



## **2024 MVMA Annual General Meeting Proposed By-law Amendments**

Enclosed are the summaries of the proposed amendments to the General By-Law No.1 of the Manitoba Veterinary Medical Association.

The proposed by-law amendments will be voted on at the 2024 MVMA AGM. As per section 7(2) of *The Veterinary Medical Act* and section 2-5-6 of the General By-law No. 1 of the Manitoba Veterinary Medical Association, the MVMA Council identified which membership classes will vote on the proposed amendments. Voting membership classes are identified in each proposed by-law amendment section.

### **Summary of Proposed By-Law Amendments**

Below is a list of the proposed by-law amendments being presented at the 2024 MVMA AGM. For more information about each proposed amendment, including the current by-law, the proposed by-law, as well as the rationale behind the proposed amendment, review the information in the Proposed By-law Amendments section.

As you will note, the MVMA Council has grouped together some by-law amendments, so that they are voted on as a package of amendments, rather than individual amendments. The MVMA Council has chosen to do this as many of the by-law amendments are interdependent; changing one proposed by-law amendment affects the meaning of another by-law amendment.

#### **MVMA Council Proposed Amendments**

1. [Amendment to: RVT and AHA Scope of Practice- Section 2-9-10, 2-9-11, 2-9-12, 2-10-7, 4-7-3](#)
2. [New: Limited Access Vaccinator- Part 4 Division 7 of the MVMA General-By Law No. 1](#)
3. [Amendment to: Restricted Licence- NEB Application Restricted Members- Part 2 Division 7 & 8 of the MVMA General By-Law No. 1](#)
4. [Amendment to: Limited Licence- Restricted Graduate of CVMA/AVMA Accredited Program- Part 2 Division 8 of the MVMA General By-Law No. 1](#)

## **MVMA Member Proposed Amendments**

No member proposed amendments were submitted for the 2024 AGM.

## **References**

Article: [Determining Voting Classes for MVMA By-law Voting](#)

## MVMA Council Proposed By-laws

### **1) Amendment to: RVT and AHA Scope of Practice- Section 2-9-10, 2-9-11, 2-9-12, 2-10-7, 4-7-3 of MVMA General By-Law No. 1**

MVMA Council Proposed By-Law Amendment

**Voting membership classes:** Practising Veterinarian Member, Non-Practicing Veterinarian Member, Practicing Veterinary Technologist Member, Non-Practicing Veterinary Technologist Member

#### **Background**

- In April, 2022, the MVMA created the *RVT Scope of Practice, Retention, and Career Advancement Committee* in partnership with the MVTA.
- This Committee was tasked with completing a review of the RVT Scope of Practice and providing recommendations.
- The Committee engaged in an environmental scan and ultimately determined that the RVT Scope of Practice framework in Alberta and Saskatchewan would be beneficial to adopt in Manitoba.

#### **Consultation Timeline**

Written Consultation with MVMA Membership	May 24, 2023- August 31, 2023
Virtual Consultation session with Membership	June 7, 2023
Consultation Review by Committee	Fall 2023

#### **Risks/issues the MVMA Council seeks to address**

##### **RVT Scope of Practice**

The RVT scope of practice was deemed to be too proscriptive and limited in scope to address the wide array of services that can be performed by an RVT. Further, the positive list of tasks prohibits RVTs from obtaining additional skills and training and subsequently using those skills in Manitoba. This lack of career development has been noted as a key reason that RVTs leave the profession prior to retirement age and is seen as a major reason that Manitoba faces a shortage of RVT professionals.

In the event that this By-Law is adopted by membership at the AGM, the MVMA Council has pro-actively passed the [Delegation of Veterinary Tasks Policy](#) for membership to better understand how tasks can be delegated to RVTs under this new model.

#### **RVT Student Scope of Practice**

As the RVT student scope of practice is directly linked to the RVT scope of practice, it was determined that the RVT student scope of practice should remain in sync with the RVT scope of practice.

#### **Animal Health Assistant (AHA) Scope of Practice**

As the AHA scope of practice is directly linked to the RVT scope of practice, it was determined that the AHA scope of practice should remain in sync with the RVT scope of practice. There are currently 7 AHAs that remain registered with the MVMA. This is a closed category meaning new AHA's cannot be registered.

#### **Relevant External Laws, Rules, and Regulations**

n/a

**MVMA Council Proposed Solution**

The MVMA Council moves to amend 3 sections and repeal 2 sections.

