

October 9, 2024
Virginia Farm Bureau
Auditorium
12580 W. Creek Parkway
Richmond, VA 23238
1:00 p.m.

Agenda
Board of Veterinary Medicine and State Veterinarian
Veterinarian Shortage Study Workgroup

Call to Order – Kelli Moss, Executive Director, Board of Veterinary Medicine

- Welcome
- Emergency Egress Procedures
- Introductions

Ordering of Agenda – Ms. Moss

Public Comments – Ms. Moss

The Board will receive public comment related to the scope of work of the workgroup.

Pages 1-8

Approval of Minutes – Ms. Moss

April 15, 2024, Workgroup meeting

Pages 9-11

Discussion – Facilitated by Ms. Moss/Dr. Charles Broaddus

Pages 12-16

- Supporting Data Subgroup
 - Shared database
 - Veterinarian renewal survey questions
- Financial Resources Subgroup
 - Overview of available veterinary loans/grants/programs
 - Considerations for state incentive program
- LVT Scope Expansion Subgroup
 - Overview
 - LVT renewal survey questions
 - Considerations for scope expansion
- Veterinary Class Size Subgroup
 - Overview
 - Considerations for increasing Virginia resident seats
- Workgroup recommendations
- 2025 meeting schedule – **Ms. Moss**
 - Subgroups
 - Reports

New Business – Ms. Moss

Next Meeting – Ms. Moss

Meeting Adjournment – Ms. Moss

This information is in **DRAFT** form and is subject to change.



September 9, 2024

Dear Members of the LVT Scope of Practice Subcommittee,

On behalf of the Virginia Association of Licensed Veterinary Technicians ("VALVT") we would like to thank the large animal veterinary shortage committee for recognizing that Licensed Veterinary Technicians ("LVT's") not only can, but should play a role in assisting in addressing this matter.

There are 3 points our organization would ask you to consider during your discussions.

1. **Recognition of the profession and title protection**-Virginia regulations define a veterinary technician as a person licensed by the Board as required by § 54.1-3805 of the Code of Virginia. Sadly, even within the veterinary community the title "veterinary technician" is used synonymously with staff who are licensed and those who are not. Proper recognition enhances public perception, strengthens the professional role of LVTs, and improves patient care. Holding veterinarians and establishments accountable will elevate the public perception of our profession. Which in turn reflects the collaborative care provided by veterinarians and LVT's. The VALVT stresses the need to differentiate licensed veterinary technicians from on-the-job trained staff.
2. **Telemedicine**-Telemedicine can be a tool that large animal veterinarians use to assist in the care of agricultural animals. Technology and access to the internet is only going to improve over time. Incorporating telemedicine or dividing up tasks while on farm calls, LVT's can provide a real time assessment of a patient to the veterinarian. The veterinarian can relay treatment options so that the administration of life saving medications, treating wounds to include skin closures of lacerations, vaccinations, and sample collection can be completed by the LVT allowing the veterinarian the ability to provide care to others.
3. **Utilization**-In March of 2024 the American Association of Bovine Practitioners ("AABP") developed a task list for credentialed technicians. Currently credentialed technicians have the same requirements for obtaining licensure as Virginia. We encourage the committee to look at the guidelines for credential veterinary technicians in bovine practice which has been included for your review. It appears only 2 tasks would require a regulatory change, therefore having an immediate effect on productivity. The VALVT strives to provide continuing education for those large animal technicians who would like to become or remain proficient in those tasks listed.

While not a part of this committee's main focus, there is a shortage of LVT's as well. Based on recent surveys, lack of utilization, and recognition are two of the main reasons technicians leave the workforce. This in turn decreases the assistance veterinary technicians can provide in assisting with the shortage being discussed by this committee. The three focus points offered above can have a positive ripple effect on this as well.

In closing, the VALVT would like to remind the committee that LVT's work very hard to attain the education, the continued training, and the skills that are necessary to enhance agricultural animal care with our veterinarians. We are not only capable, but we are willing to assist.

Sincerely,

Pattie Seeger, LVT, AAS, BBA

President-VALVT



September 16, 2024
Amended utilization statement

Dear Members of the LVT Scope of Practice Subcommittee,

On behalf of the Virginia Association of Licensed Veterinary Technicians ("VALVT") we would like to thank the large animal veterinary shortage committee for recognizing that Licensed Veterinary Technicians ("LVT's") not only can, but should play a role in assisting in addressing this matter.

There are 3 points our organization would ask you to consider during your discussions.

