



NORTH AMERICAN VETERINARY ETHICS COUNCIL

A NAVEC Workforce Study

Reform on the Medical Model

**How Adopting Human-Medicine Policies Would End
the Veterinary Shortage**

Thesis: the veterinary shortage is not an accident of demand. It is the engineered result of a credentialing architecture built to restrict supply — three gates that human medicine long ago learned to open.

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Abstract

Every public number in this report is one of NAVEC’s own published figures. The United States is roughly **25 percent short** of the veterinarians it needs — it has only about three-quarters of them — and the gap widens every year.¹ About **372 million** animals depend on that workforce. Roughly **3,400** new veterinarians graduate each year while more than **250 a month** — over 3,000 a year — retire or leave. Slightly more enter than leave, so the workforce inches upward; the catch is that needs-based demand grows several times faster, so the country falls thousands of veterinarians further behind every year even as the headcount rises — a shortfall already in the tens of thousands, widening toward 83,000 by 2031.²

This report argues that the shortage is not an accident of demand. It is the *engineered* result of a credentialing architecture built to restrict supply — three gates that a market-driven human-medicine system long ago learned to open. At the **first gate**, a single accreditor decides who may open a veterinary school: America opens about **two new medical schools a year**, decade after decade, but only about **five new veterinary schools a decade**.³ At the **second gate**, one private organization owns and runs the only licensing exam, with no government oversight, no audit, and no appeal.⁴ At the **third gate**, a foreign-trained veterinarian faces a

¹NAVEC, “The Crisis,” navec.org, drawing on NAVEC analysis of American Veterinary Medical Association (AVMA), U.S. Department of Agriculture (USDA), and Mars Veterinary Health data: approximately 372 million animals in the United States depend on veterinary care; the profession holds roughly three-quarters of the veterinarians it needs (about 25 percent short) and the gap widens annually; more than 250 veterinarians retire or leave the profession each month; and with every veterinarian who departs, on the order of 2,100 animals lose access to care. Source: [NAVEC: The Crisis](#). The needs-based reconstruction behind “25 percent short” is detailed in NAVEC Report No. 1.

²NAVEC, “The Crisis”: roughly 3,400 new veterinarians graduate each year against more than 250 departures a month (over 3,000 a year). Slightly more enter than leave, so the headcount grows marginally — under half a percent a year; the workforce is not shrinking. The shortage widens nonetheless because needs-based demand grows several times faster (about three percent a year): the profession adds people, but far too slowly to keep pace, and the growth it does add concentrates in metro companion-animal practice while rural and food-animal work collapses. See NAVEC Report No. 1 for the underlying need-based trajectory — a shortfall near 37,000 today widening toward 83,000 by 2031. Source: [NAVEC: The Crisis](#).

³NAVEC, “The Crisis”: the United States opens roughly two new medical schools a year, decade after decade, against about five new veterinary schools per decade. The body that accredits every U.S. veterinary school is appointed by the existing institutions, and schools already operating hold half the votes; opening a new veterinary college can take a decade or more, advancing through stages a twice-yearly council can defer or deny at any point. For decades the country has had only about 34 accredited veterinary colleges, all solely accredited by the AVMA Council on Education. Source: [NAVEC: The Crisis](#).

⁴NAVEC Report No. 2, *The Gatekeeper No One Can Audit*, and NAVEC, “The Crisis”: the North American Veterinary Licensing Examination (NAVLE) is owned and run by one private organization, the International Council for Veterinary Assessment (ICVA, EIN 36-3992537). No government body oversees it; no regulator audits it; there is no appeal. ICVA reserves the right to cancel or invalidate a passing score at its own “sole judgment,” and bars candidates from discussing exam content “through any medium existing today or invented in the future,” with authority to require surrender of personal devices. Source: [NAVEC: The Crisis](#).

four-step gauntlet ending in a three-day hands-on surgery exam no U.S. graduate ever takes — so about **168** enter each year, against **9,682** internationally trained physicians who entered medicine in 2026.⁵

Human medicine faced the same challenge and made the opposite choice at every gate: competing accreditors, a scalable national credential for foreign graduates, and the elimination of its own hands-on bottleneck exam in 2021. The policy fix is therefore not speculative — it is observed, next door, in the larger and higher-stakes profession. This report sets out what each gate costs, what the medical model does instead, and an illustrative year-by-year path on which reform closes the gap without overshooting into surplus. One myth is dispatched along the way: veterinarians are *not* underpaid — current associate pay is high and rising, which is itself a market signal of scarcity, not surplus.

1. The Shortage Reaches Every American

This is not only a problem for veterinarians. It is a crisis for pets, families, farms, the food supply, and the animals with no one left to help them. Begin where the public-health stakes are highest. **Three of every four** new or emerging infectious diseases in people come from animals, and the veterinarians who watch for them — in slaughter plants, feedlots, diagnostic labs, and ports — are the early-warning system for the next outbreak.⁶ That system is thinning. Federal meat-inspection veterinarian vacancies have run between 11 and 19 percent for a decade, reaching about 23 percent in some districts; a veterinarian is legally required before federally inspected meat, poultry, or eggs can reach a table.⁷

On the farm, the collapse is starker still. NAVEC estimates an **approximately 90 percent** collapse in America's large-animal and livestock veterinary workforce relative to need; food-animal veterinarians are now only about 3.4 percent of the profession.⁸ The USDA designated a record **243** rural veterinary shortage areas

⁵NAVEC, "The Crisis": internationally trained veterinarians face a four-step process ending in a three-day hands-on surgical-skills examination no U.S. graduate ever takes, offered at just two sites, with roughly 248 new-candidate seats a year, for a \$12,804 fee — so only about 168 make it through annually. By contrast, 9,682 internationally trained physicians entered the U.S. pipeline in 2026. Source: [NAVEC: The Crisis](#).

⁶U.S. Centers for Disease Control and Prevention (CDC), One Health: more than 6 of every 10 known infectious diseases in people can spread from animals, and 3 of every 4 new or emerging infectious diseases in people come from animals. Veterinarians are front-line surveillance for zoonotic threats, including highly pathogenic avian influenza. Source: [CDC: zoonotic diseases \(One Health\)](#).

⁷National Association of Federal Veterinarians and FSIS reporting, via NAVEC Report No. 1: Food Safety and Inspection Service public-health-veterinarian vacancies have run 11–19 percent nationally for roughly a decade (up to about 23 percent in some districts); a recent FSIS report to the Senate cited 19 percent. FSIS veterinarians are legally required for inspection at every federally inspected meat, poultry, and egg establishment. Source: [NAFV: federal veterinary workforce](#).

