

# Veterinary Delivery Partnership Q&A

## Procurement of veterinary services

### 1. What are OVs and what do they do?

- Official Veterinarians (OVs) perform statutory veterinary work largely, but not exclusively, at the taxpayer's expense. OVs working for AHVLA are private practitioners appointed and paid under the conditions of a memorandum of conditions of appointment (dated 1994) between the British Veterinary Association (BVA) and Defra.
- The memorandum is more focused on the appointment of OVs rather than the specification of the services provided and does not provide a legally binding contractual arrangement.
- Whilst the scope of OV work is wide, OVs most significantly deliver routine statutory testing for bovine TB paid for by the Government. Of the £100m spent annually by Defra on bTB eradication in England alone, the greatest proportion (£38m) is allocated to tuberculin testing and related activities with some £18m forecast to be paid to OVs in 2013/14. This expenditure has never been subject to fair and open competition.
- Although there are nearly 10,000 OVs appointed by AHVLA, only 3,000 (from 660 veterinary practices) submitted claims for TB testing in 2012/13. The remainder carry out OV work at their clients' expense, such as export certification.

### 2. Have we not been here before?

- In May 2010, AHVLA's predecessor Animal Health announced the intention to move towards the procurement of professional veterinary services through fair and open competitive tendering. Doing so enables the supply of veterinary services to be put onto a more robust contractual basis, helps assure the quality of the services received, establishes a market price and complies with EU and domestic procurement regulations.
- During 2011, progress was made towards defining possible procurement and delivery model options, taking into account feedback being received from stakeholders. This culminated in a formal exercise towards the end of 2011 to gather feedback on the progress of the project. This work was temporarily slowed to better

align with the Animal Health and Welfare Board of England's decision to review the strategic approach to bovine TB control.

### **3. How are delivery lots being defined?**

- It is expected that England and Wales will be divided into approximately ten geographical areas. One or more Delivery Partner will be appointed to each lot and will be allocated tuberculin testing and other services within that lot. It will be possible to anticipate the volume of work to be delivered, although the actual amount will not be guaranteed.

### **4. Will there be a single Delivery Partner in each lot?**

- This is to be determined, although consideration is currently being given to having two Delivery Partners per region to ensure business delivery and provide greater choice for livestock keepers.

### **5. Will the proposals not break the link between farmers and their vets?**

- The procurement model recognises the importance of an effective partnership between livestock keepers and their vets in preventing and controlling disease and for ensuring the health and welfare of animals. For this reason Delivery Partners are required to place a significant proportion of testing work with small businesses which otherwise support a sustainable livestock farming industry and wider rural economy. This definition will be further refined, but it is likely that many existing veterinary businesses will fulfil this role. As now, it will remain the responsibility of the registered keeper to ensure that testing is completed in a timely manner by an approved vet.

### **6. By removing TB testing from existing (and mostly small) veterinary businesses, isn't AHVLA putting more pressure on a large animal veterinary sector?**

- The procurement model deliberately includes for small business otherwise supporting the rural economy to be included in the delivery of veterinary services. Given this requirement it is likely that veterinary businesses will fulfil this role. In addition Defra's TB Plus and the Welsh Government's *Cymorth TB* strategies both seek to enhance the role of veterinary businesses in working in partnership with livestock keepers to manage TB breakdowns. This might include providing local advice, licensing cattle movements or carrying out veterinary risk assessments.

**7. What proportion of work will be required to be performed by these small rural sector businesses?**

- More work is required to bring greater definition in this requirement, and this will be discussed with policy customers and also with potential bidders attending the supplier days.

**8. Will services provided in Wales be made available in the Welsh language?**

- AHLVA will continue to provide services in Wales in the Welsh language and Delivery Partners will consequently also need to provide a Welsh language service when required.

**9. What form will the supplier days take?**

- Two events are being held to enable AHVLA to consult with potential suppliers to refine the way-forward approach, including working collaboratively to develop a detailed business requirement against which a tender can be issued. These are planned for:
  - Tuesday 3<sup>rd</sup> September (Royal Welsh Showground, Builth Wells, Powys)
  - Thursday 5<sup>th</sup> September (AHVLA HQ, Weybridge, Surrey)
- Any business, organisation or individual who is potentially interested in supplying services as a Delivery Partner or sub-contractor. The Prior Information Note gives more details.

**10. Does the emphasis on improving and demonstrating the quality of testing imply a lack of compliance with required procedures at present?**

- AHVLA is confident that tuberculin testing is widely being undertaken in a consistent and acceptable manner in accordance with the Standard Operating Procedures (SOP) applicable to OVs and AHVLA's own staff. There is some evidence of a small amount of non-strict compliance with the SOP. A significant driver behind this change is to put in place contractual and quality assurance arrangements which not only assure the service being provided, but also establish means by which this quality can be demonstrated, and strengthen mechanisms for dealing with non-compliance.

