

VA NATIONAL STANDARDS OF PRACTICE

1. SUMMARY OF CONTENT: This Veterans Health Administration (VHA) directive establishes, consistent with Department of Veterans Affairs (VA) authority under 38 CFR § 17.419, national standards of practice for various health care occupations for VA health care professionals to follow within the scope of their VA employment, regardless of any conflicting State laws or restrictions that unduly interfere with their practice. **NOTE:** *From Appendix B, each appendix serves as an individual national standard of practice.* This directive establishes basic principles that apply across all national standards of practice, including oversight, reporting, implementation, training and recertification.

a. Amendment, dated December 12, 2023:

(1) Publishes national standard of practice for Ophthalmology Technicians as Appendix C.

b. Amendment, dated September 20, 2023:

(1) Reorganizes and clarifies information for logical flow of content, including:

(a) Adds “Preemption of State Requirements” (paragraph 3) and “Relationship with Qualification Standards” (paragraph 6), incorporating information previously in the Implementation and Background paragraphs.

(b) Wording changes throughout directive per Office of General Counsel edits provided after their review and concurrence (see paragraphs 2.e.(4), 2.h.(3), 2.k.(1), 2.k.(2), 7, and Appendix A paragraph 6.b.).

(c) Clarifies VISN Directors’ responsibility on reporting requirements (paragraph 2.g.(2) and adds responsibilities for VA medical facility Supervisors (paragraph 2.j.) to ensure properly incorporated feedback loops.

(d) Adds definition for national standards of practice from language previously in Background (paragraph 10.d.).

(e) Expands on the steps in process to develop national standards of practice (Appendix A).

(2) Publishes national standard of practice for Kinesiotherapists as Appendix B, replacing the template.

2. RELATED ISSUES: VHA Directive 1899(2), Health Care Professional Practice in VA, dated April 21, 2020.

3. POLICY OWNER: The Office of Regulations, Appeals, and Policy (10BRAP) is responsible for the content of this directive. Questions may be referred to VA.NSP@va.gov. **NOTE:** *Each appendix (that is, national standard of practice) is owned by the designated responsible program office. Questions on each national standard of practice may be referred to the designated responsible program office.*

4. RESCISSIONS: None.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication. **NOTE:** *The publication date of each national standard of practice is listed in the applicable appendix. The effective date of each national standard of practice may differ from the publication date to allow for delayed implementation and further engagement of VA employees.*

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Shereef Elnahal, MD, MBA
Under Secretary for Health

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NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

CONTENTS

VA NATIONAL STANDARDS OF PRACTICE

1. POLICY 1

2. RESPONSIBILITIES..... 1

3. PREEMPTION OF STATE REQUIREMENTS..... 4

4. IMPLEMENTATION..... 5

5. REPRESENTATION BEFORE STATE BOARDS 5

6. RELATIONSHIP WITH QUALIFICATION STANDARDS 6

7. TRAINING 6

8. RECORDS MANAGEMENT 6

9. BACKGROUND 7

10. DEFINITIONS 7

11. REFERENCES 8

APPENDIX A

PROCESS FOR DEVELOPMENT OF VA NATIONAL STANDARDS OF PRACTICE A-1

APPENDIX B

KINESIOTHERAPIST NATIONAL STANDARD OF PRACTICE B-1

APPENDIX C

OPHTHALMOLOGY TECHNICIAN NATIONAL STANDARD OF PRACTICE C-1

VA NATIONAL STANDARDS OF PRACTICE

1. POLICY

It is Veterans Health Administration (VHA) policy to establish national standards of practice for all Department of Veterans Affairs (VA) health care occupations whose professionals must be licensed, certified, registered or satisfy another State requirement in order to meet VA qualification standards. **AUTHORITY:** U.S. Constitution Article VI, clause 2; 38 U.S.C. §§ 1730C, 7301(b), 7401-7464; 38 CFR §§ 17.417, 17.419.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Reviewing any actions proposed by executive sponsors in furtherance of this effort and ensuring collaboration with VA and VHA leadership as needed.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for:

(1) Serving as executive sponsor of the VA national standards of practice initiative, including reviewing and approving national standards of practice and representing VHA to internal and external groups.

