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CHAPTER 2. APPOINTMENT**SECTION B. APPOINTMENT****1. SCOPE**

The provisions of this section apply to individuals appointed under chapter 73 or 74 of title 38, United States Code. This includes such employees as physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs (physician assistants), EFDAs (expanded-function dental auxiliaries) RTs (certified respiratory therapy technicians or registered respiratory therapists, PTs (licensed physical therapists), LPNs (licensed practical or vocational nurses), OTs (occupational therapists), and pharmacists. The term residents includes interns.

2. REFERENCES

- a. 38 U.S.C., chapters 73 and 74
- b. MP-5, part I, chapters 300, 733
- c. 5 CFR Part 310
- d. MP-7
- e. M-3
- f. 5 U.S.C.

3. POLICY**a. Preference to Veterans**

(1) The primary consideration in making appointments of physicians, dentists, podiatrist, optometrists, nurses, nurse anesthetists, PAs and EFDAs under 38 U.S.C., chapter 73 or 74, will be the professional needs of VHA. Consistent with this policy, however, veterans will be given preference when qualifications of candidates are approximately equal. This includes qualified disabled veterans and preference eligibles as defined in 5 U.S.C. 2108.

(2) When candidates for positions identified in 38 U.S.C. 7401(3), such as RTs, PTs, LPNs, OTs, or pharmacists, are determined to be approximately equally qualified for a particular opening, hiring preference will be given to veterans and preference eligibles as defined in 5 U.S.C. 2108. Selections from among these candidates will be made in the following order:

- (a) Disabled veterans who have a service-connected disability of 10 percent or more.
- (b) Preference eligibles under 5 U.S.C. 2108(3) (C) through (G) other than those above (e.g. disabled veteran; unmarried widow or widower of a veteran who served on active duty in wartime or other designated service period; spouse of a service-connected disabled veteran not

qualified for civil service employment; mother of a veteran who lost his/her life in wartime or other designated service period; mother of a service-connected permanently and totally disabled veteran.)

(c) Preference eligibles under 5 U.S.C. 2108(3)(A) and (B) (i.e., veteran who served on active duty in wartime or other designated service period.)

(d) All other candidates.

b. **Dual Employment.** Except as otherwise provided in this paragraph, no full-time employee appointed under authority of 38 U.S.C., chapter 73 or 74, will concurrently hold any other type of appointment in VA. A medical resident may, however, serve as an admitting physician in accordance with criteria established by the Under Secretary for Health. No consultant, attending, fee-basis, part-time or intermittent employee in one of these occupations will simultaneously hold more than one compensable type of employment in VHA unless there is no other available and equally well-qualified individual available to provide the necessary service. The following personnel may hold more than one full time appointment provided it is not contrary to 5 U.S.C. 5533: full-time personnel appointed under 38 U.S.C. 7401(3), personnel in occupations listed in 38 U.S.C. 7401(3) who are appointed on a full-time basis under 38 U.S.C. 7405(a)(1), and medical support personnel appointed on a full-time basis under 38 U.S.C. 7405(a)(1).

c. **Equal Opportunity for Employment.** Employment actions will be taken on the basis of merit and without discrimination for such reasons as race, color, religion, national origin, sex, lawful partisan political affiliation, marital status, physical or mental disability] when the individual is qualified to do the work, age, or membership or non-membership in a labor organization. (See MP-7.)

d. **Member of Family Restrictions.** Employment actions will conform to the restrictions governing the employment of family members as provided in CFR Part 310 and MP-5, part I, chapter 300.

e. **Restrictions Regarding Political Activity.** Employees appointed under authority of 38 U.S.C., chapter 73 or 74, are subject to the political activity restrictions in 5 U.S.C., chapter 73 and MP-5, part I, chapter 733.

Authority: 38 U.S.C.501(a), 7423; 38 U.S.C. 7403(f); 5 U.S.C. 73

4. REQUIREMENTS FOR APPOINTMENT

a. **Citizenship.** Except as provided by 38 U.S.C. 7405, United States citizenship is required for appointment under authority of 38 U.S.C., chapter 73 or 74. Appointees must furnish official evidence of United States citizenship.

b. Licensure, Registration or Certification

(1) Physicians, dentists, podiatrists, optometrists, nurses and nurse anesthetists will be required to furnish official evidence of current, full and unrestricted licensure and/or registration, as

appropriate, in one of the States or Territories of the United States, the Commonwealth of Puerto Rico, or in the District of Columbia, before being appointed under authority of 38 U.S.C. 7306, 7401(1) or 7405(a)(1) or (B). Physicians, dentists, podiatrists and optometrists will maintain and furnish evidence of current registration in their State of licensure if this is a requirement of the particular State for continuing, active, current licensure. Nurses and nurse anesthetists must maintain and furnish evidence of current, full and unrestricted registration as a graduate professional nurse in one of the States or Territories of the United States, or in the District of Columbia.

(2) The licensure or registration requirement may be waived by the appointing official or designee for appointments of physicians, dentists, podiatrists, optometrists, nurses and nurse anesthetists under 38 U.S.C. 7405 in the following instances:

(a) The physician, dentist, podiatrist or optometrist is assigned to a research or academic post and to a position having no direct responsibility for the care of patients.