**11. What if following competitive tendering the market returns a price which is unaffordable to government?**

- This would be discussed with AHVLA's policy customers to determine a way forward.

**12. Is this not simply a cost cutting measure?**

- It is expected that efficiency savings can and will be made, but wider objectives of improving the quality of testing, and thereby disease control, and the need to identify a legally compliant and sustainable future delivery model are also driving this work. This aligns with AHVLA's veterinary and technical strategy and is part of moves towards a more collaborative and strategic approach to working in partnership with the livestock industry and veterinary profession.
- Where savings can be made, it is likely that they will result in efficiencies from eliminating unnecessary costs resulting from poor quality testing, introducing market testing of fees, including allowing regional differences in rates paid to reflect lower costs in high incidence areas, and in reducing the administrative costs in managing a large number of OV practices in an inefficient way (i.e. greater scope to implement e-business ways of working).

**13. Is this a prelude to farmers paying more?**

- The overwhelming majority of TB testing is currently undertaken at the tax payer's expense. Irrespective of whether future government policy requires the primary beneficiaries of that testing, the livestock farming industry, to bear a greater share of the direct cost of disease surveillance and control, it is important that AHVLA identifies and introduces the most effective and efficient delivery model possible.

**14. How does this approach fit with the Welsh Government's Cymorth TB project?**

- The Welsh Government's *Cymorth TB* project seeks to enhance the role played by private veterinarians in improving the support given to farmers in helping to reduce the risk of TB and to develop best practice for the case management of TB breakdowns. Given its emphasis on improving service quality and the utilisation of suppliers providing other services with the lot regions, the VDP model can assist in the delivery of this objective.

**15. Is there any impact on the number of vets employed by AHVLA?**

- There is no impact on the number of vets employed within AHVLA as a result of these changes. AHVLA's veterinary strategy defines the future scope of veterinary work within the agency.

## **16. What is the timeline for implementation of new arrangements?**

- It is currently intended that implementation of a new model will begin during FY2014-2015.

## **Training & certification**

### **17. Why introduce the new approach?**

- AHVLA is looking to improve the quality and access of training and to introduce a more modern, flexible model which reflects business needs and changes in the veterinary business landscape. A consistent, accessible system for accreditation of vets authorised to work in an official capacity (authorised vets) is needed to maximise opportunities for all veterinary businesses to access this work on equal terms. Equally, where OV work is client-funded it is important to ensure the same high standards of service are maintained.
- All state veterinary functions are now audited by international organisations such as the Food and Veterinary Office of the European Commission. In order to withstand increasing scrutiny and safeguard our ability to trade it is necessary to meet reasonable expectations for governance of our entire national veterinary service.
- The current appointments system reflects a historic concept of veterinary practice structure and of the veterinary workforce. Many practices still operate along conventional lines and will retain easy access to the new system, but there is now a variety of business models, offering different propositions to their clients and it is necessary not to impede such developments through an inadequate system of appointments.
- As government services should be provided 'digital by default' new ways of working, such as electronic systems for export certification and reporting test results, will require additional training and retraining; it is also appropriate for this to be delivered digitally where possible.
- AHVLA has a responsibility to conserve diminishing public resources and focus them on services which only government is best placed to deliver. As such it is appropriate to put training for authorised vets in the hands of an organisation with

proven success in veterinary education and with the potential for added value CPD to be supplied to the profession. If this is delivered through the best available technology enabling distance learning, it should be affordable for vets and their employers and, given the business benefits that accrue to them, it is not unreasonable to expect them to pay for this training. The overall cost to vets should reduce because they would be able to access training on demand instead of waiting for several months, and they could use spare hours during the working day or out of hours rather than travelling to an AHVLA site during time which might otherwise have been used to provide chargeable services.

#### **18. How will the new system be introduced and administered?**

- It is intended to establish a contract with a single supplier to provide a complete system of training, revalidation and centralised records. This will be procured working closely with representatives of the end users, the veterinary profession to get a good balance between cash cost and quality of service.
- Consideration has been given to authorising more than one provider to offer some choice in a competitive market, but it is considered that a single supplier is preferable because a) every authorised vet will be in the same system ensuring consistency and portability of qualifications; b) economies of scale should provide better value for money, in particular by spreading the fixed costs of developing training materials and IT systems.
- AHVLA would expect to have a close relationship with the supplier to monitor their performance, seek continuous improvement in the service provided and to find new opportunities for authorised vets to be trained to provide innovative services such as disease emergency response, *TB plus*, *Cymorth TB* and similar proposals or enhanced scanning surveillance.
- The procurement would challenge contractors to offer innovative solutions to provide effective and accessible training. Much of this would be screen-based, but it would be expected that additional activities be included, such as telephone support from a tutor, paper-based tasks and suitable approaches to practical skills such as tuberculin testing. The training and revalidation would count as high quality CPD towards RCVS requirements and should form part of the PDP for recent graduates. Ideally, added value optional CPD modules would be offered at extra cost and give credits towards postgraduate qualifications.
- AHVLA would expect to buy modules for its staff, ensuring a uniform standard across all state veterinarians whatever their employment status.