⁸NAVEC, "The Crisis": an approximately 90 percent collapse in America's large-animal and livestock veterinary workforce. Food-animal veterinarians are only about 3.4 percent of the profession (3,424 of 130,415 in 2024, AVMA), and the decline in rural food-animal practice is widely documented. Source: [NAVEC: The Crisis](#); [USDA/AVMA: rural & food-animal shortages](#).

across 46 states in 2025 — counties where a sick herd may be a day’s drive from the nearest practitioner.⁹

For families, the shortage arrives as a closed door and a rising bill. Roughly **75 million** U.S. pet owners skipped needed care as costs rose and local clinics closed, and more than **half** of access-to-care clinics report appointment delays of two months or more.¹⁰ When care is delayed or priced out, animals suffer and some are surrendered: approximately **607,000** shelter animals were euthanized in 2024 as shelters reported critical veterinarian shortages.¹¹

And the pipeline meant to refill the workforce is too narrow to hold the line. About **3,400** new veterinarians graduate each year — barely enough to cover the 3,000-plus who retire or leave, and nowhere near enough to meet rising demand or close the existing gap.¹² The sections that follow show that this narrowness is not natural. It is built.

<p>PETS & FAMILIES</p> <p>75 million</p> <p>pet owners skipped needed care as costs rose</p>	<p>ACCESS</p> <p>50%+</p> <p>of clinics report waits of two months or more</p>	<p>FARMS & FOOD</p> <p>90%</p> <p>collapse in the large-animal workforce</p>
<p>PUBLIC HEALTH</p> <p>3 of 4</p> <p>new human diseases come from animals</p>	<p>ANIMALS</p> <p>607,000</p> <p>shelter animals euthanized in 2024</p>	<p>THE PIPELINE</p> <p>3,400</p> <p>new veterinarians graduate a year</p>

⁹USDA NIFA Veterinary Medicine Loan Repayment Program: a record 243 designated rural veterinary shortage areas across 46 states in 2025, beef cattle most often the species in greatest need; the program funds only about 65 awards a year against far greater need. Source: [AVMA: 243 shortage areas, 46 states](#).

¹⁰NAVEC, “The Crisis”: roughly 75 million U.S. pet owners skipped needed care as costs rose and local clinics closed, and more than half of access-to-care clinics report appointment delays of two months or more. Consistent with the PetSmart Charities–Gallup *State of Pet Care Study* (April 16, 2025): 52 percent of owners skipped or declined recommended care in the prior year — 71 percent of them citing cost — with an estimated 50 million pets lacking access to adequate care. Source: [NAVEC: The Crisis](#); [Gallup: owners skipped/declined care](#).

¹¹NAVEC, “The Crisis”: approximately 607,000 shelter animals were euthanized in 2024 as shelters reported critical veterinarian shortages. Source: [NAVEC: The Crisis](#).

¹²NAVEC, “The Crisis”: roughly 3,400 new veterinarians graduate each year against more than 250 departures a month (over 3,000 a year). Slightly more enter than leave, so the headcount grows marginally — under half a percent a year; the workforce is not shrinking. The shortage widens nonetheless because needs-based demand grows several times faster (about three percent a year): the profession adds people, but far too slowly to keep pace, and the growth it does add concentrates in metro companion-animal practice while rural and food-animal work collapses. See NAVEC Report No. 1 for the underlying need-based trajectory — a shortfall near 37,000 today widening toward 83,000 by 2031. Source: [NAVEC: The Crisis](#).

2. The Scale, and the Simple Arithmetic

Strip the debate to its plainest numbers. About **372 million** animals in America depend on veterinary care. The profession has only **three-quarters** of the veterinarians it needs — it is about **25 percent short** — and the gap widens every year.¹³ In the units NAVEC’s need-based assessment uses, that is a 2026 shortfall on the order of **37,000** full-time veterinarians, defensible from a conservative floor near 24,000 up toward 40,000, and widening toward **83,000 by 2031** on current trends — because needs-based demand grows about three percent a year while the work the existing workforce can deliver grows barely one percent.¹⁴

<p>THE SCALE</p> <p>372 million</p> <p>animals depend on veterinary care</p>	<p>THE GAP</p> <p>25% short</p> <p>only three-quarters of the vets needed</p>
<p>ATTRITION</p> <p>250+ / month</p> <p>veterinarians retire or leave</p>	<p>PER DEPARTMENTURE</p> <p>2,100 pets</p> <p>lose access per vet who departs</p>

Why a growing workforce still loses ground

Here is the fact that most confuses this debate, and it deserves to be met head-on: slightly more veterinarians enter the profession each year than leave it. About **3,400** graduate; more than **250 a month** — over 3,000 a year — retire or leave. The workforce is *not shrinking*. It grows — by a few hundred a year, under half a percent. That marginal growth is precisely the problem. Needs-based demand for veterinary care grows several times faster, on the order of three percent a year, so a workforce inching upward still falls thousands of veterinarians further behind annually. This is why the gap compounds from about 37,000 today toward 83,000 by 2031: not

¹³NAVEC, “The Crisis,” navec.org, drawing on NAVEC analysis of American Veterinary Medical Association (AVMA), U.S. Department of Agriculture (USDA), and Mars Veterinary Health data: approximately 372 million animals in the United States depend on veterinary care; the profession holds roughly three-quarters of the veterinarians it needs (about 25 percent short) and the gap widens annually; more than 250 veterinarians retire or leave the profession each month; and with every veterinarian who departs, on the order of 2,100 animals lose access to care. Source: [NAVEC: The Crisis](#). The needs-based reconstruction behind “25 percent short” is detailed in NAVEC Report No. 1.

¹⁴NAVEC, Workforce & Access Research Series Report No. 1, *The Veterinary Shortage: A Need-Based Assessment* (June 2026): a 2026 shortfall equal to roughly 37,000 full-time veterinarians, with a defensible band from a conservative floor near 24,000 to a needs-based figure near 40,000, widening toward 83,000 by 2031 as needs-based demand grows about three percent a year while the work the existing workforce can deliver grows barely one percent net. Expressed as a share of need, this is the “about 25 percent short” headline; the active-veterinarian base is approximately 127,131 (end-2023, AVMA). Source: [NAVEC: The Crisis](#).

because the profession is losing people, but because it is adding them far too slowly to keep pace with what 372 million animals require.¹⁵

And that marginal growth is worth even less than it looks, for two reasons the raw counts hide. First, it is badly maldistributed: the gains concentrate in metropolitan companion-animal practice while rural, food-animal, and public-health veterinary work collapses — the 90 percent large-animal decline and the 243 federal shortage areas of Section 1 are that same workforce, simply absent where it is needed most. Second, a growing share of those veterinarians has shifted out of stable, permanent practice into relief (locum) work: the relief share rose from 6 percent in 2023 to 9.1 percent in 2024, with more than 20,000 professionals on a single relief platform and rates near \$144 an hour, 1.5 to 2 times a loaded associate. Relief is a distress signal, not spare capacity — hours withdrawn from the clinics that need a permanent veterinarian.¹⁶ Set against all of this, every veterinarian who leaves a community without a replacement strips care from roughly **2,100** animals — the cost of the gap measured in thousands of unseen patients, not one empty chair.¹⁷

