Consultation on Supervision Requirements for Restricted Veterinarians Following the Discontinuation of the Preliminary Surgical Assessment

September 17, 2026

Purpose of this Consultation

The Manitoba Veterinary Medical Association (MVMA) Council is seeking feedback from members on a proposed framework for determining when a Restricted Veterinarian may move from **direct supervision to indirect supervision** following the discontinuation of the Preliminary Surgical Assessment (PSA) by the National Examining Board (NEB).

The proposed framework is intended to provide a fair, transparent, and evidence-informed mechanism for Restricted Veterinarians to demonstrate competence and progress toward less intensive supervision while maintaining appropriate safeguards for animal welfare, patient safety, public protection, and professional accountability.

Council is particularly interested in feedback on whether the proposed framework appropriately balances patient and public safety, animal welfare, the need for meaningful assessment of competence, consistency and fairness among Restricted Veterinarians, practical realities of veterinary practice, the availability and timing of the Clinical Proficiency Examination (CPE), and the supervisory responsibilities of unrestricted veterinarians.

This consultation is intended to inform Council's consideration of potential amendments to the applicable bylaws, policies, registration requirements, and administrative processes.

Members are invited to submit written comments to the MVMA by **October 27, 2026** by using our online form **here**.

Background

The National Examining Board (NEB) recently evaluated the Presurgical Assessment (PSA) as a requirement within the credentialing pathway for internationally trained veterinarians in Canada. Following that evaluation, the NEB ceased offering the PSA.

Moving forward, the PSA will no longer be required to assess candidates. Candidates will instead proceed directly to the Clinical Proficiency Exam (CPE) as part of the NEB pathway.

Under the MVMA's current bylaws, an individual progressing through the NEB process would be required to successfully complete the PSA before moving from direct supervision to indirect supervision.

Because the PSA is no longer offered, the current bylaw requirement cannot operate as originally intended. MVMA Council has therefore been considering fair and transparent mechanisms through which Restricted Veterinarians may demonstrate the safety, competence, and professional judgment necessary to move to indirect supervision.

Council believes that a revised framework should recognize demonstrated competence while ensuring that the reduction in supervision does not create an unacceptable risk to patients, clients, animal welfare, the public, or the profession.

Council's Proposed Approach

Council is considering a two-pathway approach:

- Pathway 1- CPE Component-Based Progression
- Pathway 2- A Task and Risk-Based Pathway

Pathway 1- CPE Component-Based Progression

A Restricted Veterinarian may move to indirect supervision for **specific portions of their practice for which they have successfully completed the corresponding component of the CPE**.

For example, a Restricted Veterinarian who successfully completes the equine component of the CPE could be permitted to practise equine veterinary medicine under indirect supervision, subject to any conditions or limitations established by the MVMA.

Completion of a particular CPE component would not, by itself, authorize unrestricted practice in all aspects of that practice area. Conditions relating to surgery, anesthesia, would continue to apply where appropriate.

Pathway 2- A Task and Risk-Based Pathway

Council is also considering an additional framework because of concerns about the timely availability of the CPE.

Tasks Eligible and Excluded for Indirect Supervision

Under this proposed approach, indirect supervision could be authorized for tasks that are low risk, routine, well documented, within the demonstrated competence of the Restricted Veterinarian, appropriate to the relevant practice context, and specifically approved by the MVMA.

Eligible Tasks for Indirect Supervision

Indirect supervision would not automatically apply to all routine veterinary activities.

Rather, tasks would need to be specifically identified in the supervisor's assessment and approved by the Registrar.

Examples of tasks that may be considered include:

Small Animal Practice

- routine wellness examinations;
- vaccination appointments;
- rechecks;
- routine diagnostic sampling;
- interpretation of diagnostic results;
- client education; and
- follow-up of stable patients.

Large Animal Practice

- routine herd or flock health visits;
- vaccination and preventive-health appointments;
- pregnancy diagnosis or reproductive follow-;
- routine lameness or wound rechecks;
- sample collection;
- field assessments; and
- client education relating to husbandry, biosecurity, preventive care, and treatment follow-up.

Excluded tasks from Indirect Supervision

Under Council's proposed framework, the following activities would **not** be permitted under indirect supervision:

- all surgical procedures, including elective, urgent, and emergency surgery;
- induction, maintenance, monitoring, and recovery from general anesthesia or deep sedation;
- high-risk procedures requiring advanced technical skill, rapid intra-procedural decision-making, or immediate veterinarian intervention;
- cases involving unstable patients;
- cases involving complex diagnostics;
- cases involving significant pain or distress;
- cases involving serious animal welfare concerns;
- cases involving reportable disease issues;
- cases presenting significant herd- or flock-level disease risks; and
- cases with public health implications;

The exclusion of surgery and anesthesia is specifically included for consultation. Council is seeking members' views on whether these activities should remain excluded or whether there are circumstances in which some surgical or anesthetic activities could appropriately occur under indirect supervision.