(b) The physician, dentist, podiatrist, optometrist, nurse or nurse anesthetist is to serve in a country other than the United States and is licensed or registered in that country.

(3) EFDAs will be required to furnish official evidence of current, full and unrestricted licensure in a State as a dental hygienist or of current certification as a dental assistant before being appointed under 38 U.S.C. 7401(1) or 7405. EFDAs will maintain and furnish evidence of such licensure or certification during employment.

(4) PTs, LPNs and pharmacists will be required to furnish official evidence of current, full and unrestricted licensure in a State before being appointed under authority of 38 U.S.C. 7401(3) or 7405 and will maintain and furnish evidence of such licensure during employment.

(5) RTs OTs, or PAs will be required to furnish evidence of registration or certification, as appropriate, before being appointed under 38 U.S.C. 7401(3) or 7405.

c. **Qualification Standards.** VA qualification standard requirements must be met prior to appointment under 38 U.S.C., chapter 73 or 74.

d. **English Language Proficiency.** No person will be appointed under authority of 38 U.S.C., chapter 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English.

e. **Effective Date of Appointment.** Appointments will be effective on the entrance-on-duty day, except as indicated below.

(1) **Full-time Physicians, Dentists, Podiatrists and Optometrists.** When the appointee is to enter on duty on Monday, the appointment will be effective on the preceding Sunday provided the employee is available for duty on that day. Sunday will be considered an administrative non-duty day. If Monday is a holiday, the appointment will be effective on the entrance-on-duty day. This paragraph also applies to individuals in other occupations who are being appointed under 38 U.S.C. 7306.

(2) **Nurses, Nurse Anesthetists, PAs, EFDAs, RTs, PTs, LPNs, OTs and Pharmacists.** When the appointee is to enter on duty on the first Monday in a pay period, the appointment will be effective on the first Sunday of the pay period. If Monday is a holiday, the appointment will be effective on the entrance-on-duty day.

(3) **Restoration After Military Service or Compensable Injury.** An exception to the above effective dates may be made if required to satisfy statutory or regulatory provisions such as restoration after military service or compensable injury.

5. PROFESSIONAL STANDARDS BOARDS

a. **Purpose.** Professional Standards Boards will be established to act on appointments, advancements, and probationary reviews of physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs and EFDAs. Boards will determine eligibility and recommend the appropriate grade for appointments under authority of 38 U.S.C. 7401(1) and 7405(a)(1); recommend candidates for advancements; administer professional examinations; and conduct probationary reviews.

b. **Procedures.** The Under Secretary for Health or designee may establish procedures for appointing employees with no action by a Professional Standards Board in instances such as:

- (1) Appointment of a nurse technician.
- (2) Temporary appointment pending processing by a Professional Standards Board.
- (3) Conversion of an employee appointed under 38 U.S.C. 7401 (1) to an appointment under 38 U.S.C. 7405(a)(1).
- (4) Conversion of an employee from an appointment under 38 U.S.C. 7405(a)(1) to an appointment under 38 U.S.C. 7401(1) provided the employee had previously acquired permanent status under 38 U.S.C. 7401(1) and has had continuous service under 38 U.S.C., chapter 73 or 74 since acquiring such status.

c. **Membership.** A Professional Standards Board for physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs and EFDAs will be composed as follows:

Three employees appointed under 38 U.S.C., chapter 73 or 74 or their alternates. For nurses, the Professional Standards Board may have either three members or five members. One of the members will be appointed as chairperson of the board.

- (2) Solely of physicians to consider a physician.
- (3) Three physicians, or two physicians and one nurse anesthetist to consider a nurse anesthetist.
- (4) Three physicians, or two physicians and one PA to consider a PA.

- (5) Solely of dentists to consider a dentist.
- (6) Three dentists, or two dentists and one EFDA to consider an EFDA.
- (7) Solely of nurses to consider a nurse.
- (8) One physician and two podiatrists to consider a podiatrist.
- (9) One physician and two optometrists to consider an optometrist.

Authority: 38 U.S.C. 501(a) , 7421

6. STANDARDS BOARDS

a. **Purpose.** Standards Boards will be established in Headquarters, in each of the VISNs, and, where needed, at field facilities to act on appointments and advancements of candidates to occupations identified in 38 U.S.C. 7401(3), such as RTs, PTs, LPNs, OTs, and pharmacists. Boards will determine eligibility and recommend the appropriate grade level for appointment under authority of 38 U.S.C., chapter 73 or 74, and will recommend candidates for advancements.

b. Procedures

(1) The Under Secretary for Health or designee may establish procedures for appointing employees with no action by a Standard Boards for temporary appointments pending processing for an appointment under 38 U.S.C. 7401(3), and for graduate physical therapists, graduate practical or vocational nurses, graduate occupational therapists, and graduate pharmacists appointed under 38 U.S.C. 7405(a)(1).

(2) Headquarters Standards Boards will act on Headquarters actions and review recommendations of local or VISN/Regional Boards which require approval of the Under Secretary for Health or designee. Headquarters Boards will act on promotion reconsideration requests only when a VISN/Regional Board was part of the initial review process. (See MP-5, pt. II, ch. 5) The Under Secretary for Health or designee will appoint Headquarters Boards.

