Test - Investigation & Intervention
6M	Six month test
12M	Twelve month test

Table 2: TB test types

This will improve the way data is shared between AHVLA and RPA so that cross compliance rules can be used more effectively to better support the control and eradication of TB.

Using the existing cross compliance rules, RPA will apply a percentage reduction to the CAP Scheme payments (including Pillar 1 - Single Payment Scheme (SPS) and Pillar 2 - Rural Development Scheme payments) claimed by those farmers who have not complied with their TB testing requirements. The level of reduction will depend on the length of time the test was overdue before completion, and other assessment criteria such as repeated instances of going overdue.

It is the keeper's responsibility to notify AHVLA in writing of any extenuating circumstances for failing to complete a test within the prescribed timeframe. This information will be considered as part of the referral process to RPA.

This will apply to TB surveillance and check tests with an earliest completion date of 1 January 2014 or later. Tests that have an earliest completion date prior to 1 January 2014 (even where they have a latest completion date in 2014) are not eligible for this penalty and will not be referred to the RPA as negligent breaches. AHVLA will conduct data checks on all tests that go overdue to determine if a test has been completed but not entered to the Sam system. Upon completion of the overdue test AHVLA will inform RPA of the completion date. RPA will then deduct a fixed penalty from the relevant subsidy payment based on the number of days the test was overdue.

AHVLA will continue with the current procedures of referring tests of any type (and with earliest completion dates prior to 1 January 2014) to RPA at 90 days overdue. Any test referred at 90 days will be considered an intentional breach and is subject to a larger penalty.

For full details of the level of penalty inflicted upon breach keepers should contact the RPA on 0845 603 7777.

More details are in Defra's TB Information Note: <https://www.gov.uk/government/publications/bovine-tb-information-note-strengthening-cross-compliance-tb-controls>



Simplification of TB test instructions in England

AHVLA is simplifying TB test instructions for Officially TB-Free (Withdrawn) (OTFW) status herds in England to clarify that, from 1 January 2014, in the event of the identification of reactors with visible lesions and/or culture-positive test results, a minimum of two additional tuberculin (short interval) skin tests read at 'severe' interpretation will be required before movement restrictions can be lifted.

Thereafter, the number and interpretation of any additional short-interval tests that may be necessary will depend on the magnitude of the tuberculin reaction and the post-mortem and laboratory culture results (if available) in other skin test reactors detected in the herd.

This is a clarification of existing instructions, not a policy or test interpretation change, and no difference in the outcome of tests are expected as a result.

The requirement for herds to pass two consecutive short interval tests read at the severe interpretation will also apply to Officially TB Free Suspended (OTFS) status herds suffering a new TB breakdown in the 'edge of high risk' area (see next article). Thereafter, if the affected herd requires further short interval tests, these will be read at standard interpretation unless the reactors subsequently show visible lesions or are culture positive. (The finding of any slaughterhouse cases during a herd breakdown may also affect subsequent test interpretation.) This is in line with the rules applying to OTFW breakdowns described above.



New TB control measures in the 'Edge of High Risk' area of England

Defra has issued more detail on the timing of the introduction of the new TB control measures in the 'edge' area.

The edge area is one of three types of TB risk area identified in the draft bovine TB strategy for England (the 'high risk area', the 'edge' and the 'low risk area'). The edge area is the outer part of the current annual TB testing area, where infection is either currently spreading or at risk of spreading in the short to medium term.