1. Amend section 2-9-10 of the MVMA General By-Law No. 1 as follows:

<b><u>Current Rule</u></b>	<b><u>Proposed Change</u></b>
<b><u>Scope of practice under direct supervision</u></b>	<b><u>RVT Scope of practice</u></b>
<b><u>2-9-10</u></b> A Practicing Veterinary Technologist Member may, <del>only under direct Supervision,</del>	<b><u>2-9-10</u></b> A Practicing Veterinary Technologist Member may practice all aspects of veterinary medicine other than
<del>a) utilize chemical restraint;</del> <del>(b) administer and maintain anesthetic and analgesia;</del> <del>(c) intubate an animal;</del> <del>(d) euthanize animals using humane and acceptable practices;</del> <del>(e) perform dental prophylaxis;</del> <del>(f) assist in surgery; and,</del> <del>(g) administer enemas</del>	a) making a diagnosis b) determining a course of treatment (including prescribing medications) c) applying surgical techniques

2. Amend section 2-10-7 of the MVMA General By-Law No. 1 as follows:

<b><u>Current Rule</u></b>	<b><u>Proposed Change</u></b>
<b><u>Scope of practice of Student Veterinary Technologist Members</u></b>	<b><u>Scope of practice of Student Veterinary Technologist Members</u></b>
<b><u>2-10-7</u></b> Outside of engaging in the practice of veterinary medicine as part of his or her enrollment in a CVMA/AVMA accredited program, a Student Veterinary Technologist Member may engage in the practice of veterinary medicine only	<b><u>2-10-7</u></b> Outside of engaging in the practice of veterinary medicine as part of his or her enrollment in a CVMA/AVMA accredited program, a Student Veterinary Technologist Member may engage in the practice of veterinary medicine only
a) under the direct supervision of a Practicing Veterinarian Member or Practicing Veterinary Technologist Member, and, where the supervisor is a Practicing Veterinary Technologist Member, that individual is himself or herself under the direct	a) under the direct supervision of a Practicing Veterinarian Member or Practicing Veterinary Technologist Member, and, where the supervisor is a Practicing Veterinary Technologist Member, that individual is himself or herself under the direct

supervision or indirect supervision of a Practicing Veterinarian Member; and	supervision or indirect supervision of a Practicing Veterinarian Member; and
b) only within the scope of practice defined at ss. 2-9-10 and <del>2-9-11</del> of this by-law.	b) only within the scope of practice defined at ss. 2-9-10 of this by-law.

3. Amend section 4-7-3 of the MVMA General By-Law No. 1 as follows:

<u>Current Rule</u>	<u>Proposed Change</u>
<b><u>Scope of practice of animal health assistants</u></b>	<b><u>Scope of practice of animal health assistants</u></b>
<b><u>4-7-3</u></b> An animal health assistant may engage in the practice of veterinary medicine	<b><u>4-7-3</u></b> An animal health assistant may engage in the practice of veterinary medicine
a) pursuant to the scope of practice set out at s. 2-9-10 of this by-law, <del>but not including the scope of practice set out at s. 2-9-10(g) of this by-law, and only under the direct supervision</del> of a Practicing Veterinarian Member; and	a) pursuant to the scope of practice set out at s. 2-9-10 of this by-law, under the direct or indirect supervision of a Practicing Veterinarian Member
<del>b) pursuant to the scope of practice set out at s. 2-9-11 of this by-law, but only under the direct supervision or indirect supervision of a Practicing Veterinarian Member</del>	

4. Repeal section 2-9-11 of the MVMA General By-Law No. 1:

**Scope of practice under indirect supervision**

2-9-11 A Practicing Veterinary Technologist Member may, only under direct supervision or indirect supervision,

- (a) collect, prepare, and analyze laboratory samples, such as blood samples by venipuncture; fecal samples; urine by free flow, catheterization, or cystocentesis; milk samples; body secretions, abscesses, and visible sores by swabbing; and, skin scrapings;
- (b) administer medication and veterinary biologics (including rabies vaccines) via intramuscular, subcutaneous or intravenous routes or stomach tubing;
- (c) administer and monitor fluid therapy;
- (d) bandage and apply splints;

- (e) take radiographs and ultrasonic images;
- (f) administer laser and ultrasonic therapy;
- (g) perform contrast procedures on the gastrointestinal tract and lower urinary tract;
- (h) express anal sacs internally;
- (i) utilize E.K.G. machines;
- (j) tattoo and microchip animals;
- (k) clean and irrigate external ear canals;
- (l) administer local anesthetic for the purpose of dehorning food animals;
- (m) dehorn food animals;
- (n) remove skin sutures or staples; and,
- (o) perform a final check of dispensed prescription products as per Division 6 of this by-law

5. Repeal section 2-9-12 of the MVMA General By-Law No. 1:

**No other scope of practice**

2-9-12 Except to the extent set out in this by-law at ss. 2-9-10 and 2-9-11 of this by-law, a Practicing Veterinary Technologist Member may not engage in the practice of veterinary medicine.