1. **Recognition of the profession and title protection**-Virginia regulations define a veterinary technician as a person licensed by the Board as required by § 54.1-3805 of the Code of Virginia. Sadly, even within the veterinary community the title "veterinary technician" is used synonymously with staff who are licensed and those who are not. Proper recognition enhances public perception, strengthens the professional role of LVTs, and improves patient care. Holding veterinarians and establishments accountable will elevate the public perception of our profession. Which in turn reflects the collaborative care provided by veterinarians and LVT's. The VALVT stresses the need to differentiate licensed veterinary technicians from on-the-job trained staff.
2. **Telemedicine**-Telemedicine can be a tool that large animal veterinarians use to assist in the care of agricultural animals. Technology and access to the internet is only going to improve over time. Incorporating telemedicine or dividing up tasks while on farm calls, LVT's can provide a real time assessment of a patient to the veterinarian. The veterinarian can relay treatment options so that the administration of life saving medications, treating wounds to include skin closures of lacerations, vaccinations, and sample collection can be completed by the LVT allowing the veterinarian the ability to provide care to others.
3. **Utilization**-In March of 2024 the American Association of Bovine Practitioners ("AABP") developed a task list for credentialed technicians. Currently credentialed technicians have the same requirements for obtaining licensure as in Virginia. We encourage the committee to look at the guidelines for credential veterinary technicians in bovine practice which has been included for your review. Using these guidelines, a veterinarian could determine based on the current laws and regulations what could be delegated to a veterinary technician licensed in Virginia. The VALVT strives to provide continuing education for those large animal technicians who would like to become or remain proficient in those approved or relevant tasks listed.

While not a part of this committee's main focus, there is a shortage of LVT's as well. Based on recent surveys, lack of utilization, and recognition are two of the main reasons technicians leave the workforce. This in turn decreases the assistance veterinary technicians can provide in assisting with the shortage being discussed by this committee. The three focus points offered above can have a positive ripple effect on this as well.



In closing, the VALVT would like to remind the committee that LVT's work very hard to attain the education, the continued training, and the skills that are necessary to enhance agricultural animal care with our veterinarians. We are not only capable, but we are willing to assist.

Sincerely,

Pattie Seeger, LVT, AAS, BBA

President-VALVT

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AABP GUIDELINE FOR CREDENTIALLED VETERINARY TECHNICIANS IN BOVINE PRACTICE

The AABP supports credentialed veterinary technicians (CVT) in bovine practice. The recommendations in this guideline are intended to provide guidance on how veterinarians can broaden the delegation of tasks to credentialed veterinary technicians in bovine practice. The licensed supervising veterinarian must have a valid Veterinarian-Client-Patient Relationship (VCPR), as defined by applicable state, provincial or federal statutes. The supervising veterinarian and credentialed veterinary technician must follow the applicable state, provincial and federal rules and regulations. The veterinarian responsible for the supervision of the technician must ensure proper training and oversight, and the credentialed veterinary technician agrees to follow the protocols and standard operating procedures (SOPs) from the supervising veterinarian.

DEFINITIONS

Supervision means the licensed veterinarian assumes responsibility for the veterinary care delivered by the credentialed veterinary technician working under their direction.

Direct supervision means the licensed veterinarian is readily available on the premises where the patient is located or procedures are being performed.

Indirect supervision means the licensed veterinarian need not be on the premises where the patient is located or procedures are being performed, and must be available through electronic or other methods of communication.

Veterinary technology is the science and art of providing professional support to veterinarians. The American Veterinary Medical Association Committee on Veterinary Technician Education and Activities (AVMA CVTEA[®]), or equivalent accreditation organizations outside of the United States, accredits programs in veterinary technology that graduate veterinary technicians and/or veterinary technologists.

A credentialed veterinary technician has received a veterinary technician or technology degree from an accredited school, passes the Veterinary Technician National Exam (VTNE), and/or is licensed by their state or province, and receives continuing

education to renew their license on the required basis. The definitions of a credentialed veterinary technician and technologist are as follows:

- A veterinary technician is a graduate of an AVMA CVTEA-accredited or Canadian Veterinary Medical Association (CVMA)-accredited program in veterinary technology. In most cases, the graduate is granted an associate degree or certificate.
- A veterinary technologist is a graduate of an AVMA CVTEA- or CVMA-accredited program in veterinary technology that grants a baccalaureate degree.

A Veterinary Technician Specialist (VTS) is a veterinary technician or veterinary technologist who has completed a formal process of education, training, experience and testing through a specialty academy approved by the Committee on Veterinary Technician Specialties of the National Association of Veterinary Technicians in America.