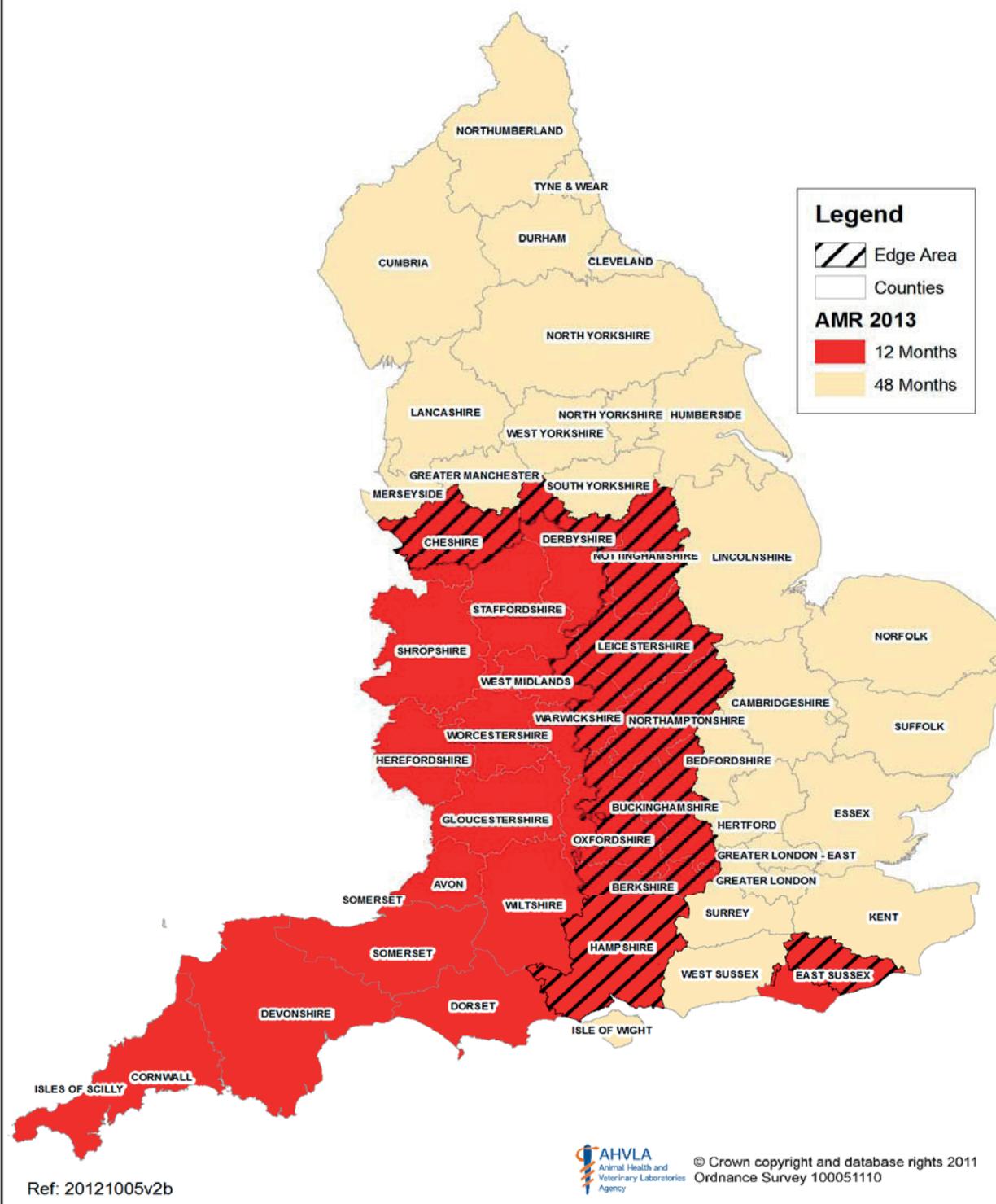
The edge area consists of entire counties (Nottinghamshire, Leicestershire, Northamptonshire, Buckinghamshire, Berkshire and Hampshire) and part counties (Cheshire, Derbyshire, Warwickshire, Oxfordshire and East Sussex).

From October 2013, Cattle Tracing System (CTS) 'links' between the edge area and high risk areas have been removed on a rolling basis. CTS links have allowed farmers to move cattle between two areas without reporting the movement.