(2) Concurring on reports from Veterans Integrated Service Networks (VISN) Directors (via Executive Director, Office of Regulations, Appeals, and Policy (RAP)) under paragraph 2.g.(2) of this directive.

(3) Supporting the implementation and oversight of this directive across VHA for the occupations over which they have authority, including ensuring a workgroup is established for each occupation to develop and update, as appropriate, occupation-specific national standards of practice, in accordance with the process specified in Appendix A.

c. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for:

(1) Serving as executive sponsor of the VA national standards of practice initiative, including reviewing and approving national standards of practice and representing VHA to internal and external groups.

(2) Concurring on reports from VISN Directors (via Executive Director, RAP) under paragraph 2.g.(2) of this directive.

(3) Supporting the implementation and oversight of this directive across VHA for the occupations over which they have authority, including ensuring a workgroup is

established for each occupation to develop and update, as appropriate, occupation-specific national standards of practice, in accordance with the process specified in Appendix A.

d. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

- (1) Communicating the contents of this directive to each of the VISNs.
- (2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.
- (3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

e. **Chief Officer/Executive Director, VHA Program Office.** Each national standard of practice lists a designated responsible program office, over which the corresponding Chief Officer, Executive Director, or equivalent, of the listed occupation is responsible for:

- (1) Providing guidance to support VISN and VA medical facility compliance with this directive and advising on corrective action if non-compliance is identified.
- (2) Providing guidance on all issues related to their occupation-specific national standard of practice.
- (3) Overseeing the workgroup of subject matter experts to develop and update, as appropriate, their occupation-specific national standard of practice, including adhering to applicable authorities and the process specified in Appendix A.
- (4) Determining any training for VA health care professionals to be competent to practice in accordance with their occupation's national standard of practice to enable proper incorporation of duties and tasks in the national standard of practice into their individual privileges, scope of practice or functional statement.

f. **Executive Director, Office of Regulations, Appeals, and Policy.** The Executive Director, RAP is responsible for:

- (1) Updating this directive, as appropriate.
- (2) Compiling the reports from VISN Directors under paragraph 2.g.(2) of this directive and, when necessary, proposing appropriate action based on the information reported. Reports are submitted to the Under Secretary for Health after concurrence by the Assistant Under Secretaries for Health for Patient Care Services, Clinical Services and Operations. **NOTE:** *The Executive Director, RAP may, through publication of an appendix to this directive, delegate or reassign reporting responsibility to an individual or body responsible for implementation of national standards of practice.*

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Providing oversight for VISN and VA medical facility compliance with this directive and ensuring corrective action is taken if non-compliance is identified.

(2) Sending to the Executive Director, RAP reports every 3 months that contain all external actions within their VISN that were initiated, pending or completed by a State or State Licensing Board against VA health care professionals regarding their State license, registration or certification as a result of practicing under their national standard of practice in compliance with this directive. **NOTE:** *The report will be combined with the requirements outlined in VHA Directive 1899(2), Health Care Professional Practice in VA, dated April 21, 2020.*

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with each national standard of practice and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring each national standard of practice is implemented within the VA medical facility in accordance with paragraph 4, including ensuring that standards are properly incorporated into existing scopes of practice, privileges and functional statements.

(3) Ensuring all VA health care professionals are provided with the education or training to be competent to perform all duties and tasks as outlined in their applicable national standard of practice. **NOTE:** *See the appendices for training specific to a national standard of practice. Where no variance exists among States, there is no additional training required pursuant to this directive.*

(4) Ensuring the VA medical facility reports to the VISN Director every 3 months any external actions initiated, pending or completed by a State or State Licensing Board against VA health care professionals at their VA medical facility regarding their State license, registration or certification as a result of practicing under their national standard of practice in compliance with this directive.

i. **VA Medical Facility Service Line Chiefs.** The VA medical facility Service Line Chiefs are responsible for:

(1) Ensuring that all VA health care professionals within their service line adhere to national standards of practice for their occupation as incorporated into their individual privileges, scope of practice or functional statement.