## **2) New: Limited Access Vaccinator- Part 4 Division 7 of the MVMA General By-Law No. 1.**

MVMA Council Proposed By-Law Amendments (Additions)

**Voting membership classes:** Practising Veterinarian Member, Non-Practicing Veterinarian Member, Practicing Veterinary Technologist Member, Non-Practicing Veterinary Technologist Member

### **Background**

This project was developed by the Manitoba Community-Based Lay Vaccinator working group (“Working Group”), established in the fall of 2021, following a request by the Winnipeg Humane Society for participation from the Manitoba Veterinary Medical Association and the Government of Manitoba, Chief Veterinary Office. All parties agreed to meet and discuss how a community-based lay vaccinator program could work.

In June, 2022, the MVMA made additional commitments to the Working Group, seeing a community-based lay vaccinator program as an interim solution to the shortage of veterinary professionals in Manitoba. Ultimately the MVMA would want veterinary professionals to be able to provide veterinary service to the entire province; however, current veterinary professional shortage data indicates that this is not feasible.

### **Consultation Timeline**

Written Consultation with MVMA Membership	June 13, 2023- September 19, 2023
Virtual Consultation Session with MVMA Membership	September 12, 2023
Review of Consultation Feedback	Fall 2023

### **Risks/issues the MVMA Council seeks to address**

Risks to the public and their animals are increased in areas where there is limited or no access to veterinary care. Rabies spreads from animals to humans through bites and saliva. Exposures can be treated with vaccines and antibody injections, but if untreated, rabies is 100% fatal once symptoms appear. In Canada, rabies is spread to people and domestic animals by wildlife. Arctic foxes, skunks, and bats carry their own strains of rabies virus and pose a threat to Manitobans.

Dogs play an important role in rabies transmission between wildlife, other domestic animals, and people. Dogs are also often valued members of the family and community and play an important role in many cultures. The human-animal bond thrives on trust between people and their pets, a trust that dog bites and fear of disease can destroy. Unfortunately, dogs are often associated with rabies, and communities around the world indiscriminately cull large numbers of dogs in an effort to reduce the risk of rabies. Even in Manitoba, dogs and cats are over-represented in active rabies surveillance, accounting for 53% of the animals tested for rabies since 2014, yet only accounting for 16% of the rabies positives in the same timeframe.

Dog vaccination is an easy and affordable intervention to prevent the spread of rabies. A single dose of dog vaccine costs approximately \$6.007 and recent literature suggests that duration of immunity lasts beyond the labelled 3 years. Comparatively, Rabies Post-Exposure Prophylaxis (RPEP) treatment costs between \$1200.00 and \$2200.00 per person, based on weight. In remote communities where there is limited vet care, dogs are assumed to be unvaccinated and people receive RPEP immediately after a bite, only discontinuing treatment when dogs test negative. Unfortunately, the number of dog bites greatly outnumber the number of rabies bite observations and rabies testing. By vaccinating dogs in Manitoba's at-risk communities, fewer people will need to undergo RPEP after a dog bite, fewer dogs will be euthanized for rabies testing, and the human-animal bond can be improved within communities.

Many communities in rural Manitoba have an abundance of dogs and potentially rabid wildlife, but don't have regular access to veterinary care. Many communities can only be accessed by plane or winter road, which reduces their ability to receive regular veterinary care. Compounding the issue, recent veterinary shortages in Manitoba make it impossible to provide regular care to all of Manitoba's at-risk animals. The Limited Access Vaccinator Program will aim to fill some of these gaps while strengthening relationships between Indigenous communities and veterinary professionals.

### **Summary of Council Proposal**

In creating this program, the Working Group and the MVMA Council, sought to ensure that veterinary services remained under the competent direction of a veterinarian. While there may not be enough veterinarians in the province to provide basic care to all animals, veterinary oversight was deemed to be key in ensuring the safe delivery of veterinary services. Under this proposal, a veterinarian (Sponsoring Veterinarian) is able to partner with an RVT or a lay person to provide access to limited veterinary services.

The Sponsoring Veterinarian is responsible for:

- Ensuring the Designated Vaccinator is appropriately trained- The MVMA Council is adopting a guidance document on appropriate training.
- Providing appropriate equipment
- Ensuring proper documentation and vaccine handling
- Making vaccine information available to public health
- Reporting to the MVMA on an annual basis for program monitoring
- Supervising the Designated Vaccinator

### The Designated Vaccinator

- Works under the supervision of the Supervising Veterinarian
- Is solely able to provide services to canine and feline patients by:
  - o Administering rabies vaccine
  - o Administering feline viral Rhinotracheitis-Calicivirus-Panleukopenia +/- Chlamidia vaccine (FVRCP vaccine)
  - o Administering canine Distemper-Andenovirus2-Parainfluenza-Parvovirus vaccine (DA2PP vaccine)
  - o Administering non-prescription deworming medication
  - o Administering microchips
  - o Administering over the counter (OTC) medication

### The MVMA

- The MVMA maintains a roster of Designated Vaccinators
- Information about participants (sponsoring veterinarians and designated vaccinators) and geographical areas covered will be published by the MVMA for transparency and to help facilitate access to care.