From December 2013, changes to the TB testing regime for herds whose Officially TB Free status is suspended (OTFS) due to a new TB breakdown were brought in throughout the edge area. Those herds will need to pass two consecutive skin tests (rather than one) read at the severe interpretation before the movement restrictions can be lifted (see article above). Enhanced TB breakdown management will begin throughout the edge area, involving detailed investigation and advice from AHVLA for the affected farms.

From January 2014, gamma interferon blood testing is being rolled out to the whole of the edge area to supplement the skin test in TB breakdown herds and improve detection of infected animals. This will be compulsory for herds whose Officially TB Free status is withdrawn (OTFW), and discretionary for herds with OTF Suspended (OTFS) status based on a veterinary assessment of the herd by an AHVLA vet.

Area to which the edge action plan will be applied



Regular field TB epidemiology reports collated by AHVLA vets will assess the local epidemiology of the disease and contribute to the development of local approaches to tackling the TB.

Enhanced TB surveillance of herds will also be adopted around new OTFW breakdowns in the edge area of Cheshire and Derbyshire.

Find more information at: <https://www.gov.uk/government/publications/bovine-tb-information-note-tb-control-measures-the-edge-area-strategy>



Annual testing interval letters (England) 2014

Annual TB testing interval statements were issued to livestock keepers in late November.

England remains divided into two-testing frequency areas. An annual testing area in the south west and west of England (and East Sussex), incorporates the 'high risk' and 'edge' areas. The rest of the country ('low risk' area) is on background four-yearly TB testing. There are no longer herds or areas on two- or three-yearly testing.

In addition, there is increased surveillance testing (radial testing) around herds in the 'low risk' and 'edge' areas that have their officially TB free status withdrawn due to a TB breakdown.

More information on the approach to setting routine TB Testing Intervals in England since 2013 and a map displaying testing intervals can be found on the AHVLA website via the following link: <http://www.defra.gov.uk/ahvla-en/disease-control/bovine-tb/tb-testing-intervals-2014>



Risk-based trading in England

Defra, AHVLA and the cattle industry have been working on implementing recommendations of the industry-led 'Risk-Based Trading Group'. The new measures, which were launched on 9 November, will help to reduce the spread of TB by enabling farmers to better assess the TB risk of cattle they want to buy.

Currently there is limited information available to farmers concerning the TB risk of cattle that they wish to purchase. To improve this, new voluntary measures are being introduced to make information about the disease history of an animal available

before they acquire it. This will help buyers to assess the level of risk and better understand how to manage it.

Sellers will be encouraged to make the TB history of their cattle available at the point of sale, either at market or elsewhere. As a minimum, provision of the following details in the animals' history is requested:

- Date of last pre-movement test, if applicable
- Date of last routine herd test
- Date the herd was declared 'Officially TB Free' (OTF), if the herd has had a TB breakdown.

This information can be found on the test certificate (TB52) or the TB10 form.

Further guidance is available on the risk-based trading leaflet, which is available online at www.tbfreeengland.co.uk.

Information about the Risk-Based Trading Group is available on the Gov.uk website: <https://www.gov.uk/government/publications/bovine-tb-risk-based-trading-empowering-farmers-to-manage-tb-trading-risks>.



Consultation on proposals for new TB control measures

Defra is inviting views from stakeholders on proposals for new control measures to further reduce the risk of bovine TB transmission between cattle herds.

The proposals included in this consultation support the Draft Strategy to achieve official TB free status for England in 25 years and build on the changes implemented in 2012 and 2013. These include:

- To require pre-movement testing for most movements of cattle to and from common land from April 2014
- To phase out the practice of de-restricting parts of TB-restricted premises by the end of September 2014
- Sharing of TB breakdown information so that cattle keepers are better aware of the disease risks in their locality
- Culling of wild or un-testable cattle in exceptional cases where TB testing is simply not safe.

The consultation is running until 10 January 2014.

More detail can be found at: <https://www.gov.uk/government/consultations/bovine-tb-new-control-measures-tackling-transmission-between-cattle-herds>.