The profession's largest trade association reads the same landscape and reaches the opposite conclusion: that there is no shortage, that companion-animal veterinarians will grow more than 20 percent (from about 80,000 to more than 98,000) by 2030, and that its commissioned analysis "do[es] not justify a conclusion of overall excess capacity or capacity shortage by 2030 or 2035." NAVEC Report No. 1 prints the corollary forecast of a roughly 8,200-veterinarian *surplus* by 2030. That projection is increasingly hard to reconcile with a record 243 USDA shortage areas, chronic federal-inspection vacancies, relief labor at all-time highs, and 75 million owners

¹⁵NAVEC, "The Crisis": roughly 3,400 new veterinarians graduate each year against more than 250 departures a month (over 3,000 a year). Slightly more enter than leave, so the headcount grows marginally — under half a percent a year; the workforce is not shrinking. The shortage widens nonetheless because needs-based demand grows several times faster (about three percent a year): the profession adds people, but far too slowly to keep pace, and the growth it does add concentrates in metro companion-animal practice while rural and food-animal work collapses. See NAVEC Report No. 1 for the underlying need-based trajectory — a shortfall near 37,000 today widening toward 83,000 by 2031. Source: [NAVEC: The Crisis](#).

¹⁶AVMA 2024 Census and Roo platform data, via NAVEC Report No. 1: the relief (locum) share of private-practice veterinarians rose from 6 percent (2023) to 9.1 percent (2024); Roo reports more than 20,000 veterinary professionals on its platform. Relief labor is withdrawn from stable, permanent hiring — a distress signal, not spare capacity. The national average relief rate was about \$144/hour in 2024 (about \$1,290 per nine-hour shift), roughly 1.5 to 2 times a fully loaded employed associate. Source: [Roo: relief platform scale](#).

¹⁷NAVEC, "The Crisis," [navec.org](#), drawing on NAVEC analysis of American Veterinary Medical Association (AVMA), U.S. Department of Agriculture (USDA), and Mars Veterinary Health data: approximately 372 million animals in the United States depend on veterinary care; the profession holds roughly three-quarters of the veterinarians it needs (about 25 percent short) and the gap widens annually; more than 250 veterinarians retire or leave the profession each month; and with every veterinarian who departs, on the order of 2,100 animals lose access to care. Source: [NAVEC: The Crisis](#). The needs-based reconstruction behind "25 percent short" is detailed in NAVEC Report No. 1.

going without care.¹⁸ When a model predicts surplus while the country runs out of veterinarians, the place to look is not demand. It is the gates that control supply.

3. An Engineered Shortage: Three Gates

A profession's size is set by how many people are permitted to enter it. In veterinary medicine, entry runs through three gates, and a single professional establishment holds the key to all three. The **first gate** controls who may even open a school to train new veterinarians. The **second gate** controls the one examination every entrant must pass. The **third gate** controls whether a veterinarian already trained and practicing abroad may be allowed in. Narrow any one of them and the workforce shrinks; narrow all three and a shortage becomes structural — immune to the market signals that, in an open profession, would have called forth new supply years ago.

The crucial comparison is not veterinary medicine against an ideal. It is veterinary medicine against *human* medicine — a larger, higher-stakes, life-and-death profession that faced the same shortage pressures and made the opposite choice at every gate. Where veterinary medicine concentrated each decision in one body, medicine dispersed it; where veterinary medicine kept a hands-on bottleneck, medicine removed it; where veterinary medicine recognizes no credential but its own, medicine built a scalable one. The result is the contrast this report quantifies gate by gate. The reform is therefore not a leap into the unknown. It is the adoption of policies already working, at scale, in the profession next door.

A note on intent. None of what follows requires assuming bad faith. A structure in which incumbents largely govern their own competition will tend to restrict supply *even when every individual acts in good faith* — which is exactly why the remedy is structural, not personal. The U.S. Department of Justice made the same point in December 2025 when it advised a federal court that professional accreditation societies “cannot erect anticompetitive hurdles” that reduce competition by restricting the number of providers.¹⁹

¹⁸The AVMA's position, from its commissioned Brakke/Volk analysis, is that there is no shortage: companion-animal veterinarians will grow more than 20 percent (from about 80,000 to more than 98,000) between 2022 and 2030, and “the projections in this analysis do not justify a conclusion of overall excess capacity or capacity shortage by 2030 or 2035.” NAVEC Report No. 1 prints the corollary that the same body has forecast a surplus of roughly 8,200 companion-animal veterinarians by 2030 — a conclusion increasingly at odds with a record 243 USDA shortage areas, chronic FSIS vacancies, surging relief labor, and families unable to obtain or afford care. Source: [AVMA: no dire shortage anticipated \(Brakke\)](#).

¹⁹U.S. Department of Justice, Antitrust Division, Statement of Interest in *Lincoln Memorial University v. American Veterinary Medical Association*, No. 3:25-cv-00282 (E.D. Tenn.), Dec. 15, 2025: professional accreditation societies, like the AVMA, “cannot erect anticompetitive hurdles” that reduce competition by restricting the number of veterinary providers, noting the country has had “only about 34 accredited veterinary colleges, all solely accredited by the AVMA.” The Department took no position on the specific allegations; the filing is procedural, not a ruling, but confirms the structural concern is recognized at the highest level. Source: [DOJ press release](#).

4. The First Gate: Who May Open a School

The most direct way to limit a workforce is to limit the schools that train it — and in veterinary medicine, one body decides. Every U.S. veterinary college is accredited by a single accreditor, a council of the AVMA, with no competitor and no appeal, and it recognizes no one else’s accreditation even abroad: a foreign school counts only if the AVMA itself accredited it. Opening a new veterinary school can take a decade or more, advancing through stages a twice-yearly council can defer or deny at any point — and the school now challenging the AVMA in federal court alleges the standards were reinterpreted mid-process.²⁰

Human medicine made the opposite choice. A university opening a medical school chooses between **two competing accreditors** (the LCME for M.D. programs, COCA for D.O. programs), and licensure does not even require a U.S.-accredited school: internationally trained physicians qualify through schools recognized by a wide range of accreditors worldwide. The power to accredit is dispersed and held at arm’s length from the trade associations.²¹ The visible consequence is a chasm of pace:

<p>MEDICINE</p> <p>~2 / year</p> <p>new medical schools open, decade after decade</p>	<p>VETERINARY MEDICINE</p> <p>5 / decade</p> <p>new veterinary schools open</p>
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America opens roughly **two new medical schools a year, decade after decade**. Veterinary medicine opens about **five a decade**. The country has had only about 34 accredited veterinary colleges for a generation. That is not a difference in demand to study — veterinary applicants outnumber first-year seats about 2.4 to 1, a ratio flat

²⁰NAVEC, “The Crisis”: the United States opens roughly two new medical schools a year, decade after decade, against about five new veterinary schools per decade. The body that accredits every U.S. veterinary school is appointed by the existing institutions, and schools already operating hold half the votes; opening a new veterinary college can take a decade or more, advancing through stages a twice-yearly council can defer or deny at any point. For decades the country has had only about 34 accredited veterinary colleges, all solely accredited by the AVMA Council on Education. Source: [NAVEC: The Crisis](#).

