



NORTH AMERICAN VETERINARY ETHICS COUNCIL

Reform or Replace.

A NAVEC BLUEPRINT FOR ACTION

An Independent Commission for Foreign Veterinary Graduates

Adapting the Human-Medicine Credentialing Model to Veterinary
Licensure

North American Veterinary Ethics Council (NAVEC)

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Classification: Policy Blueprint — For State Veterinary Boards, Attorneys General, Deans, and the Profession

Abstract

The only universally accepted credentialing gateway for foreign-trained veterinarians is owned and operated by the profession's principal trade association — a structural configuration that federal accreditation policy now prohibits for accreditors. This paper sets out the alternative: an independent Credentials Commission, a working designation, modeled on the commission human medicine has operated since 1956¹, governed by state licensing boards, public members, academics, and practitioners, with trade-association entanglement prohibited by charter. It specifies primary-source credentials verification contracted to existing infrastructure; a distributed clinical-competence model replacing the single-site examination bottleneck, on medicine's post-2021 evidence; all-in candidate costs of \$2,000–3,500 against a multiple of that today; formation and pilot for roughly \$0.8–1.5 million; and self-funding at a few hundred candidates a year. The Commission should be built now, in parallel with any reform the incumbents undertake.

A note on method: every load-bearing claim herein is sourced to primary public records or expressly attributed to the named party advancing it; figures identified as estimates state their assumptions.

Contents

Executive Summary

1. The Current Landscape
2. The Human-Medicine Model
3. Governance Design
4. Operations Design
5. Execution Plan and Budget
6. Continuity for Foreign Graduates Under a Sudden Stop
7. What NAVEC Contributes — and What It Does Not
8. Risks and Objections
9. Conclusion

Implementation status. These documents are policy blueprints, not existing institutions. Implementation requires founding boards, funders, deans, vendors, and counsel-reviewed transition mechanisms. NAVEC holds — and will hold — no seat, veto, contract, or financial interest in any institution proposed here. Figures identified as estimates are pending Phase 0 validation.

¹Educational Commission for Foreign Medical Graduates (est. 1956) / Intealth: history, certification requirements, Pathways (created 2020), and EPIC, <https://www.ecfmg.org> and <https://www.intealth.org> (verified July 5, 2026).

Executive Summary

A veterinarian trained abroad who wishes to practice in the United States faces a credentialing gauntlet that is slower, more expensive, and more capacity-constrained than the pathway human medicine built for the same problem seventy years ago. The dominant route — the American Veterinary Medical Association (AVMA)'s Educational Commission for Foreign Veterinary Graduates (ECFVG) — is owned and operated by the profession's principal trade association, culminates in a hands-on clinical examination offered at a small number of sites with long queues, and costs candidates a sum measured in many thousands of dollars and often years of waiting. The alternative, Program for the Assessment of Veterinary Education Equivalence (PAVE) — operated by the American Association of Veterinary State Boards (AAVSB) — is accepted in many but not all jurisdictions, so the trade association's program remains the only universal key.

Human medicine solved this differently. Since 1956, the Educational Commission for Foreign Medical Graduates (ECFMG, now part of Intealth) has certified international medical graduates through an independent nonprofit governed by a coalition of organizations rather than any single trade association — using primary-source verification of credentials, standardized examinations, and, since 2021, a set of flexible clinical-competence pathways that replaced the discontinued centralized clinical skills examination entirely. Roughly one in four practicing U.S. physicians is an international graduate certified through this system. Veterinary medicine, facing a documented workforce shortage², runs perhaps the most restrictive foreign-graduate pipeline of any doctoral health profession.

This paper is a blueprint for the veterinary equivalent: an independent credentials commission — "the Credentials Commission," a working designation — governed by state licensing boards, public members, academics, and practitioners, with trade-association entanglement prohibited by charter. Its operating design borrows what medicine proved works: primary-source verification (contracted where possible to existing infrastructure rather than rebuilt), recognized English-proficiency assessments, an examination gateway, and a distributed clinical-competence model that replaces the single-site bottleneck with multiple validated routes. Its economics are deliberately lean: formation and pilot for roughly \$0.8–1.5 million, candidate fees benchmarked well below the current pathway's all-in cost, and self-funding at modest annual volumes.