Generic terms such as "veterinary assistant" are sometimes used for individuals where training, knowledge and skills are less than that required for identification as a veterinary technician or veterinary technologist. The term veterinary technician should not be used to describe a veterinary assistant.

AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS

1130 E. Main Street, Suite 302 • Ashland, Ohio 44805
1-800-COW-AABP or 419-496-0685 • www.aabp.org • email: aabphq@aabp.org

March 2024



AABP GUIDELINE FOR CREDENTIALLED VETERINARY TECHNICIANS IN BOVINE PRACTICE

TASK LIST

Task/Procedure	Supervision Level
ANESTHESIA	
General anesthesia induction, intubation, maintenance	CVT Direct Supervision
Administer epidural	CVT Indirect Supervision
Administer local anesthesia	CVT Indirect Supervision
Administer IV regional anesthesia	CVT Indirect Supervision
Perform nerve blocks	CVT Indirect Supervision
Sedate/tranquilize using controlled drugs	CVT Indirect Supervision
Sedate/tranquilize using non-controlled drugs	CVT Indirect Supervision
DIAGNOSTIC SAMPLING/LABORATORY	
Diagnose	Veterinarian only
Pericardiocentesis	Veterinarian only
Abdominocentesis	CVT Direct Supervision
Rumenocentesis	CVT Direct Supervision
Calf feeding time audit, cleanliness assessment including ATP swabbing or sample collections	CVT Indirect Supervision
Check pulsators in milking parlor	CVT Indirect Supervision
Collect blood for diagnostics	CVT Indirect Supervision
Collect milk for diagnostics	CVT Indirect Supervision
Collect urine (free catch) or feces for diagnostics	CVT Indirect Supervision
Collection and preparation of tissue, cellular or microbiologic samples by scrapings, impressions or non-surgical methods	CVT Indirect Supervision
Fine needle aspirate of peripheral lymph nodes, subcutaneous or dermal masses	CVT Indirect Supervision
Needle aspirate of abscess/seroma/hematoma	CVT Indirect Supervision
Oral/dental exam for aging cattle	CVT Indirect Supervision
Perform carcass prosection and/or digital image capture and/or tissue collection	CVT Indirect Supervision
Perform full NMC milking system analysis	CVT Indirect Supervision
Perform laboratory procedures (ex: blood testing, slide prep and evaluation, counts, outside lag submission preparation)	CVT Indirect Supervision
Perform ocular diagnostic tests—tonometry, Schirmer tear test, fluorescein staining	CVT Indirect Supervision
Perform radiographic diagnostic imaging	CVT Indirect Supervision
Perform/collect diagnostic imaging via ultrasound for veterinary interpretation	CVT Indirect Supervision
EXAMINATION	
Perform physical exam and collect vital signs	CVT Indirect Supervision
LIVESTOCK MANAGEMENT PROCEDURES	
Administer vaccines	CVT Indirect Supervision
Castration by banding	CVT Indirect Supervision
Castration by cutting	CVT Indirect Supervision
Dehorning on animals when horns are attached to the skull (using Barnes/Keystone, etc.) dehorn	CVT Indirect Supervision
Disbudding calves prior to horn attachment to skull by applying caustic paste or cautery iron	CVT Indirect Supervision
Recommend changes to milking routine including cow prep	CVT Indirect Supervision
Rectal prolapse repair	CVT Indirect Supervision
Remove supernumerary teats	CVT Indirect Supervision

TASK LIST continued on page 3

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March 2024

AABP GUIDELINES**3**

**AABP GUIDELINE FOR CREDENTIALLED
VETERINARY TECHNICIANS IN BOVINE PRACTICE**

TASK LIST continued from page 2

REPRODUCTION

Collect Embryos non-surgically	Veterinarian only
Ovum pickup	Veterinarian only
Perform bull breeding soundness exam	Veterinarian only
Repair/replace preputial prolapse	Veterinarian only
Replace uterine prolapse	Veterinarian only
Transfer/implant fresh or frozen embryos non-surgically	Veterinarian only
Embryo and oocyte processing including searching, staging, grading, loading, cryopreservation	CVT Indirect Supervision
Enroll animals in timed artificial insemination protocol and administer hormone injections	CVT Indirect Supervision
Perform artificial insemination	CVT Indirect Supervision
Replace vaginal prolapse and place pursestring or Buhner stitch	CVT Indirect Supervision

SURGICAL PROCEDURES

Cosmetic surgical dehorning	Veterinarian only
Perform surgery	Veterinarian only
Any task or procedure that requires an animal to be under general anesthesia	CVT Direct Supervision
Suture surgical skin incisions	CVT Direct Supervision
Prepare surgical site using aseptic technique	CVT Indirect Supervision
Removal of sutures, drains and staples	CVT Indirect Supervision

TREATMENT

NOTE: All treatments administered by a CVT must utilize and follow farm-specific protocols provided by the supervising veterinarian including use of DEA-controlled drugs or extralabel drug use.

