



**Canadian Association of Bovine Veterinarians /
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Warren Skippon, BSc, DVM
c/o Canadian Veterinary Medical Association
339, Rue Booth Street
Ottawa, ON K1R 7K1

Dear Dr. Skippon:

RE: Implementation of Mandatory Livestock Identification and Traceability (ID&T)

The Canadian Association of Bovine Veterinarians (CABV/ACBV) appreciates the opportunity to comment on Agriculture and Agri-Food Canada's (AAFC) plan to begin implementation of mandatory livestock identification and traceability (ID&T) to meet the upcoming 2011 deadline. We are particularly pleased with Dr. Brian Evans' suggestion that private veterinary practitioners be involved in the implementation of the mandatory livestock ID&T program.

In your letter of December 14, 2009 you asked to comment on four specific points. The following encapsulates our position on each point.

- *Does the Canadian Association of Bovine Veterinarians support the CVMA in proposing to AAFC that veterinarians be involved in helping livestock producers fulfill mandatory ID&T commitments?*

The CABV/ACVB recognizes that there is significant resistance amongst producers towards mandatory ID&T, and in the case of Saskatchewan the provincial government has chosen to side with producer groups versus its provincial and federal counterparts. However, regardless of this resistance, we recognize the need for such a program and fully support the CVMA's recommendation to AAFC that the veterinary community be involved in the implementation of mandatory ID&T.

- *If veterinarians are involved, what role would they take on? i.e. data collection, data interpretation (e.g. carcass info, trim loss), consultation on ID&T implementation, herd/flock records management.*

This is a difficult point to respond to because it seems as though some of the suggested areas of involvement fall outside what we would consider to be strictly an identification and traceability program. You identified very well in your letter that producers only see this program as an

expense because the information only flows in one direction. However, we are unclear as to whether the ID&T program will indeed deliver slaughter and carcass data back to the producers. That said, as you can appreciate the livestock industry is composed of a broad range of managers and management systems. Some producers will be positioned to use all the information that is available to them, whereas others may be less inclined to use any of the data. We would see the veterinarian's role as being a leader, trainer, and consultant. A leader in that they need to advocate why ID&T is a critical component for Canada's livestock production. A trainer in the sense they understand the technology and software to the point that they can train producers in its use. And, as a consultant for assisting in interpreting the data in the context of the producer's operation. We would also suggest that the AAFC hold 'train the trainer' sessions for veterinarians to ensure they are knowledgeable about the program, the equipment, and the software.

• *How would the Canadian Association of Bovine Veterinarians envision veterinary involvement in mandatory ID&T be paid by AAFC? Should AAFC funds flow directly to veterinarians, or through producers to support the delivery of veterinary services (herd/flock health and records mgt)?*

We are very much in favour of direct payment to veterinarians. Many of the provinces have implemented programs in the past that involved direct payment to veterinarians and we suspect that the federal government has the appropriate financial systems to handle direct payments. Not only is this a much more streamlined system, but it also incentivizes veterinarians to encourage producers to become involved in the program.

• *If funds flow directly to veterinarians, what would be the mechanism for triggering and distributing funds? (e.g. veterinarians submit invoices for ID&T consultation as part of a herd/flock health visit for a prescribed number of visits indexed to herd/flock size).*

I think we would agree with the plan that you have outlined above. It seems like a very logical approach, particularly the point of indexing the remuneration to the size of the operation. Perhaps a minimum flat fee per visit, along with some sort of additional payment scaled to the size of the operation.

Ultimately, I think the above will come into clearer focus once we all have a better understanding of what the AAFC's plan entails.

Kind regards,



Dr. Jason Cleghorn,
President, CABV/ACBV