Cattle vaccination field trials

Defra and the Welsh Government have called for expressions of interest for the design of field trials of cattle BCG vaccine and associated diagnostic testing in England and Wales.

Developing effective cattle TB vaccines is a high priority, and since 1998, Defra has invested more than £23 million in research on and development of on cattle vaccines and associated diagnostics, and over the next four years a further £9.3 million will be invested.

BCG (*Mycobacterium bovis* Bacille Calmette-Guérin) is currently the most suitable cattle TB vaccine. Studies show that BCG vaccination reduces the progression, severity and excretion of TB in cattle and that it can reduce the transmission of disease between animals. Development of alternative vaccines is a longer-term research goal. Vaccinating cattle against TB is however prohibited under EU law, as BCG can interfere with the tuberculin skin test and give 'false positives', making it impossible to distinguish between infected and healthy cattle.

The field trials will need to provide sufficient evidence to:

- Achieve international acceptance for use of the vaccine and the DIVA diagnostic test (to differentiate infected from vaccinated animals), through the provision of trials data on the efficacy of the vaccine under UK field conditions, on the performance of the DIVA test to satisfy the OIE and EFSA, and on the safety of the vaccine.
- Support an application for a UK Marketing Authorisation by addressing the data gaps that can only be assessed in the field.
- Gain buy-in / acceptance from farmers, private veterinary surgeons and consumers for the use of BCG vaccination of cattle.
- Allow the impact of use of BCG and the DIVA test on the UK TB disease situation and surveillance programme to be assessed.
- Inform work on the costs and benefits of vaccine deployment.

If used in conjunction with existing TB control measures, vaccination could reduce the prevalence, incidence and spread of TB in the cattle population and also the severity of herd breakdowns. Field studies in Ethiopia and Mexico suggested that the protective effect of vaccination is between 56% and 68%. As far as is known BCG does not have a therapeutic effect in already infected animals.

Cymorth TB

Cymorth TB is a Welsh Government initiative concerned with implementing a more comprehensive approach to the management of new, and existing, TB breakdowns and the support provided to farmers and herd keepers during the period they are subject to restriction. The main objectives of Cymorth TB are to minimise the impact of TB breakdowns and to clear up those breakdowns more quickly. One of the main delivery mechanisms identified for the provision of this service is the herd keeper's local veterinary practice.

A pilot project based around six cluster areas that are already being used with regards to an epidemiology project in Wales (see next article), has been developed. The pilot involves local vets (OVs) undertaking a Cymorth TB visit to new breakdown herd keepers, providing specific support and advice to them that draws on local knowledge of the breakdown herd and farm but that also compliments, and informs, the disease management already being provided by AHVLA. The Cymorth TB visit will be paid for by the Welsh Government, and co-ordinated by AHVLA.

A series of training days and workshops, designed to prepare the OVs involved in Cymorth TB to undertake the visits, were run during the late Summer and Autumn of 2013 and the pilot was launched on 1 October 2013. AHVLA are currently in the process of identifying breakdowns that are eligible for a Cymorth TB visit and organising the roll out of these with the practices involved. The first batch of Cymorth TB visits are now about to start.

An information leaflet giving advice to keepers experiencing a new breakdown is currently being produced to support this work.

Welsh Government and AHVLA have worked closely with BVA and BCVA to develop the pilot, and the wider Cymorth TB project, and these bodies would encourage any veterinarian working with TB in Wales to find out more or, where appropriate, to get involved.

For further information about the pilot, the epidemiology cluster project, or general information about Cymorth TB in the longer term please contact your AHVLA local office or Welsh Government (on CymorthTB@Wales.GSI.Gov.UK) to find out more.



Wales TB Cluster Project

A year-long pilot project is underway that aims to support the Welsh Government's Bovine TB Eradication strategy by integrating the use of field epidemiology in the control of TB in Wales.