Acute laceration or wound repair	Veterinarian only
Intra-articular drug administration	Veterinarian only
Joint flush	Veterinarian only
Prescribe	Veterinarian only
Prognose	Veterinarian only
Apply cast after veterinarian diagnosis	CVT Direct Supervision
Lancing abscess	CVT Direct Supervision
Placement of rumen trocar	CVT Direct Supervision
Acute and preventive hoof care	CVT Indirect Supervision
Administer euthanasia via captive bolt or gunshot	CVT Indirect Supervision
Administer fluid therapy (oral, subcutaneous, intravenous)	CVT Indirect Supervision
Administer treatments for common conditions identified in written protocols by supervising veterinarian	CVT Indirect Supervision
Apply and remove splints, bandages and wound dressings	CVT Indirect Supervision
Collect and prepare blood or blood components for transfusion	CVT Indirect Supervision
Measure and prepare medications for dispensing to clients on order of supervising veterinarian	CVT Indirect Supervision
Perform physical therapy (hydrotherapy, post-operative care, orthopedic, neurologic)	CVT Indirect Supervision
Place and maintain intravenous catheter	CVT Indirect Supervision
Provide post-operative care	CVT Indirect Supervision
Wound aftercare after initial treatment and diagnosis by veterinarian	CVT Indirect Supervision

RECORDS

Complete and maintain controlled drug log	CVT Indirect Supervision
Enter information and maintain medical/health records	CVT Indirect Supervision
Enter information on Certificate of Veterinary Inspection, Veterinary Feed Directive, or Brucellosis vaccination form	CVT Indirect Supervision
Obtain history	CVT Indirect Supervision
Take drug inventories, order and stock drugs on farms (requires prescription to be issued by veterinarian of record)	CVT Indirect Supervision
Weigh calves to determine growth rates	CVT Indirect Supervision

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March 2024

Public comment for Veterinarian Shortage Study Workgroup. Email received 10/7/2024 Original email could not be printed legibly because it included text beyond the right margin that was not visible after printing. Reproduced below by Kelli Moss, Executive Director, Board of Veterinary Medicine.

Personal comments on use of LVT's in a Large Animal Veterinary Practice

JN

Jane Naramore<aiallcows@gmail.com>



To:Moss, Kelli G. (DHP)

Mon 10/7/2024 5:18 PM

Kelli,

I would like to comment as a private citizen on the use of LVTs in a Virginia Veterinary Practice. I have close to 20 years experience as a Large Animal LVT at Rose Hill Veterinary Clinic in Washington, Virginia. I believe the AABP task list should not be used solely for possible Virginia's task list for LVT's. Due to the many restrictions for use of non credentialed medical personnel for federal and state programs such as Brucellosis and Tuberculosis testing to name a few. I have included a task list that was compiled by myself and another experienced Large Animal LVT to aid in your response to the possible use of LVTs to aid in the Large Animal Veterinarian Shortage in Virginia.

What LVTs can do to assist the Large Animal Veterinarian in Virginia

Tasks on farm-

Vaccinations, tagging (EIDs and farm tags), drawing blood and other samples for laboratory procedures, administering point blocks for surgical procedures including dehorn, disbuds, eye enucleations, suturing, claw amputations.

Provide on -farm surgical assistance including surgical prep, administering anesthetics, catheter placement, skin closures (c-sections), etc.

Safe restraint of patients

Maintain inventory for trucks

Provide and maintain equipment needed including portable chute, digital radiograph, ejaculators, microscopes, dental floats, calicrate banders, etc.

Keep records and generate invoices

Follow up care-client outreach

Bovine artificial insemination and set up for timed A.I.

Assisting with embryo flushes and embryo transfer in cattle

Provide education for clients

Tasks in clinic-

Responsible for maintaining equipment and cleaning all equipment and building facilities.

Help with scheduling and maintain all controlled drug records including end of year inventory of scheduled drugs in trucks and clinic.

Complete all in-house laboratory procedures on collected samples. Select appropriate labs for all other procedures and prepare them to send.

Assist in all surgical procedures by administering anesthesia, etc.

Provide in house procedures to clients such as: Fecal egg counts, vaccinations, wound care, radiographs, catheters, fluid administration, administering prescribed drugs, blood draws for labs

Phone calls with clients

Completing lab submission forms, TB forms, Brucellosis forms, completing CVIs with animal information, feed directives- all this to help save the Veterinarian time- they will just need to review and sign.