This paper, like its companion, is no longer a contingency document. The structural fact needs no litigation to establish it: the only universally accepted gateway for foreign-trained veterinarians is owned and operated by the profession's principal trade association — the configuration federal accreditation policy now prohibits for accreditors³, operating here in a

²Association of American Veterinary Medical Colleges, "Annual Data Report" (graduating class volumes), <https://www.aavmc.org/about-aavmc/public-data/> (verified July 5, 2026).

³U.S. Department of Education, Accreditation and Innovation (AIM) negotiated rulemaking, consensus reached May 21, 2026; committee materials at <https://www.ed.gov/laws-and-policy/higher-education-laws-and-policy/higher-education-policy/>

function where it was never examined. And veterinary licensure itself already proves the alternative model: two credentialing pathways, ECFVG and PAVE, coexist today⁴, accepted side by side across a substantial set of jurisdictions. Two pathways is the norm the profession has already accepted in principle. What is missing is an independent one with universal reach — and the permanent fix for a structural conflict is structural: an alternative that exists. The Commission should be built now, in parallel with any reform the incumbents undertake.

The North American Veterinary Ethics Council's (NAVEC's) role is confined to what it is: author of the blueprint, convener of the conversation, and outside monitor. The Commission belongs to its founders.

1. The Current Landscape

Two programs credential foreign veterinary graduates for U.S. licensure, and their structural difference is the heart of the problem.

ECFVG is a program of the American Veterinary Medical Association — the profession's trade association — and its certificate is accepted in every U.S. jurisdiction. The pathway runs through enrollment and credentials review, English proficiency, a basic-science qualifying examination, and finally the Clinical Proficiency Examination (CPE)⁵: a multi-day, hands-on practical examination administered at a limited number of approved sites. The CPE is the pipeline's chokepoint. Site capacity is small relative to demand, queues run long, candidates travel at their own expense, and the CPE fee alone runs to several thousand dollars — with published all-in pathway costs commonly reaching the high single-digit thousands before licensure examination fees are counted. The timeline from enrollment to certificate is routinely measured in years.

PAVE — the Program for the Assessment of Veterinary Education Equivalence — is operated by the AAVSB, the membership organization of the state licensing boards. By AAVSB's own published standards, PAVE assesses educational equivalence on behalf of participating member boards through credentials registration, a qualifying science examination, and an evaluated year of clinical instruction at an AVMA-accredited school; the PAVE certificate substantiates the educational requirement, with the North American Veterinary Licensing Examination (NAVLE) still required separately. PAVE's structural virtue is its governance — it is the boards' own program. Its structural limit is acceptance: participating jurisdictions accept it, but a candidate who cannot know in advance where life will take them still needs ECFVG to be safe everywhere, which preserves the trade-association program's de facto universality. Its clinical-year requirement also ties throughput to scarce seats at accredited schools.

[negotiated-rulemaking-higher-education-2025-26](#) (verified July 5, 2026).

⁴American Association of Veterinary State Boards, "PAVE — Program for the Assessment of Veterinary Education Equivalence" (structure; participating jurisdictions; standards and policies), <https://www.aavsb.org/pave> (verified July 5, 2026).

⁵American Veterinary Medical Association, "ECFVG Certification Program" (structure, steps, CPE; current fee schedule), <https://www.avma.org/education/ecfvg> (verified July 5, 2026).

The result is a system in which the association that represents the profession's incumbent practitioners also owns the only universally accepted gate for foreign-trained entrants — precisely the governance configuration that the May 2026 negotiated-rulemaking consensus on accretion conflict-of-interest identified as unacceptable in the parallel world of accreditation, and precisely the configuration the Department of Justice's December 2025 Statement of Interest in *Lincoln Memorial University (LMU) v. AVMA* has put under a federal spotlight⁶. Those characterizations of legal significance belong to the federal government and the litigants advancing them; the structural facts belong to everyone. One precision matters here: federal accreditation policy is moving toward separation from trade-association control — that is the direction of the Department of Education's own consensus record — and it governs federal recognition of accreditors, not state practice acts. The proposition of this paper is correspondingly narrower and entirely a matter for the states: veterinary licensure should adopt the same separation principle for its examination and credentialing gates.