²¹In human medicine the power to accredit is divided and held at arm’s length from the trade associations: M.D. programs answer to the Liaison Committee on Medical Education (LCME), D.O. programs to the Commission on Osteopathic College Accreditation (COCA), and residency to the Accreditation Council for Graduate Medical Education (ACGME), all under U.S. Department of Education recognition. Licensure does not require a U.S.-accredited school: internationally trained physicians qualify through schools recognized in the World Directory of Medical Schools. The country has on the order of 200 medical schools and adds them steadily. Source: [AAMC: medical school accreditation \(LCME\)](#).

since 2020, with a record 12,300 applications in 2025.²² It is a difference in who is permitted to build the next school.

Why the structure restricts supply even in good faith

The mechanism is in the governance. The body that accredits every U.S. veterinary school is appointed by the existing institutions, and the schools already operating hold **half the votes**. Even with the best intentions, that is a structure in which expansion is easy to slow and hard to speed up: the incumbents who would face new competition from a new school sit on the body that decides whether it opens.²³ This is the precise configuration antitrust law treats with suspicion, and in December 2025 the Department of Justice told a federal court so directly, warning that accreditation societies like the AVMA “cannot erect anticompetitive hurdles” that reduce competition by restricting the number of veterinary providers — noting the country has had “only about 34 accredited veterinary colleges, all solely accredited by the AVMA.” The Department took no position on the specific allegations, but its filing confirms the structural concern is recognized at the highest level.²⁴

5. The Second Gate: One Organization Controls the Exam

Suppose a candidate clears the first gate — gets into one of the few schools and graduates. A second gate remains, and it is owned by a single private party. Before anyone may practice veterinary medicine in the United States or Canada, they must pass one examination, the NAVLE. It is owned and run by one private organization, the International Council for Veterinary Assessment (ICVA). **No government body oversees it. No regulator audits it. There is no appeal.**²⁵

²²AAVMC 2024–2025 Annual Data Report, via NAVEC Report No. 1: the national applicant-to-first-year-seat ratio is about 2.4 and has been flat since 2020, even as total applications reached a record of roughly 12,300 in 2025 — durable evidence of demand to enter the profession. Faculty headcount has been essentially flat for a decade (about 4,647 positions in 2025) against roughly 37 percent enrollment growth, making faculty — not applicant interest — the binding domestic constraint, and the exam-scalable foreign gateway the fastest near-term lever. Source: [AAVMC public data](#).

²³NAVEC, “The Crisis”: the United States opens roughly two new medical schools a year, decade after decade, against about five new veterinary schools per decade. The body that accredits every U.S. veterinary school is appointed by the existing institutions, and schools already operating hold half the votes; opening a new veterinary college can take a decade or more, advancing through stages a twice-yearly council can defer or deny at any point. For decades the country has had only about 34 accredited veterinary colleges, all solely accredited by the AVMA Council on Education. Source: [NAVEC: The Crisis](#).

²⁴U.S. Department of Justice, Antitrust Division, Statement of Interest in *Lincoln Memorial University v. American Veterinary Medical Association*, No. 3:25-cv-00282 (E.D. Tenn.), Dec. 15, 2025: professional accreditation societies, like the AVMA, “cannot erect anticompetitive hurdles” that reduce competition by restricting the number of veterinary providers, noting the country has had “only about 34 accredited veterinary colleges, all solely accredited by the AVMA.” The Department took no position on the specific allegations; the filing is procedural, not a ruling, but confirms the structural concern is recognized at the highest level. Source: [DOJ press release](#).

²⁵NAVEC Report No. 2, *The Gatekeeper No One Can Audit*, and NAVEC, “The Crisis”: the North American Veterinary Licensing Examination (NAVLE) is owned and run by one private organization,

The terms of that control are unusual for a credential of such consequence. ICVA reserves the right to cancel or invalidate a passing score at its own **“sole judgment,”** with no independent appeal. It bars candidates from discussing exam content “through any medium existing today or invented in the future,” and may require them to surrender personal devices — a **gag rule** of striking breadth. And the examination is a growing business: ICVA’s revenue **nearly doubled in five years, from about \$5.3 million to \$10.15 million**, funded almost entirely by candidate fees — in a structure where every retake generates another.²⁶

<p>NO APPEAL</p> <p>“Sole judgment”</p> <p>to cancel or invalidate a passing score, with no independent appeal</p>	<p>SILENCE</p> <p>Gag rule</p> <p>barred from discussing content by any medium; devices may be surrendered</p>	<p>REVENUE</p> <p>\$5.3M → \$10.15M</p> <p>candidate-funded; revenue nearly doubled in five years</p>
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The concerns are documented, and they come from more than one direction. A public petition signed by more than **1,200** candidates, veterinarians, and educators reports confusing and poorly written questions, content that does not match the published blueprint, and questions with no defensible correct answer. A national plaintiffs’ law firm has alleged the exam is “potentially anticompetitive, fraudulent, and discriminatory,” including third-party allegations that outcomes differ across groups of similarly prepared candidates, and the national veterinary press has reported the same pattern.²⁷

No state board or independent body has ever conducted a forensic audit of the exam’s scoring, or even seen ICVA’s raw item-level data, score-production logs, or invalidation records. After the legal notice, ICVA reset its retake policy — five new attempts for every candidate, prior attempts erased — saying the change rested on “a comprehensive review of candidate feedback and NAVLE data” it has not

the International Council for Veterinary Assessment (ICVA, EIN 36-3992537). No government body oversees it; no regulator audits it; there is no appeal. ICVA reserves the right to cancel or invalidate a passing score at its own “sole judgment,” and bars candidates from discussing exam content “through any medium existing today or invented in the future,” with authority to require surrender of personal devices. Source: [NAVEC: The Crisis](#).

²⁶NAVEC Report No. 2 and ICVA IRS Form 990 (EIN 36-3992537), via ProPublica Nonprofit Explorer: ICVA revenue rose from about \$5.3 million to \$10.15 million across five years — nearly doubling — funded almost entirely by candidate fees, in a structure where every retake generates additional revenue. Source: [ProPublica: ICVA Form 990](#).