Oversight and Monitoring

The supervising veterinarian would remain accountable for appropriate oversight, including patient safety, quality and completeness of medical records, appropriate consultation and case review, escalation when circumstances exceed the Restricted Veterinarian's approved scope, and ensuring that the supervision arrangement remains.

Minimum Period of Direct Supervision

The Restricted Veterinarian must have completed a minimum period of direct supervision before being considered for indirect supervision.

Council is currently proposing one year of direct supervision, but specifically seeks member feedback on whether this period is necessary and, if so, whether one year is appropriate.

The proposed period would establish a minimum opportunity for the Restricted Veterinarian and Primary Supervisor to develop sufficient familiarity with the individual's clinical abilities, judgment, communication, documentation, and professional conduct.

Direct Observation by the Primary Supervisor

The Primary Supervisor must have directly observed the Restricted Veterinarian performing the proposed tasks on a sufficient number of cases to assess competence, consistency, clinical judgment, communication, documentation, recognition of limitations, and ability to seek assistance appropriately.

Primary Supervisor Assessment

The Primary Supervisor's written assessment should include, at minimum:

- A specific list of tasks proposed for indirect supervision.
- A summary of direct observations of the Restricted Veterinarian
- An assessment of professional and clinical skills of the Restricted Veterinarian
- A written consultation and escalation plan
- An ongoing monitoring plan

This assessment will be used to determine if the Restricted Veterinarian can engage in limited practice under indirect supervision.

Consultation Questions

MVMA Council welcomes member feedback on the proposed framework as a whole and on the following questions.

Question 1 — Minimum Period of Direct Supervision

Is one year of direct supervision necessary before a Restricted Veterinarian can be considered for indirect supervision?

Members are invited to comment on:

- whether a mandatory minimum period is appropriate;
- whether one year is an appropriate minimum; and,
- whether a shorter or longer period would be more appropriate;

Please provide the rationale for your position.

Question 2 — Surgery and Anesthesia

Should anesthesia and surgery be permitted under indirect supervision?

The proposed framework excludes all surgery and anesthesia from indirect supervision.

Members are invited to comment on whether this is appropriate.

If members believe that some surgical or anesthetic activities could be permitted under indirect supervision, please identify:

- which specific activities;
- what competency requirements should apply;
- what supervision or availability requirements should apply;
- whether different requirements should apply to routine versus emergency procedures; and
- what safeguards would be necessary to protect patient safety.

Question 3 — Number of Supervisors

Unlike many other jurisdictions, Restricted Veterinarians in Manitoba are not required to be tied to a single specific supervisor.

Under the proposed model, what is an appropriate maximum number of veterinarians who may supervise a Restricted Veterinarian in this context?

Members are invited to consider whether there should be:

- one Primary Supervisor only;
- one Primary Supervisor plus a limited number of additional supervisors;
- a maximum number such as two, three, or another number;
- no fixed numerical limit, provided all supervisors are appropriately identified and accountable; or
- different limits depending on the practice setting or scope of approved activities.

Additional Comments

Members are encouraged to identify any additional concerns, risks, implementation issues, or safeguards that Council should consider.

In particular, feedback is welcomed regarding:

- whether the proposed eligibility criteria are sufficiently protective;
- whether the task-specific approach is practical for veterinary practices;
- whether the proposed reporting requirements are reasonable;
- how the framework could operate effectively in large-animal and ambulatory practice;
- whether additional activities should be expressly excluded;

- how often competency should be reassessed;
- how changes in employment or practice setting should be managed; and
- how the framework could ensure consistency in decisions made by the MVMA.

Next Steps

Members are invited to submit written comments to the MVMA by **October 27, 2026** by using our online form **here**.

MVMA Council will review the feedback received through this consultation before determining whether and how the proposed framework should be advanced.

Following the consultation period, Council will review member feedback and consider whether changes are required to the proposed framework.

Any resulting regulatory or bylaw changes will proceed through the MVMA bylaw amendment process at the AGM.

The objective is to establish a framework that is fair, transparent, evidence-informed, practical for veterinary practice, and appropriately protective of animal welfare and public safety, while providing Restricted Veterinarians with a meaningful pathway to demonstrate progressive competence.