The TB Cluster project tests a new approach assuming that better epidemiological understanding of the disease focusing on defined areas will help efforts at control and enable better recommendations on policy for control measures at both local and national level.

The project has established six specific areas, or clusters, selected on the basis on their difference in terms of disease incidence, pattern and characteristics and their distinct geographical boundaries. The cluster areas are: the Intensive Action Area (IAA) in west Wales, an area of east Carmarthenshire, the Gower, east Monmouthshire, Anglesey and an area around Wrexham.

In these Clusters, the disease will be characterised and scrutinised by dedicated vets who will be responsible for further epidemiological investigation and analysis at the cluster level.

At the end of the Pilot, a report will be produced detailing the findings as to the value of the approach and recommendations for future adoption to the wider country.



Ending of Sole Occupancy Authorities (SOAs) in Wales

From 1 November 2013, applications for new Sole Occupancy Authorities (SOAs) or requests for additions to existing SOAs in Wales were no longer approved.

An SOA is an arrangement which defines a group of premises within the same management and control which have been approved by AHVLA as a Sole Occupancy Group. SOAs allow animal movements over long distances with no standstill or pre-movement testing for TB and therefore involve a risk of disease spread. Stopping issuing new SOAs (and removing SOAs in the longer term) will reduce that risk.

This decision means Wales and England will be aligned, as Defra stopped the issuing of new SOAs in England in July 2012. As there is considerable cross-border trade and many animal movements between Wales and England, aligning the position between the two countries will achieve consistency of rules, making them easier for livestock keepers to understand and for government to enforce.

Any existing SOAs will remain unchanged for the time being. However, it is possible that all SOAs and CTS links (linked holdings) may be abolished as part of the rationalisation of the County Parish Holding (CPH) system in the longer term. This was recommended in the Working Smarter Report.

For further information see the [topics pages](#) on the Welsh Government website.

Changes to the issue of BT4 Notices for TB testing

Most OV practices now use the Sam system to routinely receive work instructions and submit TB test results online. AHVLA now receives 96% of all TB tests online every week and practices using Sam benefit from viewing up-to-date work instructions in real time, avoiding potential delays in receiving written instructions by mail.

Due to this successful take-up of online working, AHVLA has ceased issuing BT4 Notices for TB Testing to all Sam enabled practices. This change took effect from Monday 7 October 2013.

The cessation includes 'trace test' instructions previously issued by AHVLA specialist tracings centre in Cardiff, and brings all AHVLA offices into line with arrangements that have been in place in Wales since last Spring.

Affected practices were advised by letter of the change and reminded that they can access all TB work instructions through their 'Practice Work' view in Sam, and can sort by the 'Issue Date' column so that most recent instructions are visible at the top of the list.

This change only concerns TB test instructions and there are no changes to the use of BT4 Notices for Brucellosis.

On-line TB test submissions - 'not tested' categories

As part of AHVLA's continuous improvement programme, ways are being sought to improve the quality of the TB test review process. In particular, the range of categories that allow users to assign a 'not tested' reason to untested animals is being considered, with the possibility that some options may be removed. The affected categories are:

- Escaped at TT2
- Not presented at TT2
- Dangerous/unmanageable

The impact of removing these codes is being examined. In the meantime OVs are requested not to use these categories. If these circumstances arise please contact the local AHVLA office, as it is important to seek advice from the duty vet as to what

practical steps need to be taken. It is rare for OVs to need to use these codes and AHVLA are keen to ensure that we provide case by case advice in such circumstances.

Sam Data Fixes

Sam data fix forms, which are used to correct data entered in error, are no longer available from the local AHVLA Office. Instead, the form can now be accessed online via the following link <http://ahvla.defra.gov.uk/official-vets/access-to-sam/sam-ov-support.asp>.

Alternatively it is available from the OV Sam support helpdesk on 0870 2424996 or by email at ahvlasupport@uk.ibm.com.