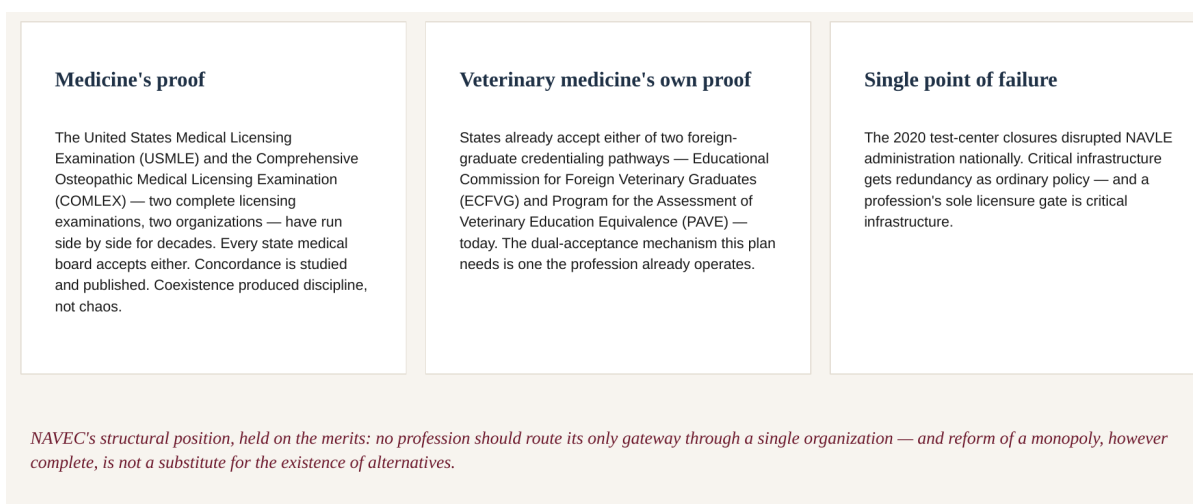


Figure 1. Two pathways is the norm across licensed professions — one universal gate is the anomaly.

2. The Human-Medicine Model

ECFMG's design is worth studying in detail because every hard problem in foreign-graduate credentialing has been solved there at scale.

Independence by construction. ECFMG was founded in 1956 as a freestanding nonprofit. Its governance draws trustees from a coalition of organizations across medicine — boards, educators, examiners — with no single association in control. In 2023 it reorganized with FAIMER under the Intealth umbrella, but the certification function's institutional independence from any one trade association has been the constant across seven decades.

⁶U.S. Department of Justice, Antitrust Division, Statement of Interest, *Lincoln Memorial University v. American Veterinary Medical Association*, No. 3:25-cv-00282 (E.D. Tenn., filed Dec. 15, 2025); press release and filing at <https://www.justice.gov/atr/case/lincoln-memorial-university-v-american-veterinary-medical-association> (verified July 5, 2026).

Primary-source verification at scale. ECFMG pioneered verifying every credential directly with the issuing institution — never accepting the candidate's copy as final — and built Electronic Portfolio of International Credentials (EPIC), the Electronic Portfolio of International Credentials, as reusable infrastructure. Eligibility is anchored to the World Directory of Medical Schools, which gives the system an authoritative, internationally maintained registry of recognized programs.

Reasonable candidate economics. ECFMG's application and verification fees run in the hundreds of dollars, with the substantial costs being the United States Medical Licensing Examination (USMLE) examination fees themselves. The certification overhead is a small fraction of what the veterinary pathway charges.