(3) VISN/Regional and Alternate VISN/Regional Standards Boards, at locations designated by the Under Secretary for Health or designee, will conduct initial boards when a facility cannot properly constitute a local board. Directors of the facilities where boards are located will appoint members. Service Chiefs of these facilities will recommend members for RT, PT, and OT boards; Chief, Nursing Service or the nurse assigned as Associate Director for Nursing or Associate Director for Patient Care Services will recommend members for LPN boards; and the Chief, Pharmacy Service will recommend members for pharmacist boards.

(4) Local Standards Boards will be appointed by the facility Director. Service Chiefs will recommend members for RT, PT and OT boards; Chiefs, Nursing Service or the nurse assigned as Associate Director for Nursing or Associate Director for Patient Care Services will

recommend members for LPN boards; and the Chief, Pharmacy Service will recommend members for pharmacist boards.

c. Membership

(1) A Standards Board for RTs, PTs, LPNs, OTs and pharmacists will be composed as follows:

(a) Three probationary or permanent employees appointed under 38 U.S.C., chapter 73 or 74 or their alternates. One of the members will be appointed as chairperson for each board.

(b) For RTs, either three physicians, or two physicians and one RT. The chairperson will be a physician.

(c) For PTs, either one physician and two PTs; two physicians and PT; or three physicians. Three physicians will be appointed when there are three fewer PTs on the staff or when a board cannot be properly constituted other wise. The chairperson will be a physician.

(d) For LPNs, two registered nurses and one LPN. In Headquarters, the board will consist of three registered nurses. The chairperson will be a registered nurse.

(e) For OTs, one physician and two OTs or two physicians and one OT. The chairperson will be a physician.

(f) For pharmacists, three pharmacists with one designated as chairperson. In Headquarters, individuals with related experience may be appointed when appropriate.

(2) Each board member will be in a grade equal to or higher than the grade for which the candidate is being considered.

Authority: 38 U.S.C. 501(a), 7421

7. DEANS COMMITTEES AND MEDICAL ADVISORY COMMITTEES

(See M-8, pt. I, ch. 3.)

a. **Establishment.** The Under Secretary for Health or designee in Headquarters will approve the establishment of these committees and advisory bodies.

b. **Membership.** The facility Director will appoint members from nominees submitted by the committee chairperson. If the chairperson is not Dean of the affiliated medical school, the nomination letters will include the Dean's written concurrence.

Authority: 38 U.S.C. 501(c)(1), 7421

8. HEADQUARTERS AND OTHER APPOINTMENTS AND DESIGNATIONS UNDER 38 U.S.C. 7306

a. **Statutory Designations.** 38 U.S.C. 7306 provides for the appointment by the Secretary of a limited number of employees to fill specifically designated positions in VHA. These positions include:

(1) Deputy Under Secretary for Health

(2) Associate Deputy Under Secretary for Health

(3) Eight ACMDs (Assistant Chief Medical Directors), including one dentist responsible for the operations of Dental Service. Not more than two ACMDs may be individuals qualified in administering health services who are not physicians or dentists. One ACMD must be a physician trained in or with extensive experience in geriatrics responsible to the Under Secretary for Health for evaluating all research, educational and clinical health care programs in VHA in geriatrics and who serves as the principal advisor to the Under Secretary for Health in this area.

(4) Medical Directors

(5) Directors of Nursing Service, Chaplain Service, Pharmacy Service, Nutrition and Food Service, Podiatric Service, and Optometric Service.

b. **General Appointment Requirements.** Persons appointed under authority of 38 U.S.C. 7306 will be required to meet the basic qualifications set forth in 38 U.S.C., chapter 73 or 74 and VA qualifications standards. Recommendations for appointment will be made by the Under Secretary for Health and forwarded with appropriate documentation through the Assistant Secretary for Human Resources and Administration to the Secretary for approval. An application from and a physical examination are required for candidates who are not VA employees.

c. **Terms of Appointment.**

(1) Except for the Director, Chaplain Service, appointments made by the Secretary under authority of 38 U.S.C. 7306 will be for a period of four years.

(a) Appointments may be renewed for successive four-year periods.

(b) Appointments or reappointments may be extended by the Secretary for any period not to exceed three years. Appointments may be extended any number of times, but the combined period of continuous service on such extensions may not exceed three years.

(c) Individuals serving on 38 U.S.C. 7306 appointments may be reassigned at the same grade level during a period of initial appointment, reappointment, or extension of the appointment. However, if a reassignment involves a change in grade, the employee must be given a new four-year appointment.

(2) **Senior Medical Investigators.** See chapter 3, this part, and M-3.

(3) **Director, Chaplain Service.** Under the provisions of 38 U.S.C. 7306(e)(1), the Secretary may designate a member of the Chaplain Service of VA as Director, Chaplain Service, for a period of two years. Redesignation may be made for any period not exceeding two years.

Authority: 38 U.S.C. 501, 7421; 38 U.S.C. 7306

9. PROBATIONARY AND PERMANENT APPOINTMENT UNDER 38 U.S.C. 7401(1)

Only full-time appointments of physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs, and EFDAs will be made under authority of 38 U.S.C. 7401(1). These appointments will be subject to the 2-year probationary period specified by 38 U.S.C. 7403(b) except in certain reemployment actions when part or all of the prior service is creditable toward completion of the probationary period. (See MP-5, pt. II, ch. 4.)