(2) Informing the VA medical facility Director of any action by a State or State Licensing Board against VA health care professionals within their service line related to their practice consistent with their national standard of practice at the earliest date after notification is received from the VA medical facility supervisor, but no later than 15 days after notification is received.

j. **VA Medical Facility Supervisor(s)**. VA medical facility supervisors are responsible for informing the VA medical facility Service Line Chiefs of any action by a State or State Licensing Board against VA health care professionals under their supervision related to their practice consistent with their national standard of practice at the earliest date after notification is received from the VA health care professional, but no later than 15 days after notification is received.

k. **VA Health Care Professionals**. VA health care professionals are responsible for:

(1) Adhering to applicable national standards of practice for their occupation once the duties and tasks have been properly incorporated into their individual privileges, scope of practice or functional statement.

(2) Completing any VHA training to aid in practice consistent with their occupation's national standard of practice. **NOTE:** *See the appendices for training specific to a national standard of practice. Where no variance exists among States, there is no additional training required pursuant to this directive.*

(3) Informing their supervisor of any action by a State or State Licensing Board related to any practice that is consistent with their national standard of practice but that could adversely affect, or otherwise limit, their license, registration or certification at the earliest date after notification is received by the VA health care professional, but no later than 15 days after notification is received. This information is needed to ensure appropriate VA response, which generally includes contacting the State Licensing Board and referral to Office of General Counsel for evaluation of representation when the State action is inconsistent with 38 CFR § 17.419. **NOTE:** *This includes not only final actions, but also pending and proposed actions.*

3. PREEMPTION OF STATE REQUIREMENTS

a. VA's national standards of practice utilize VA's authority as described in 38 CFR §§ 17.417 and 17.419 to manage and direct health care provided on behalf of the United States to our Nation's Veterans consistently across all States. To achieve important Federal interests, including but not limited to the ability to provide the same comprehensive health care and hospital services to Veterans in all States under 38 U.S.C. § 7301, VA's national standards of practice preempt State and local laws, rules, regulations or requirements pursuant to such laws that conflict with the practice of VA health care professionals who are working within the scope of their VA employment. State and local governments have no legal authority to enforce those laws, rules, regulations or requirements in relation to activities performed by VA health care professionals acting within the scope of their VA employment under a national standard of practice or acting pursuant to decision made by VA under this section. **NOTE:** *This directive does not supersede the Controlled Substances Act of 1970, 21 U.S.C. § 812, Schedules of controlled substances.*

b. Each national standard of practice lists specific State requirements that are explicitly preempted by the national standard of practice. In addition, the national

standard of practice preempts any State requirements that are not listed but that conflict with the duties and tasks authorized in the national standard of practice. In cases where a VA health care professional's license, registration, certification or other State requirement allows a practice that is not included in a national standard of practice, the individual may continue that practice so long as it is permissible by Federal law and VA policy; is not explicitly prohibited by the national standard of practice; and is approved by the VA medical facility.

c. VA has taken reasonable and appropriate measures to consult with the States and obtain agreement about which State laws, rules, regulations or requirements VA will preempt with the national standard of practice. VA requested that all States directly provide VA with feedback on the national standard of practice, to specifically include whether VA failed to identify that the State prohibits or restricts a duty that VA intends to preempt and to identify any prohibition or restriction that the State does not believe VA should preempt.

4. IMPLEMENTATION

a. No VA health care professional is individually authorized to perform a task or duty outlined in a national standard of practice unless it has been determined by their VA medical facility that the individual has the proper education, training and skills to perform the task or duty and the task or duty is incorporated into the individual VA health care professional's privileges, scope of practice or functional statement. **NOTE:** *For more information on credentialing and privileging, see VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021, and VHA Directive 1100.21, Privileging, dated March 2, 2023.*

b. In the event that a State changes their requirements and places new limitations on the tasks and duties it allows, the national standard of practice preempts such limitations and authorizes the VA health care professional to continue to practice consistent with the tasks and duties as outlined in the national standard of practice. If, at any time before or after a national standard of practice becomes effective, a State becomes aware of a limitation that it believes should be followed by VA, or enacts such a restriction, the State is encouraged to contact VA.NSP@va.gov and include "State Variance in [State] for [Occupation]" in the subject line; however, the State cannot take action based on such restriction against a VA health care professional.

