

June 26, 2024

The Honourable Malaya Marcelino
Minister of Labour and Immigration

The Honourable Ron Kostyshyn
Minister of Agriculture

The Honourable Renée Cable
Minister of Advanced Education and Training

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RE: Proposed Mid-Level Practitioner Role

Dear Honourable Ministers Renée Cable, Malaya Marcelino, and Ron Kostyshyn,

In Manitoba, the role of Registered Veterinary Technologists (RVTs) has traditionally been one of vital support within the veterinary medical profession. However, the critical shortage and evolving needs of veterinary medicine have prompted a reassessment of the RVTs' potential contributions beyond their traditional roles. In response to these evolving needs, the Manitoba Veterinary Medical Association (MVMA) and Manitoba Veterinary Technologists Association (MVTA) established the RVT Scope of Practice, Retention and Career Advancement Committee. This committee was tasked with exploring avenues for career development for RVTs, ensuring they could enjoy fulfilling, progressive careers. Their work has been pivotal in redefining the scope of practice for RVTs, leading to significant amendments, which notably expanded their professional capabilities.

Over the last two years, the committee has engaged in extensive discussions about further enhancing the RVT role, exploring the possibility of establishing a Mid-Level Practitioner role akin to that of a Physician Assistant in human healthcare. This new role would sit between the current RVT and a Veterinarian, aiming to address the increasing demands on veterinary services and the gaps in rural veterinary care.



As of February 14, 2024, the MVMA's roster of RVT members includes 446 practicing General Veterinary Technologists, 36 non-practicing/retired members, 5 restricted practicing members, 71 student members, and 7 Animal Health Assistants. Notably, the current reported full-time equivalent (FTE) of 79.75 RVT positions that need filling highlights only the vacancies in 99 private practices that reported their data. This figure does not account for additional shortages in the 48 private practices that did not report their data, nor does it include other sectors like government, industry, and academia, which also experience significant RVT shortages.

The scope of practice for RVTs in Manitoba had previously mirrored that set out by the American Association of Veterinary State Boards (AAVSB). However, recent changes have led to a more progressive scope, where RVTs can perform almost all aspects of veterinary medicine except for making diagnoses, determining treatment courses (including prescribing medications), and applying surgical techniques. These expansions were ratified during the MVMA Annual General Meeting on January 26, 2024, under the newly passed [Delegation of Veterinary Tasks Policy](#). This policy aids in delineating how veterinary tasks can be delegated under the new model, emphasizing a strong supervision framework. This framework distinguishes between direct supervision, requiring a veterinarian's physical presence for more complex medical and surgical procedures, and indirect supervision, suitable for routine procedures where a veterinarian must remain accessible for consultation.

The establishment of a mid-level technologist practitioner model would be a progressive step toward utilizing the full potential of RVTs in Manitoba. This would enhance veterinary care while addressing workforce shortages, particularly in rural areas outside the immediate vicinity of Winnipeg. This proposal seeks to further detail this initiative, aiming to meet the contemporary and future demands of veterinary medicine in Manitoba.

Mid-Level Practitioner Models

When researching a model that would be suitable for the proposed Mid-Level Practitioner role, the committee studied the Nurse Practitioner (NP) model and the Physician Assistant (PA) model in two key areas:

1. Scope and Supervision
2. Education



Nurse Practitioner Model

Scope and Supervision

In Manitoba, Nurse Practitioners are registered nurses with advanced education and clinical training, authorized to provide a wide range of healthcare services. The scope of practice for NPs in Manitoba is often more generalist and includes patient assessment and diagnosis, treatment and management, health promotion and disease prevention, referrals, and patient advocacy.

However, Nurse Practitioners practice with a high degree of autonomy. The regulatory framework allows for independent practice with collaboration as needed. NPs in Manitoba have the authority to practice independently within their scope of practice. They can assess, diagnose, treat, and manage patients without the need for direct supervision from a physician.

Education

To practice as an NP in Manitoba, individuals must complete advanced education by obtaining a Master's or Doctoral degree in nursing with a focus on advanced practice nursing. Additionally, they must complete clinical training in their chosen area of specialization (e.g., family practice, adult health, pediatrics).