Authority: 38 U.S.C.501, 7421; 38 U.S.C. 7401(1)

10. PROBATIONARY AND PERMANENT APPOINTMENTS UNDER 38 U.S.C. 7401(3)

Only full-time appointments of RTs, PTs, LPNs, OTs and pharmacists will be made under authority of 38 U.S.C. 7401(3). These appointments will be subject to probationary period requirements of Title 5, U.S.C.

11. TEMPORARY FULL-TIME, PART-TIME AND INTERMITTENT APPOINTMENTS UNDER 38 U.S.C. 7405

a. Temporary Full-Time

(1) Individuals appointed to occupations identified in 38 U.S.C. 7401(1) and 7401(3), such as physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs, EFDAs, RTs, PTs, LPNs, OTs and pharmacists, may be appointed under 38 U.S.C. 7405(a)(1) provided the appointing official determines it impractical to obtain necessary services under authority of 38 U.S.C. 7401(1) or 7401(3).

(2) Distinguished Physicians may be appointed under this authority by the Under Secretary for Health.

b. Part-Time and Intermittent

(1) Physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs, EFDAs, RTs, PTs, LPNs, OTs and pharmacists may be appointed under authority of 38 U.S.C. 7405(a)(1).

(2) A part-time appointment will be used when the employee is required to work a tour of duty scheduled in advance and is limited to less than the specified hours or days of work for a full-

time employee. Intermittent appointments will be used where the need for service is irregular and a predetermined schedule is impractical.

c. **Without Compensation**

(1) Physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs, EFDAs, RTs, PTs, LPNs, OTs, pharmacists, trainees in medical support programs, and other professional, technical, clerical and unskilled personnel may be appointed under authority of 38 U.S.C. 7405(a)(1).

(2) Residents may be appointed under authority of 38 U.S.C. 7406.

d. **Consultants and Attendings.** Consultants and attendings may be appointed under authority of 38 U.S.C. 7405(a)(1) or (2) consistent with the needs of the service as follows:

(1) **Lump-Sum Fee Basis.** Appointments will be made under 38 U.S.C. 7405(a)(2) when the need for the services of the consultant or attending is intermittent and cannot be determined in advance with reasonable accuracy.

(2) **Per Annum Salary Basis.** Appointments will be made under 38 U.S.C. 7405(a)(1) when the need for the services of the consultant or attending is regular and recurring and can generally be scheduled in advance.

e. **Residents**

(1) Residents may be appointed under the authority of 38 U.S.C. 7406 for training.

(2) Residents must be graduates of approved schools of medicine or dentistry unless an exception is made by the Under Secretary for Health or designee.

f. **Fee Basis.** Professional and technical personnel may be appointed under authority of 38 U.S.C. 7405(a)(2) to perform services for VA on a fee basis. Appointments may be made for an indefinite period.

g. **Nurse Technicians.** The following nurse technicians may be appointed under 38 U.S.C. 7405(e).

(1) **Graduate Nurse Technician.** A graduate nurse who has successfully completed a full course of nursing in an approved school of nursing and whose registration as a graduate nurse in a State is pending.

(2) **Nurse Technician Pending Graduation.** A graduate nurse who has successfully completed a full course of nursing in an approved school of nursing and whose registration as a graduate nurse in a State is pending.

(3) **Student Nurse Technician.** A student enrolled in an approved school of nursing.

(4) **Graduate Practical/Vocational Nurse.** A graduate practical or vocational nurse who has successfully completed a full course of practical or vocational nursing in an approved school and whose licensure in a State is pending.

h. **Physical Therapy Technicians.** The following physical therapy technicians may be appointed under 38 U.S.C. 7405(a)(1)(B):

(1) **Graduate Physical Therapist.** A graduate physical therapist who has successfully completed a full course of physical therapy in an approved school, an approved physical therapy clinical practice program, and whose licensure in a State is pending.

(2) **Student Physical Therapy Technician.** A student enrolled in an approved school of physical therapy.

i. **Occupational Therapy Technicians.** The following occupational therapy technicians may be appointed under 38 U.S.C. 7405 (a)(1)(B):

(1) **Graduate Occupational Therapist.** A graduate occupational therapist who has successfully completed a full course of occupational therapy in an approved school and whose certification is pending.

(2) **Student Occupational Therapy Technician.** A student enrolled in an approved school of occupational therapy.

j. **Pharmacy Technicians.** The following pharmacy technicians may be appointed under 38 U.S.C. 7405(c)(2):

(1) **Graduate Pharmacy Technician.** A graduate pharmacist who has successfully completed a full course of study in pharmacy from an approved school and whose license in a State is pending.

