CACVT/CVMA/CSU-CVMBS Task Force Recommendations
April 8, 2025

Task Force Recommendations to DORA

A task force representing the Colorado Association of Certified Veterinary Technicians (CACVT), the Colorado Veterinary Medical Association (CVMA), and the CSU College of Veterinary Medicine and Biomedical Sciences (CSU-CVMBS) formed to make recommendations to the Colorado Department of Regulatory Agencies (DORA) and the State Board of Veterinary Medicine (SBVM) regarding the newly created Veterinary Professional Associate (VPA) position in Colorado. Task force members were recruited based on their roles in veterinary medicine and unique perspectives to ensure diverse viewpoints were represented. The Task Force does not represent an equal representation of the 3 organizations participating*, although every effort was made to ensure that all perspectives were heard during the deliberations. The goals of the Task Force are to provide suggestions to DORA/SBVM which will help ensure the success of the VPAs in conjunction with safeguarding the quality of veterinary care delivered to animals and clients.

The recommendations provided are the result of a respectful, facilitated, iterative process from stakeholders with divergent opinions on the benefits and challenges the VPAs bring to veterinary medicine in Colorado. The task force began by collecting stakeholder input with two open forums, one hosted by CVMA and the other hosted by CSU-CVMBS. We employed an iterative, mixed quantitative and qualitative approach that utilized Pol.is, an interactive online engagement platform, and Qualtrics, an online survey tool, to create the recommendations included in this document. In the open forums and the task force meetings, participants reacted to preliminary recommendation statements with the option to agree, disagree, or pass on and/or re-write recommendations statements. The task force used the outputs from the open forum to iterate on consensus recommendation statements using Pol.is and Qualtrics and group discussion in online meetings with a focus on low-consensus statements. For the task force, a threshold of 75% consensus was used to determine recommendations included in this document. As alluded to above, the consensus statements represent a consensus of task force members and not a vote equally representing the 3 different organizations. Additionally, lower consensus recommendations are included with comments on the divergent perspectives. The task force facilitators used methods that enabled participation from each member, both in person and electronically.

The task force was guided by the CRS 12-315: Veterinarians, Veterinary Technicians, and Veterinary Professional Associates. The task force was also influenced by existing rules governing the delegation and supervision of Physician Assistants (PAs) in Colorado.

Consensus Recommendations:

There was a strong consensus (selected as ≥ 75% agreement of the task force members) on the following statements under the areas of delegation of duties, supervision, credentialling, liability, and prescribing. The consensus is summarized in the statements below.

Delegation of duties:

- A VPA must identify as a veterinary professional associate both visually (e.g. name tag) and verbally with a client.
- When a client makes an appointment, the client must be informed that the appointment is with a VPA and not a DVM.
- A VPA may hold a supervisory position within a practice at the discretion of the supervising veterinarian.
- A VPA must work under the VCPR established by the supervising veterinarian and/or other veterinarians in the same practice. There are some exceptions to this consensus as described in the discussion section. Members of the task force understand that statute may dictate this issue, in which case the SBVM rules must align with statute.
- The supervising DVM is responsible for determining delegation among VPA, VTS, and RVT personnel.

Supervision:

- A VPA must have a primary supervising veterinarian.
- A VPA may have a secondary supervising DVM within the same practice.
- The primary and secondary supervising DVMs must be licensed and actively, physically practicing veterinary medicine in Colorado.
- The primary supervising DVM and VPA must establish a supervising agreement, and that agreement must be submitted to the SBVM.
- The primary supervising veterinarian must evaluate the VPA's training and experience prior to delegating duties (see below).
- The primary supervising veterinarian may impose stricter requirements for the VPA to meet than required by rules and regulations prior to delegating duties.
- Duties delegated to the VPA must align with the supervising veterinarian's skills and scope of practice.
- A primary or secondary supervising veterinarian may end their role as a supervisor with or without cause with a 60-day notice to the VPA.

- A primary or secondary supervising veterinarian may supervise up to 2 VPAs simultaneously.