²⁷NAVEC, “The Crisis,” and Report No. 2: a public petition signed by more than 1,200 candidates, veterinarians, and educators reports confusing, poorly written questions, content that does not match the published blueprint, and questions with no defensible correct answer; a national plaintiffs’ law firm has alleged the exam is “potentially anticompetitive, fraudulent, and discriminatory.” No state board or independent body has ever conducted a forensic audit of the exam’s scoring. After a legal notice, ICVA reset its retake policy to five fresh attempts for every candidate (prior attempts erased), citing a “comprehensive review of candidate feedback and NAVLE data” it has not released; its announced independent audit has no clear public scope and is managed through ICVA’s own law firm. Source: [NAVEC: The Crisis](#).

released. It has since announced an independent audit, but with no clear public scope, managed through ICVA's own law firm, which raises the question of how much will ever be disclosed.²⁸

One need not assume the worst. Because ICVA discloses so little, the allegations are impossible to refute — and that is the point. It is what predictably happens when a single organization controls a high-stakes exam with no outside oversight, no appeals, and no obligation to show its work: questions go unanswered and errors go uncorrected. The effect on the shortage is concrete. The ultimate pass rate for seniors of accredited schools runs near 89 percent, but for the non-accredited-school cohort — the internationally trained graduates the country most needs — it was roughly **37.5 percent** in the most recent cycle. A gate that opaque, failing that many of exactly the candidates who could relieve the shortage, is not a neutral quality check. It is a supply constraint that no one outside ICVA can inspect.²⁹

6. The Third Gate: The Door for Foreign-Trained Veterinarians

The fastest way to relieve any professional shortage is to admit qualified people who are already trained. Tens of thousands of veterinarians practice competently abroad. The third gate decides how many may help here — and it is the narrowest of the three. An internationally trained veterinarian faces a four-step certification process ending in a **three-day, hands-on surgical-skills examination that no U.S. graduate ever takes**. It is offered at just **two sites**, with roughly **248 new-candidate seats a year**, for a **\$12,804** fee — a fee that has climbed from \$7,630, with total credentialing costs commonly estimated near \$20,000–\$22,000.³⁰

²⁸NAVEC, “The Crisis,” and Report No. 2: a public petition signed by more than 1,200 candidates, veterinarians, and educators reports confusing, poorly written questions, content that does not match the published blueprint, and questions with no defensible correct answer; a national plaintiffs’ law firm has alleged the exam is “potentially anticompetitive, fraudulent, and discriminatory.” No state board or independent body has ever conducted a forensic audit of the exam’s scoring. After a legal notice, ICVA reset its retake policy to five fresh attempts for every candidate (prior attempts erased), citing a “comprehensive review of candidate feedback and NAVLE data” it has not released; its announced independent audit has no clear public scope and is managed through ICVA’s own law firm. Source: [NAVEC: The Crisis](#).

²⁹ICVA NAVLE results, via NAVEC Reports No. 1 and No. 2: in the 2024–2025 cycle the non-accredited-school examinee group numbered 1,773 with roughly 665 passing (~37.5 percent), versus an ultimate pass rate near 89 percent for seniors of AVMA-accredited schools — a gap large enough to demand scrutiny of the examination itself. Source: [ICVA NAVLE](#).

³⁰AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG): the Clinical Proficiency Examination (CPE) runs at only two sites — Mississippi State University and the Viticus Group (Las Vegas) — with roughly 570 testing slots a year, a majority reserved for retakes, leaving on the order of 248–256 for new candidates against more than 2,000 active candidates. The 2026 CPE fee is \$12,804, up from \$7,630; commentators estimate total ECFVG credentialing cost approaching \$20,000–\$22,000 (a trade estimate, not an AVMA-published total). ECFVG issues roughly 210 certificates a year; PAVE (AAVSB) issued 53 in 2023, its most recent published figure. Source: [AVMA: ECFVG CPE candidate bulletin](#); [Vet Candy: the CPE fee jump](#).

The result of that funnel is a trickle. Only about **168** internationally trained veterinarians make it through per year. Set that beside the profession next door: in 2026, **9,682** internationally trained physicians entered the U.S. medical pipeline. It is now meaningfully easier for an internationally trained *doctor* to be licensed to treat *people* than for an internationally trained *veterinarian* to be licensed to treat *pets*.³¹

<p>MEDICINE</p> <p>9,682</p> <p>internationally trained doctors entered the U.S. pipeline in 2026</p>	<p>VETERINARY MEDICINE</p> <p>168</p> <p>internationally trained veterinarians enter each year</p>
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Read the bottleneck as plumbing. Two test sites and about 248 seats cannot clear a standing queue of more than 2,000 active candidates, so the wait lengthens and the queue compounds; a three-day live-animal surgery exam — a format medicine abandoned — is expensive to scale and inherently capacity-limited; and a five-figure fee filters by wealth rather than competence. None of these is a measure of whether a candidate can safely practice. Each is a measure of how few the system is built to admit. The gate is not screening for quality so much as rationing for scarcity — and the scarcity it rations is the very shortage the country is trying to end.

It is worth naming the one partial door that does exist, precisely to show how partial it is. Under USMCA, “Veterinarian” is a TN profession that permits full clinical practice with no annual cap — but only for citizens of Canada and Mexico. A superbly qualified veterinarian from anywhere else must navigate narrower categories or the capped H-1B lottery.³² NAVEC names TN only as evidence that targeted entry pathways already work where they are allowed to; its recommendations are nationality-neutral, and the durable fix is a scalable national credential, not a single visa category.

³¹NAVEC, “The Crisis”: internationally trained veterinarians face a four-step process ending in a three-day hands-on surgical-skills examination no U.S. graduate ever takes, offered at just two sites, with roughly 248 new-candidate seats a year, for a \$12,804 fee — so only about 168 make it through annually. By contrast, 9,682 internationally trained physicians entered the U.S. pipeline in 2026. Source: [NAVEC: The Crisis](#).

³²Under USMCA (8 CFR 214.6), “Veterinarian” is a listed TN profession permitting full clinical practice with no annual cap in renewable three-year terms, but only for citizens of Canada and Mexico; veterinarians of other nationalities must use narrower categories or the capped H-1B lottery. NAVEC names TN only as one existing, partial mechanism; its recommendations are nationality-neutral and the durable fix is a scalable credential, not a single visa category. Source: [8 CFR 214.6 \(eCFR\)](#).

7. The Medical Model: How Human Medicine Opened All Three

The reform NAVEC proposes is not theoretical, because human medicine already runs it. Faced with the same demographic and demand pressures, medicine opened all three gates — and did so without lowering the standards that protect patients. Taking the gates in turn shows how directly each veterinary bottleneck maps onto a medical solution already in operation.

First gate: competing accreditors, not one

Medicine spreads the power to accredit across many bodies, at home and abroad, while veterinary medicine concentrates it in one. M.D. and D.O. programs answer to different accreditors; residency to a third; and licensure does not require a U.S.-accredited school at all, because internationally trained physicians qualify through schools recognized in a global directory. The country consequently has on the order of 200 medical schools and adds them steadily — the structural reason medicine opens about two schools a year while veterinary medicine opens five a decade.³³

Second gate: an exam that shows its work

Medicine's licensing examinations are administered under a structure of external recognition and published standards, and — decisively — medicine **eliminated its hands-on clinical licensing exam in 2021**. USMLE Step 2 Clinical Skills, the single-site practical examination most analogous to the veterinary CPE, was suspended in 2020 and permanently discontinued on January 26, 2021; clinical competence is now assessed within accredited training rather than at one expensive, capacity-limited testing center.³⁴ Medicine removed exactly the kind of hands-on bottleneck that still defines the veterinary third gate — and did so on patient-safety grounds, having concluded the bottleneck added cost and delay without adding protection.