### Other information

- Service is provided without a VCPR.
- Animals owners must be advised as to the limited nature of the services being provided including, the lack of wellness exam, limited access to care if there is an adverse reaction, lack of international acceptance of vaccine certificate, etc.
- The program will start June 1, 2024, to allow the MVMA and working group to build the infrastructure for this program.
- The MVTA has indicated support of this proposal.

### Who can serve as a Limited Access Vaccinator

Under the Council proposal, RVTs and lay persons are able to serve as a Designated Vaccinator.

The MVMA hopes that RVTs in the province will participate in this program. This by-law change is not meant to undervalue the competence, skills, and training of RVTs. RVTs serve as excellent candidates for Designated Vaccinators as they are trained and competent to safely handle and restrain animals, maintain and handle sterile vaccine equipment, draw injectables, administer vaccines, provide educational materials to the public about vaccine and other animal health related matters, and identify vaccine reaction signs, in addition to numerous other skills and competencies. Further, as veterinary professionals, RVTs continuously demonstrate their commitment to safe and professional veterinary services. With this professional competence undisputed, the Council Proposal (at the recommendation of the Working Group) seeks to further include lay persons.

Lay people, in addition to Registered Veterinary Technicians (RVTs), are proposed to participate in the program for several reasons, including the shortage of RVTs, sustainability of the program, and reconciliation with Indigenous peoples.

### **Shortage of RVTs in areas affected by lack of access to care**

The shortage of RVTs in areas affected by lack of access to care is a factor driving the need for lay people to participate in the Program. RVTs are likely to face barriers to providing services in remote areas similar to the barriers facing veterinarians (lack of population base to sustain practice, fly or boat in communities, etc).

### **Sustainability of the Program**

In veterinary service delivery, community participation in the delivery of veterinary services is often considered more sustainable than people coming from outside the community. This is because community participation fosters a sense of ownership and responsibility, leading to more effective and sustainable outcomes. When communities are actively involved in the delivery of veterinary services, it can lead to better understanding of local needs, increased trust, and improved access to care for animals within the community.<sup>1</sup>

In contrast, relying solely on external professionals to deliver veterinary services may result in a lack of understanding of local contexts and needs, potentially leading to challenges in sustaining the impact of the services provided. Therefore, community participation is often seen as a more sustainable approach to veterinary service delivery, as it promotes local empowerment, knowledge transfer, and long-term engagement.

### **Reconciliation with Indigenous Peoples**

In the context of reconciliation with Indigenous peoples, allowing for within-community participation in service delivery rather than all services coming from outside of the community allows for services that respect:

- **Self-Determination:** Indigenous communities have the right to self-determination, which includes the ability to make decisions about their own well-being and development. Allowing for within-community service delivery empowers Indigenous

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<sup>1</sup> Catley, A., & Leyland, T. (2001). *Community participation and the delivery of veterinary services in Africa. Preventive veterinary medicine, 49(1-2), 95–113.* [https://doi.org/10.1016/s0167-5877\(01\)00171-4](https://doi.org/10.1016/s0167-5877(01)00171-4)

communities to take control of their own affairs, including the delivery of essential services such as healthcare, education, and social support.<sup>2</sup>

- **Cultural Relevance:** Services delivered from within the community are more likely to be culturally relevant and respectful of Indigenous traditions, languages, and ways of knowing. This is crucial for the well-being of Indigenous peoples, as it ensures that services are provided in a manner that aligns with their cultural values and practices.<sup>34</sup>
- **Building Trust and Relationships:** By allowing for within-community service delivery, trust and relationships within the community can be strengthened. This approach fosters a sense of ownership and accountability, leading to more effective and sustainable solutions to address the needs of the community.<sup>5</sup>
- **Addressing Historical Injustices:** Historically, Indigenous communities have experienced marginalization and mistreatment at the hands of external service providers. Allowing for within-community service delivery is a step towards addressing these historical injustices and promoting healing and reconciliation.<sup>6</sup>

The program proposed seeks to ensure safe practice, while respecting the tenants above.

### **Relevant External Laws, Rules, and Regulations**

*The Veterinary Medical Act:*

#### **Who may practise veterinary medicine**

3(1) A person must not engage in the practice of veterinary medicine unless the person  
(a) is a licensed member or a veterinary corporation; or

(b) is a person or a member of a class of persons specified in the by-laws and engages in the practice of veterinary medicine only in accordance with the by-laws and within the scope of practice authorized by the by-laws.

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<sup>2</sup> Roach, P., & McMillan, F. (2022). Reconciliation and Indigenous self-determination in health research: a call to action. *PLOS Global Public Health*, 2(9), e0000999.