The 2021 lesson: the clinical bottleneck is a design choice. When the pandemic forced suspension of the USMLE Step 2 Clinical Skills examination — medicine's centralized, single-format clinical test — the profession discontinued it permanently and ECFMG replaced it with Pathways⁷: multiple validated routes to demonstrating clinical competence, including licensure in the home country and structured evaluations at accredited institutions. Medicine concluded that a centralized practical examination was not the only defensible way to verify clinical readiness. Veterinary medicine's CPE bottleneck persists not because the alternative is unknown, but because the incumbent has no structural reason to relieve it.

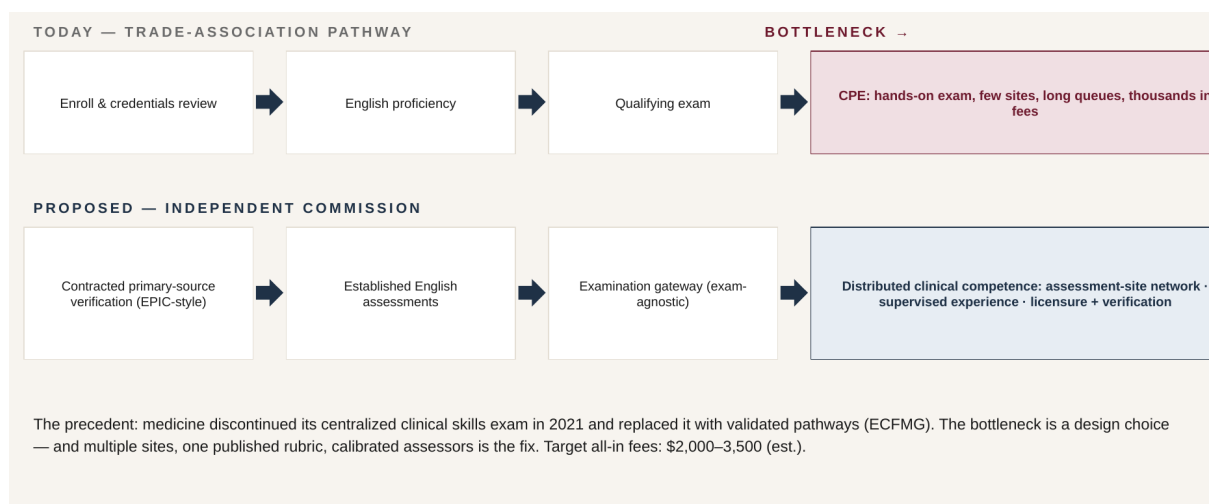


Figure 2. The credentialing pathway, redesigned on medicine's post-2021 evidence.

Adjacent models reinforce the pattern: CGFNS International has credentialed foreign-educated nurses through an independent commission since 1977, and the Federation of State Medical Boards' FCVS provides centralized, portable credentials verification owned by the boards' own federation. Independence, primary-source verification, and distributed clinical assessment are the proven architecture.

⁷USMLE, announcements suspending Step 2 CS (Mar. 16, 2020) and discontinuing it permanently (Jan. 26, 2021), <https://www.usmle.org/usmle-announcements> (verified July 5, 2026).

3. Governance Design

The Credentials Commission is chartered as an independent nonprofit with a governance structure designed to be capture-resistant from its first day.

Board composition — eleven seats: four representatives elected by participating state veterinary licensing boards; two public members with no financial interest in veterinary medicine, education, or credentialing; two veterinary academicians, at most one from any single institution; two practicing veterinarians, at least one an internationally trained licensee who came through a credentialing pathway; and one credentialing or measurement professional. Terms run three years, staggered, renewable once. The charter's entanglement clause — modeled deliberately on the conflict-of-interest provisions adopted in the May 2026 accreditation rulemaking consensus — prohibits any director from simultaneously holding a governance or senior staff position in a veterinary trade association, and prohibits the Commission from sharing personnel, facilities, or budget with any such association.