## 19. Why introduce revalidation and how will it work?

- It is no longer tenable for vets authorised to perform official functions to be trained once and then given minimal support for the rest of their careers. Procedures change, skills can be lost and it is important that vets be confident that their knowledge is up to date when they carry out an official function, not least to have a defence should something go wrong. Other professions have introduced revalidation and while it may not be a requirement for many aspects of veterinary practice it is considered essential for duties discharged on behalf of Government in order to bring us in line with international standards such as the OIE PVS.
- At present, AHVLA operates an approach that OV Panels be forfeit after 2 years of inactivity. This is too simplistic and reduces flexibility for vets, and is difficult to enforce and disruptive when done so.
- There is 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 be lost. Looking at benchmarks it is proposed that the default revalidation interval should be 12 months. This may increase certain activities in the light of experience and there may be situations (for example when an audit finds non-compliance) when it is required to be more frequent.
- The training provider will be required to offer innovative solutions, but it is envisaged that revalidation would require an on-line questionnaire, taking no more than one hour per module to complete, which captures the essentials of clinical governance – avoidance of conflicts of interest, maintenance of skills, awareness of own performance, learning from adverse incidents, peer review of performance, responding to customer feedback etc.
- In the case of tuberculin testing, revalidation will include a certificate to state that the vet has been subject to an audit of their practical performance (in accordance with AHVLA guidance) with satisfactory results.
- If an authorised vet does not revalidate on time then their certificate of competence will expire for that module. In order to regain it they would have to repeat the full initial training. The contractor would undertake to operate a system of reminders to help vets to remember to revalidate.
- Vets or their employers may elect to repeat training or revalidation at any time to self-check their skills. Before undertaking any task the authorised vet is responsible for ensuring that they are competent in accordance with the normal obligations in the RCVS code.

- Every business employing authorised vets should identify one or more Lead Vet to act as experienced, expert colleagues for clinical governance of other more junior staff. They should demonstrate a high standard of official work, be capable of providing effective practical training and have sufficient authority within the business to ensure that authorised vet duties are only assigned to veterinarians who are competent to undertake the specific task.

## **20. How will appointments as an authorised vet be made?**

- The fundamental obligation to hold the applicable, current OVQ when undertaking any official activity would be implemented administratively through a radically simplified Memorandum of Appointment. Consideration would be given to backing this up with legislation if this is found to be necessary.
- For all official functions, AHVLA will monitor individual and practice performance using any available data and target checks accordingly. Some random checks may be performed. Checks will be de-prioritised for vets and businesses which demonstrate good internal clinical governance or voluntary third party audit, for example through the Practice Standards Scheme.
- If a vet with a current certificate of competence is found to be working in a manner which calls their competence into question AHVLA would expect that to be detected and corrected through the clinical governance and employee management within the practice. If AHVLA has cause for concern as a result of audit activity or a complaint, an investigation would give the OV an opportunity to explain their actions and self-correct through voluntary retraining. This should not be onerous if training is easily accessible.
- If the above fails to provide satisfactory resolution, AHVLA would instruct the training provider to withdraw the authorised vet's certificate of competence. It would normally be possible to regain this following retraining and reassessment but, in exceptional cases, in particular repeat offenders, the right would be reserved to impose additional conditions such as re-assessment under exam conditions or working under the supervision of a senior colleague for a period of time.
- If AHVLA finds evidence of professional misconduct then we would pass information to the RCVS for action as deemed necessary. This would include any veterinarian who pressurises a colleague to undertake work for which they are not authorised, or in manner which falls short of the expected standard. It would also include

completing, or allowing someone else to complete on your behalf, assessments or revalidation.

- Any authorised vet who is suspended or struck off would have to repeat initial training and assessment before their authorisation was reinstated. AHVLA would reserve the right not to appoint or reappoint them if their misconduct suggested that they were not committed to acting in the public interest.

## **21. How will AHVLA transition from existing to new arrangements?**

- It is expected that the new system will become operational during 2014. It is expected that modules to be introduced progressively, starting with those for which there is high demand such as tuberculin testing and PETS certification. Speed of deliver, especially of high demand modules, will be a factor in assessing bids.
- It is expected that existing OVs will be required to revalidate, or optionally complete initial training before moving to the new OVQ modules.
- At some reasonable point during 2015, all historic panel appointments would be cancelled and any vet wishing to work as an authorised vet would have to retrain.
- As a transitional arrangement, AHVLA will continue to provide limited training for any module which is not supplied by the contractor, but not otherwise.