<sup>3</sup> Ibid

<sup>4</sup> Government of Canada, *Global Affairs Canada's Action Plan on Reconciliation with Indigenous Peoples -2021-2025*, <https://www.international.gc.ca/transparency-transparence/indigenous-reconciliation-autochtones/index.aspx?lang=eng>

<sup>5</sup> RCMP, *Indigenous Reconciliation*, April 30, 2021, <https://www.publicsafety.gc.ca/cnt/trnsprnc/brfng-mtrls/prlmntry-bndrs/20210930/07-en.aspx>

<sup>6</sup> Roach, supra note 1

## **MVMA Council Proposed Solution**

The MVMA Council moves to amend 1 section and to add 6 new sections.

1. Amend section 4-7-1 of Part 4, Division 7 of the MVMA General By-Law No.1 by adding “Designated Vaccinator” and “Sponsoring Veterinarian” definitions as follows:

### **Definitions**

4-7-1 In this Division

“Designated Vaccinator” means an individual who is a non-member or a registered veterinary technologist and who

(a) is registered on an annual basis with the association by a Sponsoring Veterinarian, a Practicing Veterinarian Member or veterinary corporation, that engages in partnership with the individual, where that Practicing Veterinarian Member or veterinary corporation has also paid all required fees for the individual; and,

(b) engages in the practice of veterinary medicine under the direct supervision or indirect supervision of the Sponsoring Veterinarian only within the scope of practice set out at s. 4-7-6 of this by-law.

(c) has consented to the publication of their name, contact information and geographical area where they provide veterinary services under section 4-7-11 of this by-law.

“Sponsoring Veterinarian” means an individual who is a Practicing Veterinarian Member and who

(a) is in good standing with the MVMA

(b) has completed an application to be a Sponsoring Veterinarian

(c) has completed educational requirements that the council may, by resolution, set from time to time.

2. Amend Part 4, Division 7 of the MVMA General By-Law No.1 by adding sections 4-7-6 to 4-7-11 as follows:

### **4-7-6 Scope of Practice of Designated Vaccinator**

A Designated Vaccinator may engage in the practice of veterinary medicine solely to meet the veterinary service needs of underserved populations under the following conditions:

- (a) The Designated Vaccinator practice solely under direct or indirect supervision the Sponsoring Veterinarian
- (b) The Designated Vaccinator, at the discretion of the Sponsoring Veterinarian, may engage exclusively in the following practices of veterinary medicine for canine and feline patients by:
  - a. Administering rabies vaccine
  - b. Administering feline viral Rhinotracheitis-Calicivirus-Panleukopenia +/- Chlamidia vaccine (FVRCP vaccine)
  - c. Administering canine Distemper-Adenovirus2-Parainfluenza-Parvovirus vaccine (DA2PP vaccine)
  - d. Administering non-prescription deworming medication
  - e. Administering microchips
  - f. Administering over the counter (OTC) medication
- (c) The Designated Vaccinator may solely engage in the practice of veterinary medicine on First Nations reserve land or north of the 53rd parallel.
- (d) The Designated Vaccinator may provide service on or after June 1, 2024.

#### **4-7-7 VCPR Exemption**

The veterinary medical service provided by the Designated Vaccinator is provided without the establishment of a VCPR. Veterinary medical service provided by the Designated Vaccinator is exempt from the requirement to establish a VCPR. The Sponsoring Veterinarian that prescribes a prescription product under this section is exempt from s. 4-6-4 of this by-law.

#### **4-7-8 Sponsoring Veterinarian Obligations**

The Sponsoring Veterinarian must:

- (a) Ensure that the Designated Vaccinator meets the educational requirements that the council may, by resolution, set from time to time.
- (b) Provide appropriate equipment to ensure that the Designated Vaccinator can safely provide veterinary service.
- (c) Ensure that there is an appropriate inventory management system in place.
- (d) Provide public health with requested vaccine records within 24 hours of the request.
- (e) Be available by telephone when each vaccine administration occurs.
- (f) Provide information on each vaccine administered by the Designated Vaccinator on an annual basis on a form prescribed by the Registrar.
- (g) Ensure that the products provided to the Designated Vaccinator by the Sponsoring Veterinarian are practically retrievable in the event that the Designated Vaccinator is no longer supervised by the Sponsoring Veterinarian.