Please note the use of LVTs in a Large Animal Veterinary Practice in Virginia has not been adequately implemented due to lack of LVT's and veterinary economic concerns. I feel the future of our Large Animal Veterinary Practices will depend on community and state involvement.

Jane L. Naramore, LVT

Call to Order

The April 15, 2024, the Virginia Board of Veterinary Medicine Veterinarian Shortage Study Workgroup meeting was called to order at 10:03 a.m. at the Virginia Farm Bureau Auditorium, 12580 West Creek Parkway, Richmond, Virginia 23238.

Chair

Leslie Knachel, Executive Director

Workgroup Participants Present

Charles Broaddus, DVM, PhD, Dip. ACT, Virginia Department of Agriculture and Consumer Services

Erin Barrett, Director of Legislative and Regulatory Affairs

Thomas B. Massie, Jr., DVM, Board of Veterinary Medicine

Patricia Seeger, LVT, Board of Veterinary Medicine

William T. Swecker, DVM, PhD, DACVN, Virginia-Maryland College of Veterinary Medicine

Randall Evans, DVM, CPCC, Lincoln Memorial University College of Veterinary Medicine

Martha Moore, Virginia Farm Bureau

Susan Seward, Virginia Veterinary Medical Association (VVMA)

Nathaniel Burke, DVM, VVMA

Melinda McCall, DVM, Virginia Academy of Food Animal Practitioners

Julia Murphy, DVM, Virginia Department of Health

Nicole Riley, Virginia Economic Development Partnership

Stephen Versen, Virginia Tobacco Region Revitalization Commission

Jane Naramore, LVT, Virginia Association of Licensed Veterinary Technicians

Beth Venit, VMD, American Association of Veterinary State Boards

Heidi Hertz, Virginia Agribusiness Council

Staff Present

Arne W. Owens, Agency Director

Kelli Moss, Deputy Executive Director

Taryn Singleton, LVT, Board of Veterinary Medicine

Laura Booberg, Assistant Attorney General, Board Counsel

Yetty Shobo, Deputy Director, DHP Healthcare Workforce Data Center

Laura Paasch, Senior Licensing Specialist

Public Present

Caroline Buscaglia, Assistant Director for State Government Relations
Carol Heizer, LVT
Jake Tabor, Virginia Farm Bureau
Bom Harris, DVM, Virginia Academy of Food Animal Practitioners
Talya George, VVMA

Public Attending Electronically

Bryan Estey, Legislative Assistant to Delegate Alfonso Lopez
Teresa Dockery, Virginia Alliance for Animal Shelters

Call to Order

The participants were welcomed and introduced themselves to the workgroup attendees.

Ordering of Agenda

Ms. Knachel opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment

No public comment was provided.

Discussion

- Ms. Barrett reported on the 2024 legislation (House Joint Resolution No.43 and Senate Joint Resolution No.15) that requested the Board of Veterinary Medicine in consultation with the State Veterinarian study the shortage of large animal veterinarians.
- Dr. Shobo presented information from the 2023 Veterinarians and Veterinary Technicians Healthcare Workforce Data Center Reports.
- Ms. Knachel gave an overview of the current laws, regulations, and guidance documents applicable to the practice of veterinary medicine.
- Dr. Broaddus provided information on the following:
 - Previous studies conducted in Virginia and Kentucky.
 - Examples of reimbursement programs currently in use in the United States.
- Dr. Broaddus led the discussion on top solution suggestions.
- Ms. Knachel suggested the following subgroup meeting structure:
 - Financial Resources (to include repayment programs)
 - Veterinary Technician Scope of Practice
 - Supporting Data
 - Class size for veterinarian and veterinary technician schools

New Business

There was no new business to report.

Next Meeting

The subgroup meetings will be scheduled in the near future.

Adjournment

With no objection, Ms. Knachel adjourned the meeting at 1:34 PM.

New/Revised Questions for Renewal Survey (Veterinarians)

1. Do you work with large animals?

Yes

No

2. Please provide an estimate of the proportion of the time you worked with the following categories in the past year (select all that apply):

	0-10%	11-25%	26-50%	More than 50%
Equine				
Bovine - Dairy				
Bovine - Beef				
Sheep and goats				
Poultry				
Camelids				
Small animals - Cats				
Small animals - Dogs				
Small animals - Exotic				
Other				

NOTE: Survey will break percentages down into separate questions for each animal type with an option to select 0-10%, 11-25%, 26-50% and More than 50% as options. Participants would be able to select only one percentage range per animal type.