(2) **Student Pharmacy Technician.** A student enrolled in an approved school of pharmacy.

k. **Student Employment.** Students may be appointed under 38 U.S.C. 7405(a)(1) as medical support personnel to meet temporary staffing needs and create a source of talented people interested in employment with VA in health career occupations.

l. **Medical Support Personnel.** When it is impractical to obtain necessary services through regular competitive employment procedures, medical support personnel may be appointed under 38 U.S.C. 7405(d) on a full-time [basis for a period not-to-exceed 3 years, or a] part-time or intermittent basis for a period not to exceed one year. [Full-time appointments under this authority may be renewed for one or more additional periods not in excess of 3 years each. Part-time and intermittent appointments are non-renewable.] Trainees in medical support programs may be appointed under this authority on a full-time (not to exceed one year), part-time or intermittent basis. Under no circumstances may this authority be used to circumvent the competitive employment procedures, the competitive system pay limitations and the qualification requirements for competitive appointments.

m. **Noncitizens.** After a determination that qualified citizens are not available, necessary personnel may be appointed under authority of 38 U.S.C. 7405(a) or (b) without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Requests to petition the United States Information Agency for a waiver of the two-year foreign residence requirement under 22 CFR Part 514 must be approved by the Under Secretary for Health or designee; no appointment may be effected or commitment made until the required approval is received from the Immigration and Naturalization Service.

n. **Graduate Physician Assistant.** A graduate physician assistant who has successfully completed a full course of training as a physician assistant in an approved program, and whose certification is pending, may be appointed under 38 U.S.C. 7405(c)(2).]

Authority: 38 U.S.C.501(a), 7421, and 7405

12. GRADE AND/OR STEP RATE ADJUSTMENTS

a. The grade and/or step rate of a physician, dentist, podiatrist, optometrist, nurse, nurse anesthetist, PA or EFDA appointed under authority of 38 U.S.C. 7306, 7401(1) or 7405(a)(1) may be adjusted if it is determined upon review of a Board Action that the employee was not appointed commensurate with qualifications. Upon grade adjustment, the step rate will be set using MP-5, part II, chapter 3, section A, but will not be subject to the two-step rate increase limit on promotions.

b. The grade and/or step rate of an employee appointed under 38 U.S.C. 7401(3), or an employee appointed under 7405(a)(1) to an occupation listed in 38 U.S.C. 7401(3), may be adjusted if it is determined upon review of a Board Action that the employee was not appointed commensurate with qualifications. Upon grade adjustment, the step rate will be set using MP-5, part II, chapter 3, sections A and F.

Authority: 38 U.S.C. 501(a) and 7421

13. REEMPLOYMENT

a. **After Military Service or Compensable Injury.** Employees who leave nontemporary positions in VHA (those appointed under authority of 38 U.S.C. 7306, 7401(1), 7401(3) and without time limit under 7405(a)(1)) to enter active military service or are separated as a result of sustaining a compensable injury are entitled to reemployment rights under applicable laws and 5 CFR Part 353. Applicants for reemployment must meet the qualification standard requirements in effect at the time of their initial appointment to the occupation in VHA. This includes the maintenance of current, full, active and unrestricted licensure, registration, and/or certification, as appropriate.

b. **After Retirement Under Title 5, United States Code.** Persons who have retired under the provisions of Title 5, U.S.C., may be reemployed in VHA.

c. After Appointment Under 38 U.S.C. 7306

(1) The Under Secretary for Health may recommend to the Secretary reappointment of individuals appointed under 38 U.S.C. 7306.

(2) An employee initially appointed under authority of 38 U.S.C. 7306 may be reemployed under the authority of 38 U.S.C. 7401(1), except for individuals ineligible for such an appointment.

(3) An employee who relinquished an appointment under authority of 38 U.S.C. 7401(1) in order to accept an appointment under authority of 38 U.S.C. 7306 shall be entitled to reemployment under authority of 38 U.S.C. 7401(1) upon termination of the appointment under 38 U.S.C. 7306 for any reason other than cause.

(4) An employee who relinquished a permanent Title 5 appointment in order to accept an appointment under authority of 38 U.S.C. 7306 shall be entitled to reemployment under authority of Title 5 upon termination of the appointment under 38 U.S.C. 7306 for any reason other than cause.

d. After Designation as Director, Chaplain Service Under 38 U.S.C. 7306(e)(1). An employee designated as Director, Chaplain Service, shall be entitled to return to the position, grade, and status held immediately prior to this designation upon completion of the period of service. All service as Director, Chaplain Service, shall be creditable as service in the position held prior to the designation.

e. After Separation for Disciplinary, Disqualification or for Physical Reasons. The reemployment of any person who was discharged from the service under 38 U.S.C., Chapter 74, Subchapter V must be approved by the Under Secretary for Health. The reemployment of any person who was separated during probation, by disqualification or for disability, or while charges were pending under 38 U.S.C., Chapter 74, Subchapter V, must be approved by the Under Secretary for Health or designee.

Authority: 38 U.S.C. 501(a), 7421; 38 U.S.C. 7306, 7401, 7405, 7461, 7462, 7463, 7464

14. CONVERSION

All personnel actions changing an employee from one type of appointment to another under authority of 38 U.S.C., chapter 73 or 74 and not involving a break in service will be processed as conversions except changes from or to fee-basis appointments under authority of 38 U.S.C. 7405(a)(2) and lump-sum fee-basis appointments of consultants and attendings under authority of 38 U.S.C. 7405(a)(2), and without compensation appointments under 38 U.S.C. 7405(a)(1). These actions will be processed as new appointments.