5. REPRESENTATION BEFORE STATE BOARDS

If a State Licensing Board initiates any licensing action against a VA health care professional for performing a task or duty that is permitted by the national standard of practice but inconsistent with the State licensing requirements, VA or the Department of Justice may provide representation before a State Licensing Board if the employee was acting within the scope of their VA employment and representation is in the Federal Government's interest along with other criteria. It is within the scope of VA employment for a VA health care professional to practice consistent with the national standard of practice, even if inconsistent with their State license, certification or registration

requirements, if the tasks, duties or services are properly incorporated into the health care professional's privileges, scope of practice or functional statement. **NOTE:** See *Under Secretary for Health Memorandum: Representation for VA Health Care Professionals Before State Licensing Boards*, dated May 26, 2022, for more information, available at: <https://vaww.va.gov/vhapublications/publications.cfm?pub=5>. This is an internal VA website that is not available to the public.

6. RELATIONSHIP WITH QUALIFICATION STANDARDS

a. VA qualification standards for employment are not changing as a result of national standards of practice.

b. Qualification standards for employment of health care professionals by VA are outlined in VA Handbook 5005, Staffing, dated February 4, 2022. VA health care professionals must meet the respective qualification standards for licensure, certification, registration or other State requirement. Where State requirements conflict with VA's qualification standards, VA follows the VA qualification standards and the national standard for practice does not change that. This includes, but is not limited to, when a State requires a license to practice a specific occupation, but VA does not require a State license as part of the qualification standards.

c. Qualification standards may include grandfathering provisions to permit employees who met all requirements prior to revisions to the qualification standards to maintain employment at VA even if they no longer meet the qualification standards. Employees covered by grandfathering provisions included within relevant occupations' qualification standards in VA Handbook 5005 follow the applicable national standard of practice for their occupation unless the national standard of practice explicitly excludes them from following the national standard of practice.

7. TRAINING

Each national standard of practice includes any training for individual health care professionals to competently perform tasks, duties or services included in the national standard of practice that are not otherwise permitted under a State requirement.

NOTE: See the appendices for training specific to a national standard of practice. Where no variance exists among States, there is no additional training required pursuant to this directive.

8. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management may be addressed to the appropriate Records Officer.

9. BACKGROUND

a. As authorized by 38 CFR § 17.419, this directive sets forth occupation-specific national standards of practice in VA. Consistent with 38 CFR § 17.419, each national standard of practice refers to tasks and duties for a specific health care occupation regardless of the individual VA health care professional's location or State of licensure, certification or registration. VA is developing national standards of practice to ensure safe, consistent, high-quality care for the Nation's Veterans in VA's integrated health care system and to ensure that VA health care professionals can efficiently meet the needs of Veterans when practicing within the scope of their VA employment. National standards of practice are designed to increase Veterans' access to safe and effective health care, thereby improving health outcomes for our Nation's Veterans.

b. As the Nation's largest integrated health care system, it is critical for VA to develop national standards of practice to ensure that Veterans receive the same high-quality care regardless of where they enter the VA health care system. The importance of this initiative has been underscored by the coronavirus disease 2019 (COVID-19) pandemic. With an increased need for mobility in VA's workforce, including through VA's Disaster Emergency Medical Personnel System (DEMPS), creating uniform standards of practice better supports VA health care professionals who already practice across State lines. Creating national standards of practice also promotes interoperability of medical data between VA and Department of Defense (DoD), providing a complete picture of a Veteran's health information and improving VA's delivery of health care to our Nation's Veterans.

10. DEFINITIONS

a. **Beneficiary.** Pursuant to 38 CFR § 17.419, and for the purposes of this directive, a beneficiary is a Veteran or any other individual receiving health care under title 38, United States Code.

b. **Health Care Professional.** Pursuant to 38 CFR § 17.419, and for the purposes of this directive, a health care professional is an individual who:

(1) Is appointed to an occupation in VHA that is listed in or authorized under 38 U.S.C. §§ 7306, 7401, 7405, 7406, or 7408 or title 5, United States Code;

(2) Is not a VA-contracted health care professional; and

(3) Is qualified to provide health care as follows:

(a) Has an active, current, full and unrestricted license, registration, certification or satisfies another State requirement in a State;

(b) Has other qualifications as prescribed by the Secretary for one of the health care professions listed under 38 U.S.C. § 7402(b);

(c) Is an employee otherwise authorized by the Secretary to provide health care services; or