Third gate: a scalable credential for the world's graduates

Most consequentially, medicine built a credential that scales. Through ECFMG certification, an internationally trained physician earns one standardized national

³³In human medicine the power to accredit is divided and held at arm's length from the trade associations: M.D. programs answer to the Liaison Committee on Medical Education (LCME), D.O. programs to the Commission on Osteopathic College Accreditation (COCA), and residency to the Accreditation Council for Graduate Medical Education (ACGME), all under U.S. Department of Education recognition. Licensure does not require a U.S.-accredited school: internationally trained physicians qualify through schools recognized in the World Directory of Medical Schools. The country has on the order of 200 medical schools and adds them steadily. Source: [AAMC: medical school accreditation \(LCME\)](#).

³⁴USMLE Step 2 Clinical Skills (Step 2 CS) — the hands-on clinical-skills examination — was suspended in 2020 and permanently discontinued on January 26, 2021 by the Federation of State Medical Boards and the National Board of Medical Examiners, which stated they had “no plans to bring back Step 2 CS.” Clinical skills are now assessed within medical-school competency frameworks. Medicine dropped exactly the single-site, hands-on bottleneck that still gates veterinary entry. Source: [USMLE: Step 2 CS discontinuation](#).

credential — verified medical education plus the same licensing examinations domestic graduates take — delivered through examination infrastructure at global test centers rather than a few scarce clinical-year seats. That pathway certifies on the order of 9,000–13,000 physicians a year, and internationally trained physicians now make up roughly **25 percent** of the U.S. physician workforce.³⁵ And the states have pushed the door wider still: **23 states — plus Guam and the Northern Mariana Islands** — now allow qualifying internationally trained physicians to reach full licensure *without repeating* accredited North American residency, typically substituting a period of supervised practice, with another **18 states considering it**.³⁶

The lesson is that medicine solved the foreign-graduate problem with a *credential*, not a gauntlet: verify the education, require the same knowledge examinations, add supervised practice where prudent, and let throughput scale with infrastructure rather than with the seat count at two surgery centers. Veterinary medicine could adopt the identical architecture — an ECFMG-style standardized credential, a knowledge-based examination in place of the single-site surgery exam, and supervised-practice on-ramps recognized across states — and convert its 168-a-year trickle into a flow measured in the thousands, drawing down the existing candidate queue within a few years. Nothing in this requires inventing a new system. It requires copying the one next door.

8. The Pay Myth: Veterinarians Are Not Underpaid

A common objection holds that the shortage is really a pay problem — that veterinarians are underpaid and the answer is higher wages, not open gates. The current market says otherwise, and the distinction matters, because if pay were the constraint, pay would already be solving it. Drawn from live job advertisements rather than the lagging federal median, a small-animal general-practice associate's realistic **total package now runs roughly \$150,000–\$175,000**, with busy practices near \$200,000 and high-demand metros averaging about \$207,000 and reaching \$270,000–\$344,000 at the top. Most associates are paid on production — a

³⁵The ECFMG (Educational Commission for Foreign Medical Graduates) pathway gives an internationally trained physician one standardized national credential — verified education plus the same licensing examinations domestic graduates take — delivered through examination infrastructure at global test centers rather than scarce clinical-year seats. It certifies on the order of 9,000–13,000 physicians a year, and internationally trained physicians make up roughly 25 percent of the U.S. physician workforce. It is the scalable model NAVEC proposes for veterinary medicine. Source: [ECFMG / Intealth](#); [AMA: IMGs in the U.S. workforce](#).

³⁶NAVEC, “The Crisis,” with Federation of State Medical Boards (FSMB) and AMA tracking: medicine eliminated its hands-on clinical licensing examination in 2021, and 23 states — plus Guam and the Northern Mariana Islands — now allow qualifying internationally trained physicians to reach full licensure without repeating accredited North American residency training, with another 18 considering it. Pathways typically require a recognized international degree, ECFMG certification, passing the licensing examinations, a qualifying job offer, and a period of supervised practice in lieu of repeating residency. Source: [NAVEC: The Crisis](#); [FSMB: internationally trained physician licensure](#).

guaranteed base plus roughly 20–22 percent of what they generate — so pay rises automatically with demand.³⁷

The clearest evidence is what employers now pay simply to get someone to start. The typical advertised signing bonus has climbed to about **\$30,000–\$75,000** (with \$50,000 the most common single figure), routinely bundled with \$5,000–\$25,000 in relocation, and corporate groups advertise “up to \$100,000” as a routine maximum, with documented outliers higher still. The old \$10,000–\$20,000 range is now the floor.³⁸ Employers do not pay rapidly escalating bonuses into a balanced market. A six-figure signing bonus is what scarcity looks like in a price — the market straining to pull supply that the gates will not release.

This is not to deny financial strain. Mean educational debt across all graduating veterinarians is about \$174,484, and among borrowers it exceeds \$200,000.³⁹ But debt against a high and rising salary is a different problem than low pay, and restricting supply has never relieved it. The pay data should instead be read as a diagnostic: high salaries, escalating bonuses, and a relief premium of 1.5 to 2 times loaded cost are three independent market signals all pointing the same way — there are not enough veterinarians, and the market is willing to pay generously for more. The gates are what stand between that willingness and the people who would answer it.

9. What Reform Would Do, Year by Year

What happens to the gap if the gates open? The chart and table below are an *illustrative projection*, not a forecast — their purpose is to show the mechanism, not to predict a precise figure for any single year. The model holds departures near

³⁷**Current-market survey of live job advertisements (mid-2026).** Figures here are drawn from current small-animal general-practice associate job advertisements (Indeed, ZipRecruiter, Glassdoor, the AVMA Veterinary Career Center, and corporate-group career pages), reflecting what practices are actually offering now — deliberately not the federal occupational median, which blends long-tenured veterinarians and understates current associate pay. Most associates are paid on production (a guaranteed base plus roughly 20–22 percent of personal production). Combining a current advertised base, that production share, and a current signing bonus, a realistic total package runs roughly \$150,000–\$175,000 nationally, with busy practices near \$200,000 and high-demand metros (California, New York, Seattle) averaging about \$207,000 and reaching \$270,000–\$344,000 at the top. Source: [Veterinary salary survey \(USA\)](#).

³⁸Current-market survey (mid-2026): the typical advertised small-animal GP signing bonus now runs about \$30,000–\$75,000 (with \$50,000 the most common single figure), routinely bundled with relocation of about \$5,000–\$25,000; the routine corporate maximum is advertised as “up to \$100,000” (e.g., Heartland Veterinary Partners), with documented outliers to \$125,000–\$150,000 (treated as outliers, not representative). The classic \$10,000–\$20,000 range is now the floor. Employers do not pay rapidly escalating bonuses into a balanced market. Source: [Heartland: up to \\$100,000 sign-on](#).