Authority: 38 U.S.C. 501(a), 7421; 38 U.S.C. 7405(a)(2)

15. DELEGATION OF AUTHORITY

a. **General Requirements for Appointment.** The Under Secretary for Health or designee will establish requirements, procedures and approving authorities for appointments, reappointments, conversions, grade adjustments, determinations of English language proficiency, and requests to petition the United States Information Agency for a waiver of the two-year home residence requirement. The Under Secretary for Health or designee will also establish membership and procedures for Professional Standards Boards, Standards Boards for individuals appointed to occupations identified in 38 U.S.C. 7401(3), such as RTs, PTs, LPNs, OTs, and pharmacists, Dean Committees, Medical Advisory Committees, and other advisory boards. The Under Secretary for Health may prescribe circumstances and procedures for appointing employees without action by a Professional Standards Board or a Standards Board.

b. **Credentialing, Licensure, Registration and Certification.** The Under Secretary for Health or designee will establish additional credentialing, licensure and/or registration requirements and procedures to assure that only fully qualified and suitable candidates are appointed and retained in VHA. Procedures will be established to thoroughly evaluate applicant credentials, licensure and/or registration status, and to monitor these on a continuing basis for health care employees appointed under 38 U.S.C., chapter 73 or 74.

Authority: 38 U.S.C. 501(a), 7421

CHAPTER 2. APPOINTMENT

SECTION C. QUALIFICATION STANDARDS

1. SCOPE

a. This section applies to all persons appointed under authority of 38 U.S.C. 7306, 7401(1), and 7401(3), and to individuals in the same occupations appointed under 38 U.S.C. 7405, in the Veterans Health Administration (VHA).

b. This section contains qualification standard requirements which must be met by employees such as physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs, (physician assistants), EFDAs (expanded-function dental auxiliaries), RTs (certified respiratory therapy technicians or registered respiratory therapists), PTs (licensed physical therapists), LPNs (licensed practical or vocational nurses), OTs (occupational therapists), pharmacists, and residents.

Authority: 38 U.S.C. 7304; 7402

2. REFERENCES

Title 38, United States Code, chapter 73 or 74.

3. QUALIFICATION REQUIREMENTS

a. **Qualification Standards.** The basic appointment requirements for individuals included within the scope of this section are contained in VA Qualification Standards approved by the Secretary of Veterans Affairs upon recommendations of the Under Secretary for Health. The qualification standards in this section apply to all appointments in these occupations under authority of 38 U.S.C., chapter 73 or 74, regardless of the nature or tenure of the appointment.

b. **Physical Requirements.** Appointees must meet physical requirements specified in MP-5, part II, chapter 10.

c. **Education.**

(1) Approved schools and satisfactory internships or their equivalents for the purpose of 38 U.S.C. 7402, will be those designated in the appropriate qualification standards. The accrediting agency or body for verifying education of applicants is also identified in the qualification standards.

(2) Provisions of 38 U.S.C., chapter 73 or 74, require that individuals have education and licensure, registration or certification as specified in the appropriate qualification standard in order to qualify for assignment of patient care responsibility. Unless otherwise indicated in the qualification standard, an unlicensed candidate may not use professional education as a substitute for the accredited education and/or training required by the qualification standards of another occupation. For example, an unlicensed physician may not be appointed as a PA by using

graduation from medical school as a substitute for completion of an approved PA training program. Likewise, an unlicensed dentist may not be appointed as an EFDA by using graduation from dental school as a substitute for completion of approved dental assistant or hygienist training.

d. **English Proficiency.** Appointees to direct patient care assignments in VHA will be determined proficient in written and spoken English.

e. **Grade Level Determinations.** The grade to which an applicant is appointed will be determined by the individual's qualifications and, in some instances, by the assignment.

Authority: 38 U.S.C. 7304; 7402

DIRECTOR GRADE QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

The use of Director grade is restricted to personnel appointed under 38 U.S.C., chapter 74 who are serving in the position of health care facility Director. Positions approved for Director grade are selected on the basis of scope and complexity of assignment and level of responsibility. Following are the overall requirements for appointment to Director grade in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States.
2. **Physical Standards.** See MP-5, part II, chapter 10.

SECTION B. DUTIES AND GRADE REQUIREMENTS

1. Medical Center Director (Includes Directors of Outpatient Clinics (Independent) and Domiciliaries)

a. **Duties.** Has overall responsibility for planning, organizing, directing, coordinating and controlling medical, administrative, and supporting operations of a medical facility which administers a variety of medical care and treatment for a large geographic area. The Director is responsible for maintaining and improving health care facility and VA relationships through personal, active participation in the administrative, educational, community and social events of Federal, State, local and other affiliated organizations involved in health care delivery, veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care mission, as well as such additional missions as teaching and research.

b. **Grade Requirements.** To be basically qualified, applicants *must* possess *all* of the following KSAOs (knowledges, skills, abilities and other characteristics) needed to perform in the above setting. These KSAOs typically would be gained through progressively responsible management/executive level assignments such as Director, Assistant/Associate, Chief of Staff or equivalent positions in a hospital or allied medical care facility not limited solely to outpatient care.

(1) Ability to establish program objectives and performance goals and to assess progress toward their achievement in carrying out a major health care delivery program.

(2) Ability to deal with persons representing widely divergent backgrounds and interests such as: high level officials in other Federal or State agencies; the medical community (private hospitals, medical schools and medical program); civic, professional, veterans and similar organizations; Members of Congress; representatives of the news media; business leaders; and the general public and to persuade them to consider and accept his/her point of view.