3. In the past year, in which of the following counties/cities did you provide veterinary services (select as many as apply)?

List of counties/cities will be provided

NOTE: This question was revised to the following after information technology staff determined the response options for question #3 would place an undue burden on participants:

3.a. Please select your primary base point from the following localities [list of cities/counties]

3.b. In the past year, how far have you traveled from your locality to provide veterinary services? [select one]:

- 0 - 25 miles
- 26 - 50
- 51 - 75
- 76 - 100
- >100

4. Are you feeling burned out with your job?

Responses:

- Yes, and I plan to leave the veterinary care profession within 1-2 years.
- Yes, and I am seeking a different job/position within the veterinary care profession.
- Yes, and I am seeking professional resources to deal with the burnout.
- Yes, but I will continue working in my current position.
- No, I am not feeling burned out.

Previously Existing Questions (With newly added response options highlighted)

27) In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%).

27a) Administration or business-related matters

27b) Direct patient care, including patient education and coordination of care

27c) Education of health professions students

27d) Formal research

27e) Travel to provide veterinary services

27f) Other

21b) Please select the choice that best describes this practice setting:

Solo practice/Partnership

Group practice

Public Health Program

Veterinary Education Program

Veterinary Technology Education Program

Non-veterinary Education Program

Supplier Organization

Shelters or Rescue (Public or Private)

Laboratory

Other Practice Setting

New/Revised Questions for Renewal Survey (LVTs)

1. Do you work with large animals?

Yes

No

2. Do you perform the following duties that are within the scope of practice of an LVT (select all that apply):

Place IV catheter

Intubate

Induce anesthesia

Administer anesthesia or sedation drugs

Administer chemotherapy drugs

Access Schedules II through V controlled drugs

Perform cystocentesis

Extract single-rooted teeth

Scale below the gingiva

3. Please provide an estimate of the proportion of the time you worked with the following categories in the past year (select all that apply):

	0-10%	11-25%	26-50%	More than 50%
Equine				
Bovine - Dairy				
Bovine - Beef				
Sheep and goats				
Poultry				
Camelids				
Small animals - Cats				
Small animals - Dogs				
Small animals - Exotic				
Other				

NOTE: Survey will break percentages down into separate questions for each animal type with an option to select 0-10%, 11-25%, 26-50% and More than 50% as options. Participants would be able to select only one percentage range per animal type.

4. In the past year, in which of the following counties/cities did you provide LVT services (select as many as apply)?

List of counties/cities will be provided

NOTE: This question was revised to the following after information technology staff determined the response options for question #3 would place an undue burden on participants:

- 4.a. Please select your primary base point from the following localities [list of cities/counties]

4.b. In the past year, how far have you traveled from your locality to provide veterinary services? [select one]:

- 0 - 25 miles
- 26 - 50
- 51 - 75
- 76 - 100
- >100

5. Are you feeling burned out with your job?

Responses:

- Yes, and I plan to leave the veterinary care profession within 1-2 years.
- Yes, and I am seeking a different job/position within the veterinary care profession.
- Yes, and I am seeking professional resources to deal with the burnout.
- Yes, but I will continue working in my current position.
- No, I am not feeling burned out.

Previously Existing Questions (With newly added response options highlighted)

27) In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%).

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27c) Education of health professions students

27d) Formal research

27e) Travel to provide veterinary services

27f) Other

21b) Please select the choice that best describes this practice setting:

Solo practice/Partnership

Group practice

Public Health Program

Veterinary Education Program

Veterinary Technology Education Program

Non-veterinary Education Program

Supplier Organization

Shelters or Rescue (Public or Private)

Laboratory

Other Practice Setting

DRAFT

2024 VSSW Subgroup Reports

SUPPORTING DATA

The Supporting Data subgroup met on July 8, 2024, and August 19, 2024, with the following outcomes:

Sharable Database

This subgroup developed a reference collection of hyperlinks to online materials, pdf documents and data relevant to this workgroup for participants to access during the development of solutions and recommendations:

[Vet Shortage Study Workgroup Docs](https://covgov.sharepoint.com/:f:/r/sites/DHP-optvetaslp-External/Shared%20Documents/Vet%20Shortage%20Study%20Workgroup%20Docs?csf=1&web=1&e=XD3Z4e)

<https://covgov.sharepoint.com/:f:/r/sites/DHP-optvetaslp-External/Shared%20Documents/Vet%20Shortage%20Study%20Workgroup%20Docs?csf=1&web=1&e=XD3Z4e>

Survey Questions

This subgroup recognized the need to pinpoint demographic and geographic shortages within specific animal population groups to determine areas of need and to direct resources. DHP's Healthcare Workforce Data Center's annual renewal survey was identified as an existing tool that could be used to develop additional questions focusing on large animal veterinary practices and access to veterinary care in rural areas in Virginia.