Advice for entering test data into Sam

Since the roll out of Sam, there have been a few recurring issues concerning the submission of tests and claims through the system. The follow advice will help AHVLA process claims for payment in the most efficient way.

Task Boxes

Task boxes need to be completed in all cases, in order to process a claim. If the task boxes are left blank the payment system does not recognise a claim is waiting for payment.

Please see below an example of how to complete the claim task boxes when carrying out one test at a premises.

Table 3: Example of a single test

	No of animals	Date	Miles	CC	Tasks	
WHT	60	01/11/13	10	1400	1 of	1
WHT	60	04/11/13	10	1400	1 of	1

If more than one task is being completed on the same day at the same premise e.g. WHT and TR tests, the task boxes must be completed on both test WSs. In this instance the mileage and engine CC can be left blank, as only one set of mileage will be paid.

Table 4: Example of multiple tests

	No of animals	Date	Miles	CC	Tasks	
WHT	60	01/11/13	10	1400	1 of	2
TR	1	01/11/13	0	0	2 of	2
WHT	60	04/11/13	10	1400	1 of	2
TR	1	04/11/13	0	0	2 of	2

Additional Mileage

When carrying out a test where some of the animals are based at several different locations, please note the locations in the comments box. This will explain to AHVLA the reasons for any additional mileage claimed when these are checked and processed. This will prevent any delay to payments.

Miscellaneous Claims - AH49s

Please complete as much information as possible on any miscellaneous expense claim submitted. This will help us to process these claims quickly.

Please contact the OV Team for any queries related to OV Claims.

Submitting Paper TB test charts

For TB test results entered via the Sam OV Portal, paper copies of the tests are not required.

TB tests submitted manually must be received within two working days after TT2. Submit all manual TB test charts, either via post or fax to:

Specialist Service Centre
 AHVLA
 Block C, Government Buildings
 Whittington Road
 Worcester
 WR5 2LQ
 Fax: 01905 768649.

Serving TB2 notices

When a TB2 notice has been served, please always select 'yes' to the question: "Has a Veterinary Inspector served a TB2 restriction?" in the 'Summary & Sign Off' tab.



Miscellaneous expenses: requesting AH49 claim forms

To claim miscellaneous expenses it is necessary to complete an AH49 claim forms. These are no longer available from the local AHVLA office but should be requested from:

Specialist Service Centre
 AHVLA
 Block C, Government Buildings
 Whittington Road
 Worcester
 WR5 2LQ
 Tel: 01905 768725
 Email: OVTeam@AHVLA.gsi.gov.uk

Approval for non-routine expenses

Please obtain approval from the local AHVLA office if travel to remote areas requires anything over and above public ferries; e.g. flights, hire car, boat hire or overnight accommodation.

Attending meetings at AHVLA

The mileage involved in attending training sessions or other meetings as the request of AHVLA may be claimed on the AH49 (miscellaneous task) claim form using code 'MET'. No fee may be charged for attending such sessions or meetings. The exception to this is attendance at Contingency OV meetings, for which an hourly rate can be claimed using code 'POC'. Exceptional expenses, e.g. ferry fares, flights will need to be pre-authorized.

Clarification on claiming time spent using Sam

No payment will be made to OV practices for time spent inputting data into Sam or for time when the system was unavailable. Any issues or difficulties with using Sam should be reported to the local AHVLA office.



TB Testing and OV Appointments - Questions answered

AHVLA Veterinary Leads regularly meet with senior partners in veterinary practices. During these meetings issues and questions are often raised in relation to TB testing and associated activity. As a result AHVLA has collated and answered the following questions to provide guidance for veterinarians and practices.

TB testing

How should animals be measured on day two?

Each injection site must be visually inspected and manually examined by careful palpation of the skin fold in the injection site area. Where there is any detectable reaction at either site, both sites must be re-measured with callipers.

Does every animal's tag have to be read on day two?

Yes, to ensure that all animals have been presented for reading.

Is a single clip mark covering both injection sites acceptable?