#### **4-7-9 Informed Consent of Limited Access Vaccinator Client**

Each client that receives service from a Designated Vaccinator must be informed and consent to the following:

- (a) Limited Access Service
  - a. If the Designated Vaccinator is not a veterinary professional, the client must be advised that the Designated Vaccinator is not a veterinary professional and that they are not licensed or registered with a professional regulatory body.
  - b. No examination is being done to attest to the health of the animal, and so no health certificate will be produced.
- (b) Adverse Reactions
  - a. Vaccination is being performed at a location that is not a veterinary office or animal hospital, and the limited access vaccinator administering the vaccination will not be able to perform any immediate medical treatments that my animal may require.
- (c) Vaccine Certificates
  - a. Vaccine certificates are not intended for travel use and may not be accepted at international borders.
- (d) Information Sharing
  - a. Information on an animal's vaccination status may be shared during dog-bite investigations done by Public Health and Manitoba Rabies Central.
  - b. Information may be shared with Chief and Council.
  - c. De-identified information may be used for research and publications about the program.

#### **4-7-10 Additional Information to be Provided to Each Limited Access Vaccinator Client**

Each client that receives service from a Designated Vaccinator must be informed of the following:

- (a) The Designated Vaccinator's name and contact information
- (b) The Sponsoring Veterinarian's name and contact information
- (c) An emergency plan in the event of an adverse reaction

#### **4-7-11 Publication of Limited Access Vaccinator Program**

The Registrar shall publish the following information:

- (a) The names and contact information for each Sponsoring Veterinarian
- (b) The names, contact information, Sponsoring Veterinarian, and area covered for each Designated Vaccinator.

### **3) Amendment to: Restricted Licence- NEB Application Restricted Members- Part 2 Division 7 & 8 of the MVMA General By-Law No. 1**

MVMA Council Proposed By-Law Amendment

**Voting membership classes:** Practising Veterinarian Member, Non-Practicing Veterinarian Member

#### **Background**

##### Current Program

- Currently those that have graduated from an educational institution that is not accredited by the CVMA or AVMA may be eligible for membership with the MVMA as a veterinarian. These applicants must first begin the process by registering with the National Examining Board (NEB). More information about the NEB can be located on the [NEB's website](#).

Those in the process of obtaining a Certificate of Qualification from the NEB are eligible for Restricted General Membership with the MVMA upon:

- Successful completion of the Basic and Clinical Sciences Examinations (BCSE);
- Successful completion of the North American Veterinary Licensing Examination (NAVLE); **and**
- Registration for the Preliminary Surgical Assessment (PSA)
- A restricted member must pass the Clinical Proficiency Examination within two years, failing which, a member's registration may be revoked.
- Those that have graduated from an educational institution that is not accredited by the CVMA or AVMA may be eligible for unrestricted membership upon successful completion of the Clinical Proficiency Examination (CPE) and granting of a Certificate of Qualification from the NEB.

## Concern

- In late 2022, the MVMA Council reviewed a gap in the MVMA by-laws surrounding restricted members that are in the process of completing the NEB program.
- Currently section 2-7-3 of the MVMA General By-Law No 1 requires that those in the NEB process must work under direct supervision, while section 2-8-10 requires that those in the NEB process must work under direct or indirect supervision.
- In December 2022 the MVMA Council created the Ad Hoc Restricted Veterinarian Committee to provide:
  1. An environmental scan and recommendations regarding the appropriate level of supervision for Restricted Veterinarian Members.
  2. An environmental scan and recommendations regarding a potential supervision program.
  3. An environmental scan and recommendations for lowering the entrance requirements for Restricted Veterinarian Members.
  4. Recommendations for strategic action “Assist in the licensing process of foreign trained veterinarians” from the 2022-2024 Strategic Plan.
- The Committee Report can be [located here](#).

## Consultation Timeline

Written Consultation with MVMA Membership	September 18, 2023- October 19, 2023
Written Consultation with current NEB Applicant Restricted Members	September 18, 2023- October 19, 2023
Council Consultation Review	November 2023

## Risks/issues the MVMA Council seeks to address:

The MVMA Council seeks to:

- 1) Ensure that the MVMA’s registration and licencing rules protect the public
- 2) Ensure that the MVMA is able to register and licence persons to practice veterinary medicine that pose a low risk to the public.

Given the work of the working group and the feedback provided during consultation, the MVMA Council proposes that:

- 1) The MVMA amend supervision requirements for licenced members in the NEB process.

The supervision levels would be changed as follows:

- Prior to successfully completing the Presurgical Assessment (PSA), the member must practice under direct supervision of a practising veterinarian member.
- Following the successful completion of the PSA, the member must practice under direct or indirect supervision of a practising veterinarian member.

[Click here](#) to view a diagram of the proposed supervision scheme.

2) The MVMA create a supervision program for licenced members in the NEB process.

The supervision program would require licenced members in the NEB process to provide a supervision report form, completed by a supervising veterinarian, on a yearly basis. This document would help ensure that the restricted member's progress and practice are being properly monitored and would be reviewed in the event that an extension of a restricted licence is requested. The proposed supervision report [can be located here](#).