Reserved powers and transparency. Participating boards, assembled annually, ratify fee schedules and standards changes. The bylaws obligate publication of: an annual report with application volumes, processing times, certification rates, and aggregate outcomes by region of training; the complete fee schedule; audited financials; and every standards document a candidate needs to plan a pathway from abroad. Processing-time targets are published and performance against them reported — the discipline that queue-based systems only develop when someone must answer for the queue.

Active-supervision consciousness. As with the Examination Council proposed in this blueprint's companion paper, state-board participation in governance and ratification of standards is not decoration; it is the design feature that aligns the Commission with the supervision principles of *NC Dental* from birth.⁸

4. Operations Design

Credentials verification: contract, don't rebuild. Primary-source verification is a solved problem with existing infrastructure; the Commission's first operational decision is to purchase verification services from an established provider rather than reconstruct them — EPIC itself offers verification services beyond medicine, and CGFNS operates comparable capability. School recognition anchors to each country's governmental recognition and international listings, with a published Commission registry of recognized veterinary programs filling the role the World Directory plays in medicine.

⁸North Carolina State Board of Dental Examiners v. Federal Trade Commission, 574 U.S. 494 (2015), <https://supreme.justia.com/cases/federal/us/574/494/> (verified July 5, 2026).

English proficiency: established, widely available assessments with published score requirements — no bespoke instrument.

Scientific and clinical knowledge: the Commission certifies educational equivalence; the licensing examination remains whatever each jurisdiction requires. The design is deliberately examination-agnostic — it interoperates with the NAVLE today and with any successor instrument tomorrow, which is precisely why the credentialing and examination proposals are separable.

Clinical competence: the distributed model. Here the Commission departs most sharply from the incumbent design, on medicine's post-2021 evidence. Rather than one centralized practical examination at scarce sites, the Commission validates multiple routes: a structured clinical skills assessment administered at a network of participating veterinary schools under a common published rubric with trained, calibrated assessors; a supervised clinical experience route — an evaluated period in an accredited practice or teaching setting with standardized attestation; and a licensure-plus-verification route for experienced practitioners licensed in comparable regulatory systems. Every route is published, criterion-referenced, and reported on annually. Distribution is the capacity fix: a network of sites, each handling modest volume, replaces a queue at few sites — and the assessment rubric, not the building, carries the standard.

Candidate economics. Target all-in Commission fees (application, verification, clinical-competence assessment) in the **\$2,000–\$3,500 range** — a fraction of the incumbent pathway's all-in cost — with the published fee schedule and the reasoning behind it a bylaw obligation. These are design targets, stated as estimates, to be validated in Phase 0.

5. Execution Plan and Budget

Phase 0 — Charter (months 1–8): \$150,000–\$300,000. Convene founding boards; incorporate; adopt bylaws and entanglement clause; negotiate the verification-services contract; publish draft standards for comment.

Phase 1 — Pilot (months 6–24): \$650,000–\$1.2 million. Stand up the recognized-programs registry; execute verification contracting; recruit and calibrate the first three to five clinical-assessment sites; run a pilot cohort of 50–150 candidates end-to-end; publish the first annual report on their outcomes and processing times. Core staff through the pilot: an executive director, a credentialing operations lead, and a standards/assessment lead, with legal and measurement expertise contracted.

Phase 2 — Self-funding. Lean steady state — four to five staff, contracted verification and assessment-site payments, audit and systems — runs an estimated **\$1.0–1.5 million annually**. At fees averaging \$2,500, operational break-even sits near **450–600 candidates**

per year; ECFVG and PAVE combined volumes, and the workforce-driven growth in international interest, make that a modest share of a growing pool. Assessment-site payments scale with volume, so the cost base flexes with demand — the structural reason a credentialing commission self-funds earlier and at lower volume than an examination organization.

Combined capital to reach self-funding: approximately \$0.8–1.5 million. Sized, deliberately, for a small consortium of foundations or state contributions — with the same rule as the companion proposal: no single funder positioned to dominate governance.