(d) Is under the clinical supervision of a health care professional that meets the requirements of subsection (a)(2)(iii)(A)-(C) of 38 CFR § 17.419 and is either:

(e) A health professions trainee appointed under 38 U.S.C. §§ 7405 or 7406 participating in clinical or research training under supervision to satisfy program or degree requirements; or

(f) A health care employee, appointed under title 5, United States Code; 38 U.S.C. § 7401(1) or (3); or 38 U.S.C. § 7405 for any category of personnel described in 38 U.S.C. § 7401(1) or (3) who must obtain an active, current, full and unrestricted licensure, registration, certification or meet the qualification standards as defined by the Secretary within the specified time frame.

c. **License, Registration or Certification.** A license is the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State in the form of a license. Registration or certification are the official attestation by a professional organization that one has fulfilled the requirements or met a standard or skill to practice the profession.

d. **National Standard of Practice.** A national standard of practice is the level of practice established in VA for a specific VA health care occupation. National standards of practice allow VA health care professionals to perform tasks, duties or services that are properly incorporated into their privileges, scope of practice or functional statement and are consistent with their education, training and skill, even when providing such care exceeds what is permitted by the VA health care professional's State license, registration or certification, or any other State law or regulation to the contrary. National standards of practice apply to health care delivered both in person and through the use of electronic information or telecommunications technologies.

e. **State.** Pursuant to 38 U.S.C. § 101(20), and for the purposes of this directive, State is each of the several States, Territories and possessions of the United States, the District of Columbia and the Commonwealth of Puerto Rico.

11. REFERENCES

- a. Supremacy Clause, U.S. Constitution. Article VI, clause 2.
- b. 21 U.S.C. § 812.
- c. 38 U.S.C. §§ 101(20), 1730C, 7301(b), 7401-7464.
- d. 38 CFR §§ 17.417, 17.419.
- e. EO 13132, Federalism, August 4, 1999.

f. VA Handbook 5005, Staffing, dated February 4, 2022.

g. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.

h. VHA Directive 1100.21, Privileging, dated March 2, 2023.

i. VHA Directive 1899(2), Health Care Professional Practice in VA, dated April 21, 2020.

PROCESS FOR DEVELOPMENT OF VA NATIONAL STANDARDS OF PRACTICE

The national standards of practice set forth in Appendices B et seq. are developed using the process set forth in this appendix, which adheres to the guidelines outlined in Executive Order (EO) 13132. This process includes consultation with internal Department of Veterans Affairs (VA) entities and external stakeholders. The process specified in this appendix is used for initial development and publication of all national standards of practice.

1. STEP 1: NATIONAL STANDARD OF PRACTICE WORKGROUP ESTABLISHED

a. The executive sponsors of the VA national standard of practice initiative identify appropriate criteria for a VA health care occupation to develop the national standard of practice.

b. For each identified VA occupation, the authorizing Assistant Under Secretary for Health establishes a workgroup to develop the VA national standard of practice. The Office of Regulations, Appeals, and Policy (RAP) assigns a representative to assist with the process.

2. STEP 2: CONDUCT STATE VARIANCE ANALYSIS AND INTERNAL STAKEHOLDER CONSULTATION

a. The workgroup conducts research to identify practices that are not recognized by every State licensing, certification or registration board yet enhance the practice and efficiency of the profession throughout the Veterans Health Administration (VHA).

b. The workgroup consults with VA and VHA stakeholders, as appropriate. **NOTE:** *A formal draft must not be shared with stakeholders at this step.* VA and VHA stakeholders include but are not limited to:

- (1) Workforce Management and Consulting for human resources policy.
- (2) VHA Office of Discovery, Education, and Affiliate Networks, if there are impacts or risks involving professional education and training standards.
- (3) Offices responsible for patient safety, facility accreditation and credentialing and privileging, as appropriate.
- (4) Pharmacy Benefits Management Services if proposed standards involve medication administration, prescribing or selection.
- (5) The National Center for Ethics in Health Care.

3. STEP 3: DEVELOP DRAFT STANDARD AND ENGAGEMENT PLAN

- a. The workgroup drafts a proposed VA national standard of practice using best practices identified in State variance and stakeholder feedback.
- b. The workgroup develops an engagement plan including a summary of key internal consultations and any anticipated issues.