### **Relevant External Laws, Rules, and Regulations**

N/A

**MVMA Council Proposed Solution**

The MVMA Council moves to amend 2 sections.

1. Amend section 2-7-3 of the MVMA General By-Law No 1 as follows:

<b><u>Current Rule</u></b>	<b><u>Proposed Change</u></b>
<b><u>Restrictions upon practicing members who are not fully qualified</u></b>	<b><u>Restrictions upon practicing members who are not fully qualified</u></b>
<b>2-7-3</b> Where	<b>2-7-3</b> Where
(a) a Practicing Veterinarian Member who has passed the Basic and Clinical Sciences Examination (BCSE) and the North American Veterinary Licensing Examination (NAVLE) of the CVMA National Examining Board Certificate of Qualification program and but has not passed the Pre- Surgical Assessment Examination (PSA) or the Clinical Proficiency Examination (CPE) of the CVMA National Examining Board program, or	(a) a Practicing Veterinarian Member who has passed the Basic and Clinical Sciences Examination (BCSE) and the North American Veterinary Licensing Examination (NAVLE) of the CVMA National Examining Board Certificate of Qualification program and but has not passed the Pre- Surgical Assessment Examination (PSA) or the Clinical Proficiency Examination (CPE) of the CVMA National Examining Board program, or
(b) a Practicing Veterinary Technologist Member who has not yet passed the Veterinary Technician National Examination,	(b) a Practicing Veterinary Technologist Member who has not yet passed the Veterinary Technician National Examination,
the member must inform the Registrar, who must then restrict the member’s practice of veterinary medicine <del>so that the member will practice only under the direct supervision of a Practicing Veterinarian Member.</del>	the member must inform the Registrar, who must then restrict the member’s practice of veterinary medicine pursuant to section 2-8-10 or 2-9-6 of this by-law.

2. Amend section 2-8-10(a) of the MVMA General By-Law No 1. as follows:

<b><u>Current Rule</u></b>	<b><u>Proposed Change</u></b>
<b><u>Licensure of graduate from non-accredited college- NEB Applicant</u></b>	<b><u>Licensure of graduate from non-accredited college- NEB Applicant</u></b>

<p><b>2-8-10</b> Where the Registrar has registered an applicant pursuant to s. 2-8-5 (a) of this by-law, the Registrar shall also license the applicant to engage in the practice of veterinary medicine, and that license shall be restricted in that the applicant</p>	<p><b>2-8-10</b> Where the Registrar has registered an applicant pursuant to s. 2-8-5 (a) of this by-law, the Registrar shall also license the applicant to engage in the practice of veterinary medicine, and that license shall be restricted in that the applicant</p>
<p>a) may engage in the practice of veterinary medicine <del>only under the direct supervision or indirect supervision of a Practicing Veterinarian Member</del> and in accordance with any additional conditions that the council may, by resolution, deem required in order to protect the public interest; and,</p>	<p>a) may engage in the practice of veterinary medicine <b>only under the direct supervision of a Practicing Veterinarian Member</b> until such time that the member has successfully completed the Presurgical Examination, <b>following which the member may engage in the practice of veterinary medicine only under the direct or indirect supervision of a Practicing Veterinarian Member,</b> and in accordance with any additional conditions that the council may, by resolution, deem required in order to protect the public interest;</p>
<p>b) may extend the license no longer than two (2) years from the date on which the Registrar had registered the applicant, after which the license shall be deemed to have been revoked, except where, in its sole discretion, the council may, by resolution, further extend the applicant's license to such term as it determines necessary or appropriate in the public interest.</p>	<p>b) may extend the license no longer than two (2) years from the date on which the Registrar had registered the applicant, after which the license shall be deemed to have been revoked, except where, in its sole discretion, the council may, by resolution, further extend the applicant's license to such term as it determines necessary or appropriate in the public interest; <b>and,</b></p>
	<p><b>c) must provide an annual report of supervision on a form prescribed by the registrar.</b></p>

#### **4) Amendment to: Limited Licence- Restricted Graduate of CVMA/AVMA Accredited Program- Part 2 Division 8 of the MVMA General By-Law No 1**

MVMA Council Proposed By-Law Amendment

**Voting membership classes:** Practising Veterinarian Member, Non-Practicing Veterinarian Member

#### **Background**

##### Current Program

- Currently those that have graduated from a DVM program that is accredited by the CVMA or AVMA must pass the North American Veterinary Licensing Examination (NAVLE) and obtain a Certificate of Qualification from National Examining Board (NEB) prior to obtaining registration and a licence to practice.
- As a graduate of a DVM program that is accredited by the CVMA or AVMA is no longer a student of the DVM program, they are no longer be eligible for a student membership.
- DVM graduates of programs that are accredited by the CVMA or AVMA are provided with 3 attempts of the NAVLE. Following 3 unsuccessful attempts, the DVM graduate is required to successfully complete the following in order to obtain a Certificate of Qualification:
  - The NAVLE
  - The Presurgical Assessment (PSA) of the NEB
  - The Clinical Proficiency Examination (CPE) of the NEB.
- From graduation to obtaining a Certificate of Qualification, the DVM graduate is not able to engage in the practice of veterinary medicine in Manitoba.