On August 19, 2024, this subgroup drafted developed additional questions for HWDC's voluntary survey for the license renewal period of October to December 2024. The additional questions capture information related to the percentage of practice time spent on large animals, the type(s) of animals, the area(s) served and travel time.

Key Findings

- Local governments are potential resources to amass available infrastructure that would support a veterinarian in areas with shortages.
- Public/private partnerships are a means of financial support for students, new veterinarians and established practices.
- Survey questions can be used with existing data to focus on large animal veterinary needs across Virginia.
- These same survey questions would also serve as ongoing data collection for shortage monitoring beyond this two-year study.

Recommendations

- Maintain and update reference collection throughout this study to support the findings and recommendations of the Workgroup.
- As solutions are explored, add governmental and private sector financial resources that may be utilized in developing them.
- Survey veterinarians during upcoming renewal period and review results to more precisely identify large animal veterinarian shortage areas.

FINANCIAL RESOURCES

The Financial Resources subgroup met on July 8, 2024, and reviewed state and federal loan repayment programs, grants and repayment incentive programs. This subgroup identified challenges with ongoing program funding, the complexity of the grant writing process for students, the allocation of funds and the need to support veterinarians completing practice requirements to retain repayment eligibility.

The subgroup explored expanding tuition assistance currently offered to 50 students from each area of Virginia through Virginia-Maryland College of Veterinary Medicine, and whether allocating funds directly to students is more beneficial to them than applying funds directly to loan balances.

Retention and continued engagement of large animal veterinarians in rural areas was discussed, and the effect student loans and tuition assistance versus repayment incentive programs have on retention in areas of need. They discussed solutions to stressors that lead to attrition of veterinarians from large animal medicine, which includes long hours, extensive travel and suboptimal conditions for treating patients. Currently, Virginia does not have a regulatory provision for a large animal haul-in facility and during calls patient outcomes may be impacted by lack of available lighting, weather and unsanitary conditions of animal housing.

The subgroup met again on September 4, 2024, and reviewed data for shortage areas supplied by VDACS to USDA for its financial aid program. They discussed the need to match the maximum number of candidates to take full advantage of the available awards. State financial incentive programs that require veterinary service to large animals in designated areas were discussed as a possibility to develop in Virginia.

Financial data was provided for an enrollment scenario that would increase the number of veterinary school seats available to Virginia residents by 10, which would require additional state funding. A summary was provided of financial assistance options and features that included tuition assistance, loans, grants and ongoing funding currently available through various organizations.

Key Findings

- Early and ongoing community involvement are key to retain veterinarians in rural settings.
- Financial resources and organizations to support community connections include agricultural economic development offices, the Virginia Tobacco Region Revitalization Commission, county Farm Bureau offices and local extension offices.
- Creating haul-in or shared facilities would address some of the difficulties large animal veterinarians face that contribute to attrition.

Recommendations

- Maximize the utilization of existing loans and grant programs and connect grantees with resources.
- Develop and maintain a list of awardees to provide grant writing assistance and mentorship.
- Explore a state loan repayment incentive program to place veterinarians in shortage areas and provide ongoing engagement to retain rural veterinarians after loan terms are satisfied.
- Increase state funding to add the number of available seats at VMCVM to Virginia students interested in large animal veterinary medicine.
- Create welcome programs to help new veterinarians in rural communities.
- Initiate regulatory action to allow for haul-in facilities for large animal veterinarians and explore shared practice models to provide ongoing support.

LVT SCOPE OF PRACTICE EXPANSION

The LVT Scope Expansion subgroup met on July 8, 2024. They discussed the need to utilize LVTs to the full extent of their current scope of practice and educate veterinarians about the benefits of using LVTs in large animal practice. Data reveal interest in using LVTs but veterinarians may not recognize the advantage they bring by expanding veterinarians' practice. They discussed the low ratio of LVTs to veterinarians and expanding training opportunities to increase LVTs going into large animal practice.

Alternate educational pathways were discussed; currently veterinary technology programs are offered through community colleges and require prerequisite courses that may not be included in agricultural and animal sciences programs. They also discussed bachelors and master's level programs currently available or in development.