Physician Assistant Model

Scope and Supervision

Physician Assistants in Manitoba are healthcare professionals who practice medicine under the supervision of licensed physicians. Their scope of practice includes a wide range of medical duties, which are determined by their education, training, and the specific practice setting. Often, a PA's scope of practice is aligned with that of their supervising physician and can change their scope at any time, provided they have a supervisor willing to train them. This allows for adaptability to different specialties and needs. The PA model recognizes different levels of PAs, which enhances role definition within the healthcare system.

In Manitoba, Physician Assistants must work under the supervision of a licensed physician. The level of supervision required can vary based on the PA's experience, the complexity of the medical tasks, and the specific practice setting. Key aspects of supervision include:

1. Direct Supervision: In some cases, particularly for new graduates or surgical procedures, direct supervision may be required. This means the supervising physician is physically present and immediately available to assist.



2. Indirect Supervision: More experienced PAs or those performing routine tasks may work under indirect supervision. The supervising physician must be readily available for consultation, either in person or by electronic means, but does not need to be physically present.

3. Practice Agreements: PAs and their supervising physicians must establish practice agreements that outline the scope of practice, the level of supervision required, and the types of medical tasks the PA is authorized to perform. These agreements are tailored to the specific clinical setting and the PA's competencies.

Education

To practice as a Physician Assistant in Manitoba, individuals must complete an accredited PA masters level program by graduating from a recognized Physician Assistant education program that includes both classroom instruction and clinical training.

Analysis of MLP Models

The development and implementation of a Physician Assistant (PA) model in Manitoba's veterinary field hold significant promise for addressing current challenges and enhancing the overall effectiveness of veterinary services. This decision is grounded in extensive consultations and collaborative efforts with key stakeholders, including, the University of Manitoba Health Sciences, the Manitoba Veterinary Medical Association (MVMA), and the Manitoba Veterinary Technologists Association (MVTA). These engagements have provided valuable insights and support for the PA model when compared to the Nurse Practitioner (NP) model, making it the best fit for Manitoba.

Our consultations have included reaching out to the College of Physicians and Surgeons and the University of Manitoba Health Sciences. These institutions have provided a critical understanding of regulatory standards and educational frameworks. Additionally, we continue to engage with our membership, ensuring their voices are heard and their concerns addressed. An event scheduled for June will further facilitate these discussions, allowing for comprehensive feedback and consensus-building.

One of the primary reasons the PA model is advantageous for Manitoba is its potential to enhance the capabilities of veterinary practices. Given the diversity of species and practice areas within the veterinary field, training practitioners to cover all these areas comprehensively is challenging. While the NP model provides a generalist approach to care, the PA model offers a flexible and adaptable solution. PAs can be trained on the job to meet specific needs, ensuring



that veterinary practices can cover a broad range of services without the need for extensive specialized training for each area.

Additionally, the veterinary field is undergoing significant changes with the increase in specialization and the need for more complex care. General practice veterinarians now often refer complex cases to specialists in areas such as surgery, dentistry, and ophthalmology. The PA model is designed to complement this trend by providing Mid-Level Practitioners who can be trained to handle routine and supportive tasks, or trained in niche areas to handle highly technical cases. This approach not only enhances the overall efficiency and effectiveness of veterinary services but also ensures that the field is prepared to meet future challenges.

A significant advantage of the PA model is the known supervision framework. Veterinarians are more comfortable delegating tasks to MLPs under a supervision model, ensuring that all tasks performed by MLPs are overseen by experienced professionals. This supervision guarantees high standards of care and addresses concerns about the safety and efficacy of care provided by mid-level practitioners. While the veterinary field lacks the large infrastructure for quality assurance found in human healthcare, the PA model's built-in supervision mitigates safety risks and ensures high-quality care without requiring extensive additional infrastructure. **Furthermore, there is consensus among veterinary professionals (veterinarians and veterinary technologists) that mid-level practitioners should operate under the supervision of veterinarians.** This supervision allows for a more extensive and flexible scope of practice, adapting to the evolving needs of veterinary medicine while maintaining a team-based approach.

The PA model aligns well with global standards in the context of food production and distribution, which involves complex regulatory oversight. Veterinarians are essential in meeting these standards, and an independent practice NP model might not comply with these requirements. However, the PA model, operating under veterinarian supervision, ensures compliance and effectiveness, maintaining the high standards necessary for food production and distribution.

The PA model also promotes team cohesion within veterinary practices. It supports a unified patient care approach and enhances team members' collaboration. The flexibility and adaptability of PAs allow them to be trained to meet current challenges and adapt to future needs. Unlike the limited scope of the NP model, the PA model prepares practitioners for a broad range of responsibilities, making them valuable assets in various contexts.