³⁹AVMA Graduating Senior Survey: mean educational debt across all graduating DVMs (including the roughly one in six reporting none) is about \$174,484; among borrowers it exceeds \$200,000, and 40 percent of graduates owe \$200,000 or more. The point is not that veterinarians are underpaid — current associate packages are high and rising — but that high debt against even a high salary still strains, and restricting supply has never relieved it. Source: [AVMA: average DVM debt](#).

today’s rate (the 250+/month figure), lets domestic graduates rise modestly as newly accreditable schools come online, and — the decisive lever — scales foreign-trained entry from today’s 168 toward the thousands as a medical-style credential replaces the surgery-exam bottleneck and draws down the standing candidate queue.⁴⁰

Projected U.S. Veterinary Shortage: Current Trajectory vs. Reform

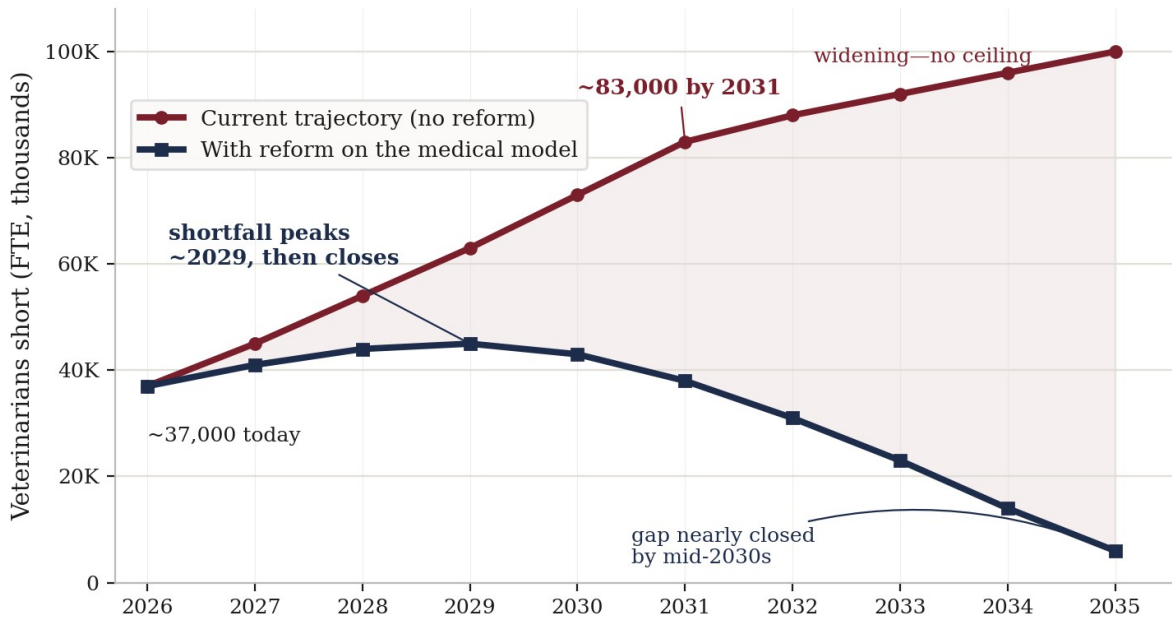


Figure 1. Illustrative projected U.S. veterinary shortage — current trajectory vs. reform on the medical model. The status-quo anchors (about 37,000 short in 2026, widening toward 83,000 by 2031) are NAVEC need-based projections from Report No. 1; the reform path is the directional trajectory implied by the annual additions in Table 3, in which net additions overtake demand growth, the shortfall peaks, and the gap closes. Figures are rounded and directional, not forecasts.

Year	Domestic graduates	Foreign-trained entrants (reform)	Retire / leave	Net new veterinarians
2026 (baseline)	3,400	~170	~3,100	~ +470
2027	3,550	600	3,150	+1,000
2028	3,750	1,200	3,200	+1,750
2029	4,050	1,900	3,250	+2,700
2030	4,450	2,500	3,300	+3,650
2031	4,900	2,900	3,350	+4,450

⁴⁰**Illustrative NAVEC reform projection.** The trajectory in Table 3 is illustrative, not a forecast. It assumes (i) domestic graduates rising from about 3,400 toward 5,000+ as newly accreditable schools come online; (ii) foreign-trained throughput scaling from roughly 170 toward 3,000 a year as CPE capacity expands and an ECFMG-style standardized credential plus supervised-practice on-ramp draws down the existing 2,000+ candidate queue; and (iii) departures near 3,000–3,400 a year (the 250+/month figure). It is designed to show the mechanism — net additions climbing past replacement-plus-growth need so the shortfall peaks and then closes — and the market self-correction that follows: the same signals that today reveal the shortage (a 2.4:1 applicant-to-seat ratio, rising starting salaries, an elevated relief premium) would throttle entry before any surplus formed. Even the AVMA’s commissioned analysis concedes veterinary labor markets equilibrate within two to three years. Figures are rounded and should not be read to more than two significant digits. Source: [NAVEC: The Crisis](#).

Year	Domestic graduates	Foreign-trained entrants (reform)	Retire / leave	Net new veterinarians
2032	5,300	3,000	3,400	+4,900

Table 3. Illustrative reform trajectory — annual veterinarian additions if all three gates open. Figures are rounded and directional, not a forecast; assumptions and limitations are set out in the note and in the Disclosures.

Read the last column against the right benchmark. What matters is not whether net additions are positive — at today's +470 they already are — but whether they exceed the rate at which the need is growing. Because needs-based demand keeps climbing, merely holding the shortfall constant would itself require net additions of several thousand a year; today's roughly +470 falls far short, which is exactly why the status-quo gap widens toward 83,000. The purpose of reform is to clear that bar.

Two things happen across the rows. First, net additions climb from a barely-positive **+470** a year to nearly **+5,000** — not by flooding the market with new schools overnight (the domestic column rises only gradually, because faculty capacity, not applicant interest, is the binding domestic constraint), but chiefly by opening the foreign-graduate door that medicine already opened. Once annual net additions exceed the sum of replacement need and demand growth, the shortfall stops widening, peaks, and begins to close — the curve that runs toward 83,000 under the status quo instead bends back down.⁴¹

Second, and crucially, the same model that closes the gap also prevents an overshoot — which answers the only serious objection to opening the gates. The market signals that today reveal the shortage (a 2.4-to-1 applicant-to-seat ratio, six-figure signing bonuses, an elevated relief premium) are self-correcting: as the gap closes, those signals soften, slowing entry automatically, well before any surplus could form. Even the AVMA's own commissioned analysis concedes that veterinary labor markets equilibrate within two to three years.⁴² The choice is therefore not between shortage and glut. It is between a shortage held open by design and a market allowed to do what markets do — meet demand, then settle.

⁴¹AAVMC 2024–2025 Annual Data Report, via NAVEC Report No. 1: the national applicant-to-first-year-seat ratio is about 2.4 and has been flat since 2020, even as total applications reached a record of roughly 12,300 in 2025 — durable evidence of demand to enter the profession. Faculty headcount has been essentially flat for a decade (about 4,647 positions in 2025) against roughly 37 percent enrollment growth, making faculty — not applicant interest — the binding domestic constraint, and the exam-scalable foreign gateway the fastest near-term lever. Source: [AAVMC public data](#).