4. STEP 4: INTERNAL REVIEW AND DEPARTMENT OF DEFENSE CONSULTATION

- a. The workgroup, via RAP, sends the draft national standard of practice and engagement plan to the Standards Internal Review Group (SIRG), which consists of representatives from: Quality Management; Chief of Staff (VA medical facility-level); Office of Academic Affiliations; Associate Director, Patient Care Services (VA medical facility-level); National Center for Ethics in Health Care; Workforce Management and Consulting; National Surgery Office; Credentialing and Privileging; Chief Medical Officer (VA medical facility-level); and Electronic Health Record Modernization.
- b. The workgroup, via RAP, sends the draft national standard of practice and engagement plan to appropriate leadership of the office responsible for implementation of the new VA electronic health record system as an opportunity to flag any concerns with tasks and duties included in the draft national standard of practice that the system cannot support.
- c. The workgroup, via RAP, sends the draft national standard of practice and engagement plan to liaisons within the Department of Defense (DoD) as a notification and opportunity to flag lack of alignment with DoD standards.

5. STEP 5: VHA SENIOR LEADER APPROVAL

The appropriate Assistant Under Secretary for Health for each health care occupation approves the draft national standard of practice and engagement plan.

6. STEP 6: INTERNAL AND EXTERNAL STAKEHOLDER ENGAGEMENT

Engagements in most cases will proceed sequentially as follows:

- a. **VHA and VA Front Offices.** The workgroup, via RAP, notifies VHA Chief of Staff that the draft national standard of practice is ready for engagement with stakeholders external to VA so that the VHA Chief of Staff can raise any issues to VA as needed.
- b. **Office of General Counsel.** The workgroup, via RAP, sends the draft national standard of practice and engagement plan to the Office of General Counsel (OGC) to address any legal issues.
- c. **Unions.** The workgroup, via RAP, engages VA unions informally on the draft national standard of practice. The intent is to collaborate with and receive input from

union partners, consistent with the Secretary of VA and White House priorities for union engagement.

d. **Congress.** The workgroup, via RAP, sends the draft national standard of practice to Congress, through the VHA Office of Congressional and Legislative Affairs, for awareness and review.

e. **State Boards and Other Registration and Certification Bodies.** The workgroup, via RAP, notifies each pertinent State Licensing Board or registration or certifying body of the draft national standard of practice, and requests that the Board or body identify any concerns over the draft national standard of practice and provides an opportunity for the entity to meet with VA and provide written feedback. Such notification should include any information known to the workgroup on deviations from that State or registration or certifying body's requirements or authorities.

f. **Veterans, Professional Organizations, Employees and the Public.**

(1) The draft national standard of practice is published as a notice on the Federal Register, which provides a 60-day period for the public, including professional associations and unions, to comment on the draft. **NOTE:** *This comment period is concurrent with the VA employee comment period.*

(2) The draft national standard of practice is published on a VA internal website to obtain comments from VA employees only. **NOTE:** *This comment period is concurrent with the Federal Register comment period. The SharePoint site can be accessed here: <https://dva.gov.sharepoint.com/sites/VACOVHACOS/10B4/PIRP/SitePages/NationalStandardofPractice.aspx>. This is an internal VA website that is not available to the public.*

(3) The workgroup may solicit comments from other professional organizations or associations separately.

7. STEP 7: REVISION AND FORMAL POLICY CONCURRENCE PROCESS

a. **Review Comments and Revise Draft.** The workgroup reviews comments from all stakeholders, including Congressional, State Licensing Boards, public comments received from the Federal Register and VA employees, and revises the draft, as appropriate.

(1) Within a month after a proposed national standard of practice is closed for feedback, VA posts a Comment Count Report to the public website, which provides data on how many VA employees, individuals from the public, State licensing boards, professional associations and certification or registration bodies (as applicable) provided feedback on the proposed VA national standard of practice. **NOTE:** *The Comment Count Report will be posted to the National Standards of Practice website at <https://www.va.gov/standardsofpractice/>.*

(2) VA then develops a Feedback Summary Report, which summarizes all the comments received, VA's responses, and any revisions made to the final national

standard of practice written in VHA policy as a result of feedback received. **NOTE:** *The Feedback Summary Report may take several months to compile and will be posted to the National Standards of Practice website at <https://www.va.gov/standardsofpractice/>.*

b. **Notify VHA Governance Board.** The workgroup, via RAP, sends the draft national standard of practice to the VHA Governance Board, which includes VA Central Office and Veterans Integrated Service Network (VISN) Directors, for awareness before implementation.

c. **VHA Policy Concurrence Process.** RAP manages the process to:

- (1) Obtain all VHA senior leader concurrence.
- (2) Obtain OGC concurrence.
- (3) Obtain Labor-Management Relations concurrence.
- (4) Obtain final VHA senior leader approval.