To ensure the mid-level practitioner role is practically accessible to Manitoba Registered Veterinary Technologists (RVTs), the training should not be at the master's level, which would



exclude many RVTs who hold a two-year post-high school degree. Training programs should be available within Manitoba to avoid the barrier of out-of-province education. Creating a model around supervision would allow for this level of education, whereas to independently practice as an NP, one must hold a master's level degree.

In conclusion, the PA model is ideally suited for Manitoba's veterinary field. It addresses the need for flexible, adaptable, and supervised mid-level practitioners, ensuring high standards of care and maintaining team cohesion. By making training accessible and aligned with the supervision of veterinarians, the PA model offers a practical and effective solution for enhancing veterinary services in Manitoba. This approach ensures that veterinary practices can meet today's challenges and adapt to future needs, ultimately benefiting the entire veterinary community and the animals they serve.

Request for Government Funding to Conduct a Feasibility Study on the Mid-Level Practitioner (MLP) Role

We are seeking government funding to conduct a comprehensive feasibility study on the introduction of the Mid-Level Practitioner (MLP) role within the veterinary profession. This study will explore the financial landscape and general feasibility of this new role, drawing on insights gained from the well-established Physician's Assistant (PA) role in human healthcare.

The concept of a Mid-Level Practitioner in veterinary medicine is inspired by the success of Physician Assistants in human health. PAs have demonstrated that mid-level roles can significantly enhance healthcare delivery by expanding the capacity of physicians, improving patient access to care, and optimizing healthcare costs. However, implementing a similar role in veterinary medicine requires a thorough understanding of the financial implications and incentives necessary for its success.

Our consultations with experts in the PA field have highlighted several critical factors that must be addressed to make the MLP role viable:

1. Financial Incentives for Registered Veterinary Technologists (RVTs):

- RVTs considering the transition to MLPs must see a substantial financial benefit to justify the additional education and training costs.
- In human healthcare, new PAs earn approximately \$85,000 per year, with potential earnings of \$135,000 per year after ten years in the role. A similar financial trajectory must be established for MLPs to attract and retain talent.



2. Compensation for Supervising Veterinarians:

- Supervising veterinarians will bear additional responsibilities and risks when overseeing MLPs. Therefore, they must be adequately compensated for their supervisory roles to ensure their active support and participation.

3. Incentives for Veterinary Clinics:

- Veterinary clinics will play a crucial role in the success of the MLP model. Financial incentives and support for clinics to encourage, train, and hire MLPs will be essential.
- This could include potential subsidies, tax breaks, or grants to offset initial training and integration costs.

Scope of the Feasibility Study

The proposed feasibility study will address the following key questions and objectives:

1. Market Analysis:

- Assess the current and projected demand for MLPs within the veterinary sector.
- Identify potential market segments and geographical areas with the highest need for MLPs.

2. Financial Modeling:

- Develop detailed financial models to determine the cost-benefit analysis of implementing the MLP role.
- Estimate potential salary ranges for MLPs and corresponding compensation for supervising veterinarians.
- Estimate the increase in revenue for veterinary clinics that implement MLPs as part of their practice.

3. Stakeholder Engagement:

- Conduct surveys and focus groups with RVTs, veterinarians, and clinic owners to gauge interest and gather insights on potential barriers and facilitators for the MLP role.

4. Incentive Structures:

- Explore potential incentive structures to encourage RVTs, veterinarians, and clinics to support and adopt the MLP model.



- Identify funding sources and mechanisms to provide financial support during the initial implementation phase.

The MVMA has made inquiries to contractors with experience in the veterinary space and the capacity to take on this type of work. We have received initial estimates of 75-150k for feasibility studies with the parameters outlined above. While the MVMA believes that this type of study is needed to move forward with this project, this type of capital outlay is outside of our financial capacity.

The introduction of the Mid-Level Practitioner role holds significant promise for enhancing veterinary care delivery. However, its success hinges on a thorough understanding of the financial and practical considerations involved. By funding this feasibility study, the government can play a pivotal role in ensuring that the MLP model is both viable and sustainable, ultimately benefiting the veterinary profession and the broader community.

We appreciate your consideration of this request and look forward to the opportunity to collaborate on this important initiative.

Sincerely,



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