(3) Knowledge of mission, organization, programs and requirements of health care delivery systems, and the ability to manage and direct a health care facility.

(4) Ability to analyze organizational and operational problems of medical facilities and to adjust operations to meet emergency or changing program requirements within available resources and with minimum sacrifice of quantity or quality of work.

(5) Ability to coordinate and integrate the activities of numerous organizational segments of a health care facility.

(6) Knowledge of regulations and standards of various regulatory and medical or other professional credentialing groups, such as the Joint Commission on Accreditation of Health Care Organizations, and ability to reconcile contradictory requirements.

(7) Knowledge of health care fiscal management principles. Also the ability to become readily familiar with the management aspects of Government and agency budget systems, and to develop a comprehensive awareness of the costs and availability of medical equipment, supplies and services.

(8) Knowledge and appreciation of sound personnel management principles and ability to administer a variety of personnel and pay systems based on governing laws or regulations.

(9) Ability to implement Equal Employment Opportunity program objectives and other special employment program objectives.

2. Medical and Regional Office Center Director

a. **Duties.** The medical and regional office center Director has fully delegated line authority and responsibility for executive level management of a consolidated VA health care and veterans benefits facility covering a large geographic area. The Director has responsibility for planning, organizing, directing, coordinating and controlling administrative and supporting operation and for establishing policies and procedures, delegating authority as appropriate to subordinate staff for program administration (often statewide), directing program planning, and directing and participating in the organization, formulation and presentation of the annual budget for the facility. The Director is responsible for maintaining and improving health care facility and VA relationships through personal, active participation in the administrative, educational, community and social events of Federal, State, local and other affiliated organizations involved in health care delivery, veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care and veterans benefits missions.

b. **Grade Requirements.** To be basically qualified, applicants *must* possess *all* of the following KSAOs (knowledges, skills, abilities and other characteristics) needed to carry out the assigned responsibilities in the above setting. These KSAOs typically would be gained through progressively responsible management/executive level assignments at the Director or Assistant Director level, or its equivalent, in a medical care facility or regional office.

(1) Ability to analyze, coordinate and integrate the activities of numerous organizational segments necessary to the provision of veterans benefits and/or medical care and treatment, and to adjust facility operations as needed to meet changing program requirements effectively within available resources.

(2) Knowledge of and ability to apply management principles related to planning, organizing, staffing, directing, coordinating, reporting, allocating resources, and selecting, developing and utilizing subordinate staff.

(3) Ability to establish program objectives and performance goals and to assess progress toward their achievement.

(4) Ability to devise solutions for complex management problems and to develop and interpret policies and regulations of the most difficult nature, to provide leadership in policy development, and to implement policies sensitively and effectively.

(5) Knowledge and appreciation of sound personnel management principles and practices and the ability to apply such knowledge creatively and with sound judgment in meeting the personnel management needs of an organization that has a number of different programs with a variety of employees including professionals.

(6) Ability and willingness to implement Equal Employment Opportunity and other special employment program objectives.

(7) Knowledge of fiscal management principles and budget systems and the ability to become readily familiar with the management aspects of Government and agency budget systems and ceiling controls.

(8) Ability to deal in a professional and effective way with persons representing widely divergent backgrounds and interests such as high level officials in other Federal or State agencies; civic, professional, veterans and similar organizations; Members of Congress; representatives of the news media; business leaders; and the general public.

(9) Knowledge of and ability to keep abreast of changing Federal veterans benefits programs authorized by law and/or the mission, organization, programs and requirements of health care delivery systems.

SECTION C. DEVIATION

The Secretary may, under unusual circumstances and upon recommendation of the Under Secretary for Health, approve reasonable deviations to the qualification standard requirements, when the composite record of qualifications justifies such action.

Authority: 38 U.S.C. 7304, 7402.

PHYSICIAN QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a physician in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of medicine or an equivalent degree resulting from a course of education in medicine or osteopathic medicine. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

a. Schools of medicine holding regular institutional membership in the Association of American Medical Colleges for the year in which the degree was granted.

b. Schools of osteopathic medicine approved by the American Osteopathic Association for the year in which the degree was granted.

c. Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth (i.e., Puerto Rico), or in the District of Columbia as qualifying for full or unrestricted licensure.

d. For residents, graduation from an approved medical school as described above is required except as provided in M-8, part II, chapter 1.

NOTE: The Under Secretary of Health or designee in Headquarters may approve the appointment under authority of 38 U.S.C. 7405 of a physician graduate of a school of medicine not covered above if the candidate is to be assigned to a research or academic position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area. (Also see par. 3d on waiver of licensure provisions.)

3. **Licensure and Registration.**

a. **Physicians (Except Residents).** Current, full and unrestricted license to practice medicine or surgery in a state, Territory, or Commonwealth of the United States, or in the District of Columbia. The physician must maintain current registration in the State of licensure if this is a requirement for continuing active, current licensure. The facility Director may waive this licensure requirement if the physician is to serve in a country other than the United States and the physician has licensure in that country.

b. **Residents.** Current, full and unrestricted license to practice medicine or surgery in a State, Territory or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency, or meet any licensure, registration or other equivalent requirements established for residents of non-VA hospitals with which the VA facility is affiliated for training purposes. The resident must maintain current registration in the State of licensure if this is a requirement for continuing active, current licensure.

c. **Impaired Licensure.** A physician who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

d. **Waiver of Licensure.** Licensure may be waived by the Under Secretary for Health or designee in Headquarters for individuals in research or academic assignments involving no direct patient care responsibilities in accordance with current regulations.