6. Continuity for Foreign Graduates Under a Sudden Stop

If enforcement action or institutional failure were to halt the ECFVG pathway abruptly, the foreign-graduate bridge is materially easier than the examination problem — because the alternative already exists. PAVE is operating today, run by the state boards' own association, and is already accepted in a substantial set of U.S. jurisdictions and by Canadian regulators. For the remaining states, extending PAVE acceptance is an ordinary regulatory act — a board rule amendment or, where needed, the same emergency rulemaking machinery that state administrative procedure acts provide for exactly these circumstances, effective immediately and renewable. No new institution must exist before the bridge carries weight.

Candidates mid-pipeline in ECFVG at the moment of a stop are handled by evidence, not by starting over: completed milestones — credentials verification, English proficiency, qualifying examination results — are documented facts that boards can recognize under emergency or standing rules as satisfying the corresponding PAVE or state requirements, with only genuinely unmet components remaining. The Credentials Commission described in this paper then proceeds on its own Phase 0–2 schedule without being schedule-critical: PAVE carries the interim load, and the Commission's arrival adds the governance, cost, and distributed clinical-competence improvements this paper argues for, rather than racing to prevent a gap. The one component requiring active management is clinical-skills assessment capacity for candidates who were queued for the CPE; here the distributed-site model in Section 4 is not merely the long-term design but the emergency answer, since the first three to five calibrated school sites of the pilot phase can absorb a displaced queue faster than any single centralized facility could be replaced.

The bottom line mirrors the companion paper's: a sudden stop of the foreign-graduate pathway strands no one whose record is already made, bridges everyone else through machinery that exists in law today, and is relieved permanently by an institution whose blueprint is in hand.

7. What NAVEC Contributes — and What It Does Not

The blueprint, the research beneath it, the convening of first conversations, and continued outside monitoring — applied as rigorously to the Commission as to the incumbents. No seat, no veto, no contract, no financial interest. The entanglement clause binds NAVEC's absence into the charter as firmly as it binds the trade associations'.

8. Risks and Objections

"Distributed assessment is less rigorous than a centralized practical exam." The rubric, calibration, and published outcome data carry the rigor, not the centralization — and medicine's decision to discontinue its centralized clinical examination entirely, replacing it with validated pathways, is the strongest available evidence that the profession-wide consensus on this question has already moved. The Commission publishes inter-site consistency data annually; the incumbent CPE publishes no equivalent.

"A second universal pathway fragments standards." Two programs already exist; what is missing is universality outside the trade association's program. The Commission's offer to boards is a pathway with *their* governance, published standards, and audited performance — convergence on a better-governed standard, not fragmentation.

Adoption risk. As with any successor institution, the first jurisdictions are the hardest. The mitigations are the pilot's published outcomes, the deliberately low candidate cost, the boards' own seats at the table — and the fact that every state already exercising discretion to accept PAVE alongside ECFVG has demonstrated the regulatory mechanism this Commission needs.

Capacity honesty. A pilot of 50–150 candidates does not relieve a multi-year queue overnight. The design scales because sites are added, not enlarged — but the first two years are proof-of-concept, not rescue, and should be described that way.

9. Conclusion

The question this paper answers is narrow and practical: what should exist alongside the profession's foreign-graduate gate, who should govern it, and what would it cost? The answers — an independent commission on the model medicine has run since 1956, governed by the licensing boards and the public with trade-association entanglement prohibited by charter, operating a distributed clinical-competence model at a candidate cost measured in the low thousands, self-funding at a few hundred candidates a year — are neither radical nor expensive. They are the ordinary machinery of a profession that wants its standards trusted. Reform by the incumbent is welcome — and beside the point. No profession should route its

only universal foreign-graduate gateway through a single organization, whatever that organization's future conduct. This paper is the alternative, fully drawn. It should now be built.

Working designations used throughout ("the Credentials Commission") are placeholders; naming, incorporation, and final governance decisions belong to the founders. Program descriptions of ECFVG and PAVE reflect their published standards and policies as of mid-2026; fee and timeline characterizations are drawn from published schedules and are stated as approximations. Characterizations of legal significance are attributed to the federal government and litigants advancing them; nothing herein asserts legal conclusions as NAVEC's own findings.