Yes, assuming the tester's technique allows injection sites to be identified and measured and a separation of ~12.5 cm is kept between the avian and bovine PPD injections.

However, discrete clip marks aid identification of the site where the skin fold was measured and the intradermal tuberculin is lodged at TT1. Creating a swathe of clipped hair on the side of the neck which spans both injection sites has the potential to create greater uncertainty regarding the location of the injection sites, particularly at TT2 if there are adventitious marks on the neck. We could find test results being challenged more frequently by cattle keepers on the basis that the reactions measured by the OV were not at the injection sites.

What if owners don't want the animal to be clipped?

Clipping is a requirement to ensure that injection sites can be identified and measured.

What is the position if animals cannot be injected in the middle third of the neck due to temperament/crush design?

Every effort must be made to inject each animal in the correct location as siting of the tuberculin injections can influence the strength of the allergic

reaction to tuberculin and thus affect the sensitivity of the test. Alternatively, the other side of the neck can be used. If one or two fractious animals are injected slightly off site, an auditor will identify this as unsatisfactory but it would not invalidate the test. It would not be acceptable for the whole group/herd to be injected in the wrong place. There are additional aids that could be used to restrain fractious cattle e.g. a halter or even sedation, but at some point facilities available may be deemed inadequate to permit the test to be undertaken in accordance with standard operating procedures.

The training video is too prescriptive: "if I took that long to do a TB test I'd be sent home!"

It is acknowledged that the test shown in the video may be slower than would be expected for ordinary TB testing, when each of the required steps can be completed quickly without the need to demonstrate for the camera. In any case, the sensitivity of the tuberculin skin test is highly dependent on the tester's technique and that is why it is important to adhere to the Standard Operating Procedure (SOP). Missing a TB-infected animal can be much more costly in the long run than investing a little extra time in completing a test to the required standard.

What if the OV refuses to test?

Health and safety concerns, and any other grounds for declining to test, should immediately be reported to AHVLA.

AHVLA will support OVs who decline to test on health and safety grounds and will respond by re-enforcing to keepers their legal responsibility to present their cattle for testing safely. If no improvement is forthcoming, the test may be taken back by AHVLA and the farm will be placed under restriction if the test becomes overdue. This may result in a SFP penalty under cross-compliance rules.

If a practice no longer wishes to undertake any TB testing, the practice and AHVLA will contact the clients to ask them to identify an alternative practice to carry out their TB test.

Can iSam be filtered to show only RHT-eligible stock?

The OVs can sort by age (there is a link above the column). They can then print out ('print working form') if required. When leaving the customer record, it reverts back to the normal CTS list; therefore it is necessary to remember to click the link to sort back to 'age order' when returning from doing the test.

Do OVs have to check the farm cattle movement records?

No, but this may help to determine the whereabouts of eligible cattle not presented for testing.

What to do if a client no longer has eligible stock?

Please ask the client to check that their BCMS records are up to date and also to telephone AHVLA to officially notify their change of status.

Is there any chance of using caudal fold skin testing?

Not at present. Tuberculin testing of cattle in the caudal fold is not an approved method under the relevant EU legislation.

Can we use self-closing yokes?

Providing the tester is happy this is safe.

What callipers are acceptable?

The ball end is recommended, although audit guidelines state a 'suitable' & 'approved/recommended type'. Several practices still use the engineer type; this is acceptable as long as they are functioning and the spare pair is of the same type.

OV appointments

How are OVs paid for TB testing, i.e. are they regarded a self-employed or employees of the practice?

In England and Wales, AHVLA is moving towards tendering for TB testing. In Scotland, payment for TB testing will continue to be made to the practice but is directed to the individual OV.

Clarification has recently been received from HMRC that 'Veterinary Inspectors' – which conveys seldom used statutory powers – as opposed to Official Veterinarians (see Veterinary Delivery Partnership Project article) are state 'office holders' and from 6 April 2014 this will create an 'employer' liability if OVs continue to hold Veterinary Inspector status. For this, and other reasons, it is proposed to withdraw this status from OVs.