Determining level of supervision:

- The primary supervising DVM should determine the level of supervision required for VPA activities.
- The majority (80%) of the task force believes that the supervising DVM should be responsible for determining the level of supervision required for various activities by the VPA. They argue that the DVM has the liability, knows their practice, and should be responsible for delegation.
- The task force recommends that supervising veterinarians assess competency, not just number of hours observed, or procedures performed, to determine what to delegate and the level of supervision they will use. The use of a rubric to assess competency (example: entrustable professional activities used in DVM education) is a more effective method for determining when a VPA is ready to perform delegated tasks more independently, as it accounts for varying levels of experience, skill, and knowledge. This approach allows for a transition from immediate to direct to indirect supervision based on competency rather than time or the number of procedures performed.
- Providing example rubrics from the SBVM would be helpful for supervising DVMs, as many do not routinely create them. Standardization would be beneficial and timesaving for DVMs, though the use of recommended rubrics should not be mandatory.
- Task force members who were opposed to the determination of supervision level by the supervising DVM argue that VPAs will be underutilized without clear rules about VPA scope and supervision. The exception to this is a discussion surrounding surgery (please see below for comments regarding surgery).

Credentialing:

- A VPA must pass a licensing exam covering the species of animals they will treat once it is available.
- A VPA must take 32 hours of continuing education credits every two years to maintain their license. The SBVM may dictate or recommend how many of those hours may be in topics other than biomedical topics such as practice management, leadership development, communication, and wellness topics.
- The SBVM should determine if re-credentialing of VPAs should be required, what defines re-credentialling, and the time frame for re-credentialing if applicable.

Liability:

- A VPA may be held liable for malpractice when practicing outside of the scope of their training or supervising DVM's practice, or for gross negligence.
- The primary or secondary supervising DVM is otherwise liable for the actions of a VPA under their supervision.

Prescribing:

- Under the supervising DVM's approval, a VPA may prescribe within the limits of state and federal law.

Summarized Discussion Section

The following sections describe statements where the task force was unable to reach consensus. The rationale of both sides is presented for each.

Veterinary Client Patient Relationship

The task force is divided about whether a VPA should be permitted to **establish** a VCPR and, if so, under what conditions.

VPA should be allowed to establish a VCPR

The ability of a VPA to establish a VCPR will improve the efficiency of supervising veterinarians and expand access to quality veterinary care, especially in underserved areas. VPAs should practice with greater autonomy and accountability compared to RVTs, and reporting to the DVM should not be overly complex. VPAs should operate within their own client-patient relationships, like PAs in human medicine, while adhering to federal laws. This approach will allow DVMs to delegate to their VPA based on experience and competency.

VPA should not be allowed to establish VCPR

DVMs should be responsible for establishing a VCPR, though VPAs should be allowed to maintain them. For specific events like vaccination clinics, there could be an application process to the SBVM for approval, with the VCPR established by the DVM based on community understanding and the VPA executing on-site. There is a risk that allowing a VPA to establish a VCPR will create confusion and conflict with federal (FDA) law. Given the complexities and potential for misinterpretation, it is not necessary for VPAs to establish a VCPR for their role to be valuable.

Surgery and Dentistry

The task force is divided on whether VPAs should be allowed to perform any type of surgery. The task force is also divided about whether the **supervising DVM should be allowed to delegate** surgeries to a VPA, and the level of supervision required.

Type of surgery:

- The task force was in support of a VPA being able to perform a routine castration in a dog or cat under immediate or direct supervision depending on the skill and experience of the VPA.
- The task force is divided on whether a VPA should be able to perform a routine ovariohysterectomy or ovariectomy on a healthy dog or cat under immediate or direct supervision.

Level of supervision for performing surgery:

- If a VPA is permitted to perform surgery under direct supervision, the task force is divided on whether the VPA should be allowed to perform surgery under indirect supervision with the supervising veterinarian's approval.
- Should VPAs be allowed to perform surgery at all, indirect supervision of surgery poses risks if serious complications arise, as the patient cannot benefit from immediate supervision.
- The creation of the VPA position aims to increase practice efficiency and increase access to quality care by allowing trained VPAs to perform routine surgeries under veterinary supervision. The level of supervision should be based on competency assessments. It is reasonable for some surgeries to be performed under indirect supervision, with detailed rules needed to clarify what is legally allowed.

Finally, the task force is divided about **which surgeries or dental procedures would be appropriate for a VPA to perform**. The task force was divided about whether VPAs should be able to perform complex dental extractions, but most agreed that dentistry should require immediate or direct (not indirect) supervision. They found it difficult to write statements specific enough to capture all concerns about surgery. For example, task force members who disagreed with this statement - "VPAs should not be allowed to perform surgery inside the body cavity except for ovariohysterectomies or ovariectomies" - disagreed for very different reasons, spanning from "VPAs should not perform surgery" to "procedures a VPA can do should be based on scope of the veterinary practice combined with their competency assessment".

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