8. STEP 8: PUBLISH NATIONAL STANDARD OF PRACTICE

a. The national standard of practice for each occupation is published as an appendix to this directive. The directive is accessible on the VHA Publications websites at: <https://vaww.va.gov/vhapublications/> (internal, not accessible to the public) and <https://www.va.gov/vhapublications/> (external).

b. This directive will be amended and updated as additional national standards of practice are published.

9. STEP 9: ENGAGE EMPLOYEES

a. The publication date of each national standard of practice is listed in the applicable appendix. The effective date of each national standard of practice may differ from the publication date to allow for delayed implementation and further engagement of VA employees.

b. Before the effective date, if there are any changes to practice, VA and VHA will engage employees within the occupation to provide guidance on how the changes will be implemented, including training and education requirements.

10. STEP 10: VA NATIONAL STANDARD OF PRACTICE IS EFFECTIVE

KINESIOTHERAPIST NATIONAL STANDARD OF PRACTICE

1. Kinesiotherapists provide acute, sub-acute or post-acute rehabilitative therapy and wellness interventions. These interventions focus on therapeutic exercise, mobility, reconditioning, education and behavior change emphasizing the psychological as well as physical interventions to enhance outcomes for a holistic approach to rehabilitation. Kinesiotherapists are allied health professionals competent in the administration of scientifically based musculoskeletal, neurological, ergonomic, biomechanical, psychosocial and task-specific functional tests and measures combined with other evidence-based modalities used to physically, physiologically and psychologically improve human function, movement and well-being.
2. Kinesiotherapists in the Department of Veterans Affairs (VA) possess the education and registration required by VA qualification standards. See VA Handbook 5005, Staffing, Part II Appendix G21, dated July 16, 2020.
3. VA Kinesiotherapists practice in accordance with Board of Registration for Kinesiotherapists standards from Council on Professional Standards for Kinesiotherapy, available at: <https://akta.org/>. VA reviewed license, certification and registration requirements for this occupation on March 2023 and confirmed that all Kinesiotherapists in VA follow this national registration.
4. The National Physical Medicine & Rehabilitation Program Office within the Office of Patient Care Services is responsible for the content of this appendix. Questions about this national standard of practice may be referred to: vhapmrsprogramofficehelp@va.gov. This appendix is scheduled for recertification on or before the last working day of September 2028.

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

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OPHTHALMOLOGY TECHNICIAN NATIONAL STANDARD OF PRACTICE

1. Ophthalmology Technicians are eye health care professionals qualified to assist ophthalmologists and other licensed independent eye care practitioners in the diagnostic evaluation, management, treatment, and education of patients with medical and surgical conditions affecting the visual system. Their duties include documenting patient histories, assessing visual and ocular function, performing tests and ophthalmic imaging, administering topical ocular medications (i.e., drops or ointment, including anesthetic, dye, dilation, cycloplegic or antibiotics), and providing patient care.
2. Ophthalmology Technicians in the Department of Veterans Affairs (VA) possess the education and certification required by VA qualification standards. See VA Handbook 5005, Staffing, Part II, Appendix G52, dated February 7, 2018.
3. VA Ophthalmology Technicians practice in accordance with the Allied Ophthalmic Personnel Certification standards from the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), available at: <https://jcahpo.org/>. VA reviewed certification requirements for this occupation in March 2023 and confirmed that all Ophthalmology Technicians in VA follow this national certification.
4. The VHA Ophthalmology Service within the Office of Clinical Services is responsible for the content of this appendix. Questions about this national standard of practice may be referred to: VHAOphthalmologyTechnicianNSPWorkGroup@va.gov. This appendix is scheduled for recertification on or before the last working day of December 2028.

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