The subgroup discussed ongoing challenges with lower salaries of LVTs compared to similar professions in human medicine and the widespread misuse of the word "technician" in veterinary practice. They discussed how few LVTs are currently practicing in food animal medicine, which may be affected by students' lack of familiarity with agricultural settings.

This subgroup met again on September 9, 2024, and received public comment from the Virginia Association of Licensed Technicians (VALVT) requesting consideration of three key points: Title protection, LVTs in telehealth, and expansion of scope, referencing a task list developed by the American Association of Bovine Practitioners (AABP).

A discussion ensued regarding tasks on AABP's task list that LVTs may not perform in Virginia, as well as the need to clarify supervisory requirements for telehealth and whether that would meet the veterinarian-client-patient relationship requirement. The subgroup agreed that the task list is an example to develop a list to educate the veterinary community and public regarding the practice of veterinary technology. They discussed the community organization needed to create integrated facilities for large animal medicine that could incorporate skilled, licensed care team to maximize resources and support for large animal veterinarians.

This subgroup developed additional questions for the LVT annual renewal survey conducted by the Healthcare Workforce Data Center to gather additional data about LVT practice in Virginia.

Key findings

- Broadly communicating the full capabilities of LVTs will advance awareness within the profession and serve as a recruiting tool to increase the number of LVTs for veterinary practices.
- More exposure to agricultural and rural opportunities and expansion of large animal training programs are needed to increase veterinary technology students' interest in this field.
- Expanding educational programs to provide for transferrable credits may widen educational pathways to veterinary technology.
- College coaches working in high schools can provide information about an LVT career pathway.
- Title protection, increased utilization and expansion of allowable tasks are tools to elevate the practice of veterinary technology to an integral part of the patient care team.
- An integrated practice model for large animal veterinarians could alleviate the stressors associated with treating animals in the field and increase opportunities for LVTs.

LVT SCOPE OF PRACTICE EXPANSION (continued)

Recommendations

- Develop clearer guidance on LVT utilization for the veterinary community that defines supervision requirements.
- Focus efforts on training and retaining LVTs in rural areas with large animal veterinarians.
- Explore alternate educational pathways for veterinary technology to better prepare students.
- Consider statutory and regulatory changes to protect the LVT's practice title and expand scope.
- Survey LVTs during upcoming renewal period and use survey results to gain a better understanding of how LVTs are currently practicing.

VETERINARY SCHOOL CLASS SIZE

The Veterinary School Class Size subgroup met on July 8, 2024, reviewing and discussing data on enrollment, class sizes and new veterinary colleges seeking accreditation. If all new programs are accredited the number of available seats would increase by approximately 30%. The distribution among Virginia and out-of-state residents for available seats at Virginia-Maryland College of Veterinary Medicine (VMCVM) was provided and the subgroup discussed growth constraints based on classroom sizes and laboratories. Another inhibitor of growth was identified as the availability of qualified veterinary educators.

The subgroup discussed the downward trend of student pass rates of the national examination for licensure and how this affects accreditation of schools. They reviewed information showing a maximum 10% seat capacity increase at VMCVM may be possible, but limitations based on current contractual obligations with other states must be considered. They discussed whether increasing class size would have a measurable impact on the number of large animal veterinarians who would practice in Virginia, thus affecting shortages. They considered the development of an incentivizing program for rural placement of veterinarians in Virginia that is modeled after other states' loan forgiveness programs to be a viable option to explore.

The subgroup received information regarding scholarships available for Appalachian students and other underrepresented groups at LMU College of Veterinary Medicine and the possibility of expanding this number to include more Virginia residents. They agreed that financial incentives focused on Virginia students and partnerships with rural communities should be formed with public and private entities, outreach through current programs, support from the Tobacco Commission and other funding sources, and expanding the tuition assistance grant program to graduate students.

Note: Additional information regarding increasing Virginia residents' seats was provided to the Financial Resources subgroup at a subsequent meeting and is included in its report.

Key findings

- Approximately 13 new veterinary schools are in various stages of development and if all are accredited the number of available seats will increase by 30% or more.
- Increasing class size is constrained by classroom size, available laboratory facilities and recruitment and retention of qualified veterinary educators.
- Increasing the number of seats available for Virginia residents by 10% is possible provided funding is made available and contractual obligations with neighboring states are met.
- Expansion of LMU's scholarship program to more Virginia residents is possible.
- Incentivizing programs for loan repayment would have the most direct impact on placing veterinarians in areas of need.

Recommendations

- Explore funding to increase seats offered to Virginia residents at VMCVM
- Explore expansion of LMU's scholarship program for Virginia residents.
- Develop loan repayment incentivization program to place new veterinarians in areas of need.