##### Concern

- The Ad Hoc Restricted Veterinarian Committee noted the period between graduation from a CVMA/AVMA accredited program and obtaining a Certificate of Qualification as an unnecessary gap in the ability to engage in the practice of veterinary medicine, so long as they are diligently pursuing required examinations.

##### **Consultation Timeline**

Written Consultation with MVMA Membership	September 18, 2023- October 19, 2023
Council Consultation Review	November 2023

### **Risks/issues the MVMA Council seeks to address**

The MVMA Council seeks to:

- 1) Ensure that the MVMA's registration and licencing rules protect the public
- 2) Ensure that the MVMA is able to register and licence persons to practice veterinary medicine that pose a low risk to the public.

Given the work of the working group and the feedback provided during consultation, the MVMA Council proposes that:

The MVMA allow graduates of CVMA/AVMA accredited DVM programs to practice veterinary medicine in Manitoba prior to obtaining a Certificate of Qualification under the following conditions:

- a. The applicant has provided enrollment in the next sitting of the North American Veterinary Licensing Examination (NAVLE) and a history of all NAVLE attempts which shows no more than two previous attempts, or, the applicant has provided proof of enrollment in the National Examining Board program.
- b. The member practice under direct supervision of a Practicing Veterinarian Member until the member has successfully complete the PSA, following which the member may engage in the practice of veterinary medicine only under the direct or indirect supervision of a Practicing Veterinarian Member.
- c. The member will submit an annual supervision report.
- d. The member obtains a Certificate of Qualification within two years, or further extension of the MVMA Council.

### **Relevant External Laws, Rules, and Regulations**

N/A

**MVMA Council Proposed Solution**

The MVMA Council moves to amend 1 section and to add 1 new section.

1. Amend section 2-8-5 of the MVMA General By-Law No 1. as follows:

<b><u>Current Rule</u></b>	<b><u>Proposed Change</u></b>
<b><u>Application for registration by graduate without a CVMA National Examining Board certificate of qualification</u></b>	<b><u>Application for registration by graduate without a CVMA National Examining Board certificate of qualification</u></b>
<p><b>2-8-5</b> Where an applicant for registration as a veterinarian is a graduate of a college of veterinary medicine that the CVMA or AVMA has not accredited and does not possess the CVMA National Examining Board Certificate of Qualification, the Registrar may nonetheless register the applicant, provided that the applicant:</p>	<p><b>2-8-5</b> Where an applicant for registration as a veterinarian does not possess the CVMA National Examining Board Certificate of Qualification and does not meet the requirements under section 2-8-4, the Registrar may nonetheless register the applicant, provided that the applicant:</p>
...	...
E) [New]	E) Limited Licence- Restricted Graduate of CVMA/AVMA Accredited Program
	<p>1. satisfies all other requirements that the Act and this by-law prescribes for registration and licensure of Practicing Veterinarian Member, except the requirement to provide evidence of the applicant’s CVMA National Examining Board Certification of Qualification set out at s. 2-8-4(b) of this by-law. Further the applicant must provide proof of one of the following:</p> <ul style="list-style-type: none"> <li>A. enrollment in the next sitting of the North American Veterinary Licensing Examination (NAVLE) and a history of all NAVLE attempts which shows no more than two previous attempts.</li> </ul>

	B. enrollment in the National Examining Board program
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2. Amend Part 2, Division 8 of the MVMA General By-Law No. 1 by adding section 2-8-17 as follows:

**Licensure of graduate of CVMA/AVMA Accredited Program- Limited Licence**

**2-8-17** Where the Registrar has registered an applicant pursuant to s. 2-8-5 (e) of this by-law, the Registrar shall also license the applicant to engage in the practice of veterinary medicine, and that license shall be restricted in that the applicant:

- a) may engage in the practice of veterinary medicine only under the direct supervision of a Practicing Veterinarian Member until such time that the member has successfully completed the Presurgical Examination, following which the member may engage in the practice of veterinary medicine only under the direct or indirect supervision of a Practicing Veterinarian Member, and in accordance with any additional conditions that the council may, by resolution, deem required in order to protect the public interest;
- b) may extend the license no longer than two (2) years from the date on which the Registrar had registered the applicant, after which the license shall be deemed to have been revoked, except where, in its sole discretion, the council may, by resolution, further extend the applicant's license to such term as it determines necessary or appropriate in the public interest; and,
- c) must provide an annual report of supervision on a form prescribed by the registrar.