Who is ultimately responsible for the health and safety of the OV on the farm?

Responsibility is split into criminal and civil responsibility (duty of care / negligence).

Whether criminal or civil, all parties have some responsibility and the degree changes depending on the circumstances. Generally it is as follows:

- The individual in control of a farm has a duty to anyone on the premises (the OV in this case), especially in relation to the safety of the buildings, equipment, safe access / egress, tripping hazards, fire, electricity, etc.
- The OV has a duty to self and others who may be affected by actions or inactions – this depends on a variety of circumstances, with negligence being a key issue.

The OV's employer has a duty to the OV to take reasonable measures to protect health and safety. For example, provide adequate training, PPE, risk control measures etc.



Warning over illegal imports of puppies

There is some evidence that puppies are being imported illegally into the UK for sale in the lucrative pet market. There is a suspicion that one possible route of entry may be animals which appear PETS compliant but are not, including possible reuse of microchips and documentation, and even evidence that microchips are being placed within collars rather than the animal.

OVs are asked to remain vigilant and in particular to move collars aside if scanning puppies or kittens to make sure that any microchip has been properly applied. If it is suspected that there is a possibility that a puppy or kitten is an illegal import, please inform the local authority (Trading Standards department) for them to take appropriate action.

In addition to the above, any clinical suspicion of rabies in a susceptible animal of either UK or foreign origin must be immediately reported to the relevant AHVLA Field Services Office so that a veterinary inquiry can be undertaken.



Pet Passport - changes to guidance on completion

The EU Pet Passport Guidance Notes for Completion of Pet Passports have been updated to clarify the method for issuing new passports and particular cases in relation to frequent travellers. The guidance is available on the AHVLA website at: <http://ahvla.defra.gov.uk/documents/ov/EU-PETS-guidance-notes.pdf>.



Reminder to report abortions and premature calving

There are indications that not all abortions and premature calvings in cattle are being reported to AHVLA. OVs are reminded that all abortions and premature calvings in cattle must be reported. Testing is required of:

- All abortions in beef cows and dairy cows not screened by regular bulk milk samples
- If the animal which aborted has not previously had a normal calving
- If the animal which aborted was born outside the UK (the UK includes Northern Ireland)
- If there has been another abortion or premature calving in the herd within the previous 30 days

All cattle abortions or premature calvings must be reported to the local AHVLA office so that an enquiry to test for brucellosis can be carried out within 24 hours of the abortion.

An authorisation number is given per animal from AHVLA or the Duty VO (if out of hours). This needs to be obtained prior to the sampling visit being carried out by the OV and should be written clearly on the form. Should the OV practice fail to obtain authorisation, AHVLA will write to the practice to notify them as to whether or not payment will be processed. Payments will not be unauthorised after two such letters have been sent.

An abortion enquiry requires a BS7 form to be completed. This form must be signed by the OV who carried out the investigation and should be the current version, which is BS7 (Rev 08/12). If the BS7 form is not completed fully, it may be returned to the OV practice and the farmer will remain under restriction for a longer period of time. A full set of diagnostic samples is required of blood, milk/colostrum and vaginal swab.

The BS7 should be accompanied by a BS26. The BS26 must be served, which prohibits the movement of the cow or heifer which has aborted, until the results are known, and also specifies the requirements for disposal of the foetus and placenta. All details must be entered on the form and a copy of the notice retained by the OV for six months. The BS26 form used should be the current version, which is BS26 (Rev 03/13). The BS26 should be issued to the client and a copy attached to the BS7 and sent with samples to the AHVLA laboratory.

Please note that only clean forms should be submitted and any soiled or contaminated forms must be transcribed onto clean ones. Failure to send the BS7 and BS26 forms with the samples to the AHVLA laboratory will result in the samples not being tested for brucellosis and not being paid for by AHVLA.