⁴²**Illustrative NAVEC reform projection.** The trajectory in Table 3 is illustrative, not a forecast. It assumes (i) domestic graduates rising from about 3,400 toward 5,000+ as newly accreditable schools come online; (ii) foreign-trained throughput scaling from roughly 170 toward 3,000 a year as CPE capacity expands and an ECFMG-style standardized credential plus supervised-practice on-ramp draws down the existing 2,000+ candidate queue; and (iii) departures near 3,000–3,400 a year (the 250+/month figure). It is designed to show the mechanism — net additions climbing past replacement-plus-growth need so the shortfall peaks and then closes — and the market self-correction that follows: the same signals that today reveal the shortage (a 2.4:1 applicant-to-seat ratio, rising starting salaries, an elevated relief premium) would throttle entry before any surplus formed. Even the AVMA's commissioned analysis concedes veterinary labor markets equilibrate within two to three years. Figures are rounded and should not be read to more than two significant digits. Source: [NAVEC: The Crisis](#).

10. Conclusion and Summary of Recommendations

The veterinary shortage is real, it is widening, and it reaches every American — through the food supply, the next outbreak, the family clinic that cannot fit a sick animal in for two months, and the shelter that runs out of options. But it is not a mystery of demand, and it will not be solved by exhortation or by paying still-higher bonuses into a market the gates hold shut. It is the predictable output of a credentialing architecture that concentrates three decisions — who may open a school, who controls the exam, and who may enter from abroad — in the hands of the incumbents those decisions protect. Human medicine faced the same pressures and opened all three gates, without sacrificing the standards that keep patients safe. Veterinary medicine can do the same. NAVEC therefore recommends:

- 1. Open the first gate to competition.** Introduce a second, independent accreditation pathway for veterinary colleges under U.S. Department of Education recognition, and restructure the existing body so that incumbent schools no longer hold half the votes over their own competitors — mirroring medicine’s LCME/COCA structure.
- 2. Open the second gate to scrutiny.** Subject the NAVLE to independent external oversight: a genuinely independent forensic audit with a public scope, release of de-identified item-level and scoring data to qualified researchers, a real appeals mechanism, and an end to “sole judgment” invalidation and the open-ended gag rule.
- 3. Open the third gate with a credential, not a gauntlet.** Replace the single-site, three-day surgery exam with an ECFMG-style standardized national credential — verified education plus knowledge-based examinations — paired with supervised-practice on-ramps recognized across states, exactly as 23 states plus Guam and the Northern Mariana Islands now do for internationally trained physicians.
- 4. Adopt the medical model deliberately, and measure it.** Treat human medicine’s accreditation, examination, and foreign-graduate policies as a tested template; phase in the changes; and publish the workforce data — entrants, departures, shortage areas, wait times — so the public can see the gap close and the market settle without overshoot.

Each recommendation copies a policy already operating, at scale, in a larger and higher-stakes profession next door. The shortage was engineered. It can be reformed — on the medical model.

Limitations and Disclosures

Headline figures are NAVEC’s published numbers. The scale and comparison figures used throughout — 372 million animals, 25 percent short, 250+/month departures, 2,100 pets per departure, 3,400 graduates, 75 million owners, 90 percent large-animal collapse, 3-of-4 zoonotic, 607,000 euthanizations, ~2/year vs. 5/decade, 9,682 vs. 168, 248 seats, \$12,804, and \$5.3M→\$10.15M — are drawn from

NAVEC's published materials ("The Crisis," navec.org) and NAVEC Reports No. 1 and No. 2, which in turn rest on AVMA, USDA, Mars Veterinary Health, ICVA, CDC, DOJ, and federal-court records. Where this report adds precision (for example, the ~37,000-FTE figure behind "25 percent short"), the more detailed number is the need-based estimate from Report No. 1 and should be read as consistent with, not a replacement for, the public headline.

The reform table is illustrative. Table 3 is a directional model, not a forecast. Its entrant, departure, and graduate paths are rounded assumptions chosen to display the mechanism by which open gates close the gap and the market then self-corrects; actual trajectories would depend on accreditation timelines, faculty capacity, credential design, and state adoption. No single year's figure should be cited as a prediction.

Nationality-neutral framing. NAVEC's recommendations concern qualifications and structures, not nationality. The TN visa category is discussed only as evidence that targeted entry pathways already function where permitted; the durable remedy is a scalable, nationality-neutral credential.

Compensation data. Salary and signing-bonus figures reflect a current-market survey of live job advertisements (mid-2026), deliberately not the federal occupational median, which lags and understates current associate-market pay. They illustrate scarcity pricing and are not a compensation benchmark for any individual position.

Single-figure conventions. Where sources differ, this report uses one consistent figure (for example, a single ~25 percent internationally trained physician workforce share, and the all-graduate mean DVM debt of \$174,484 rather than borrower-only figures) to avoid implying false precision.

Organizational firewall. NAVEC is a 501(c)(3) public charity. Its advocacy for fair, transparent, merit-based licensure and accreditation is conducted independently and is firewalled from the commercial interests of any affiliated or related party. This report makes no commercial recommendation and benefits no specific provider of veterinary, staffing, or immigration services; it advances only structural reforms that would apply equally to all entrants to the profession.

Not legal advice. References to litigation, antitrust principles, immigration categories, and the DOJ's December 2025 filing are summaries of public records for policy discussion and are not legal advice. The DOJ took no position on the specific allegations in the matter cited.

Notes and Sources

Sources are cited in full in the numbered footnotes throughout this report; each hyperlink resolves to the primary source. Principal references include: NAVEC, "The Crisis" (navec.org); NAVEC Workforce & Access Research Series Report No. 1, *The Veterinary Shortage: A Need-Based Assessment*, and Report No. 2, *The Gatekeeper*

No One Can Audit; the American Veterinary Medical Association (workforce reporting, ECFVG/CPE bulletin, DVM-debt and Brakke/Volk analyses); the U.S. Department of Agriculture / NIFA (veterinary shortage-area designations); the U.S. Centers for Disease Control and Prevention (One Health / zoonotic disease); the U.S. Department of Justice, Antitrust Division (Statement of Interest, *Lincoln Memorial University v. AVMA*, No. 3:25-cv-00282, E.D. Tenn., Dec. 15, 2025); the Federation of State Medical Boards and the American Medical Association (internationally trained physician licensure); the USMLE program (Step 2 CS discontinuation); ECFMG/Intealth (foreign medical graduate certification); the Association of American Medical Colleges (LCME accreditation); ICVA IRS Form 990 via ProPublica; the AAVMC (applicant, enrollment, and faculty data); and current-market compensation surveys. This report is part of the NAVEC Workforce & Access Research Series and may be cited as: North American Veterinary Ethics Council, *Reform on the Medical Model* (Workforce & Access Research Series, Report No. 3, June 2026).