4. **First-Year Residency (Internship).** Completed a first-year residency, or its equivalent, approved by the Secretary of Veterans Affairs for the year in which it was completed. For a VA resident, the appropriate Deans Committee and Resident Review Board may recommend appointment on the basis of the candidate's acceptability for residency training. Approved residencies are:

a. Those approved by the Council on Medical Education and Hospitals, American Medical Association, in the list published for the year the residency was completed, or

b. Other residencies or their equivalents which the Professional Standards Board determines to have provided an applicant with appropriate professional training. The Board may determine that the residency requirement has been met if the candidate has completed 1 year of postgraduate education.

5. **Physical Standards.** See MP-5, part II, chapter 10.

6. **English Language Proficiency.** Physicians, including residents, appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7405(f).

SECTION B. GRADE REQUIREMENTS

Associate Grade. Meet basic requirements. The individual qualifies to perform general duties under supervision.

Full Grade. Meet the requirements for Associate grade and have completed additional training, such as the second year of an accredited residency, and/or experience which has qualified the individual to perform general duties without supervision.

Intermediate Grade. Meet the requirements for Full grade, and have completed additional training, such as an accredited residency in an area not directly related to the specialty area to which the individual is being assigned, and/or experience which has qualified the individual to perform general duties and some specialized functions and procedures without supervision.

Senior Grade. Meet the requirements for Intermediate grade and have demonstrated recognized professional attainment such as:

1. Past or present faculty appointment in an approved medical school or
2. Completion of an accredited residency in the specialty area to which the individual is being assigned or in a related area, or
3. Current eligibility to sit for the board certification examination in the specialty area to which the individual is being assigned or in a related area, or
4. Comparable achievements in clinical, educational, administrative or research activities.

Chief Grade. Meet the requirements for Senior grade plus attainment of additional recognition in clinical, administrative or research areas. Such recognition may be demonstrated by:

1. Certification by an American Specialty Board, or
2. Significant accomplishments in clinical practice, educational activities, research or administration which clearly distinguish the physician as having the highest professional qualifications in the specialty area to which assigned, such as:
 - a. Past or present faculty appointment at the professional level in an approved medical school, or
 - b. Completion off an accredited residency in the primary specialty area or in a related area to which the individual will be assigned and unusual professional accomplishment such as:
 1. Publication of articles in nationally recognized professional journals, or
 2. Officer in a State or National professional medical organization or
 3. Directorship of a hospital or large clinic.

Executive, Director and Medical Director Grades.

1. **General.** The use of Executive grade is restricted to the position of Chief of Staff or comparable positions; Director grade, to the position of facility Director; and Medical Director grade, to selected positions in Headquarters, Distinguished Physicians, and Senior Medical Investigators. Positions are approved for these grade levels based on the scope and complexity of the assignment and the level of responsibility.

2. **Executive Grade.** Requirements for assignment as a Chief of Staff are contained in M-2, part I. An individual assigned to a position comparable to Chief of Staff must be similarly qualified.

3. **Director Grade.** An individual assigned as Director must meet the requirements specified in Appendix A, Director Grade Qualification Standard.

4. **Medical Director Grade.** An individual assigned at this level will be a recognized expert in the specialty area with demonstrated leadership ability. A Distinguished Physician will be nationally and internationally recognized for scientific, academic and administrative medicine expertise. (See M-2, pt. 1). A Senior Medical investigator will be an outstanding scientist whose research contributions have a far-reaching clinical effect. (See M-3, pt. II.)

Resident. Meet requirements specified in section A. Postgraduate will be based on the period of time completed by the candidate in approved residency training in the specialty of its creditable equivalent as accepted by the appropriate specialty board. (See M-8, pt. II.)

Attendings

1. Meet basic requirements specified in section A.
2. Possess demonstrated ability in the individual field of medicine; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility to the chief of the service or the proper care and treatment of assigned patients.
3. Be capable of giving adequate training to residents assigned to the service in facilities with residency training programs. An attending should be acceptable to the appropriate specialty Review Committee for direction of residency training. An attending not holding a faculty appointment in an associated medical school should be an outstanding member of the profession of the caliber of a faculty member.

Consultants

1. Meet basic requirements specified in section A.
2. Possess outstanding professional ability in the particular field of medicine; be capable of affording the Director and service chief the benefits of professional experience and counsel; and be capable of providing required professional services to maintain the highest possible level of medical care in VA facilities.
3. Be capable, in facilities affiliated with approved medical schools, of accepting the responsibility for and direction of the educational training of residents in the appropriate specialty.

October 30, 1998

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Chapter 2
APPENDIX B**

4. A physician who represents a specialty for which no specialty board exists may be appointed as a consultant if the individual possesses outstanding ability in the particular field of specialization.

SECTION C. DEVIATIONS

The Under Secretary for Health or designee in Headquarters may, under unusual circumstances, approve reasonable deviations to the grade requirements in section B of this qualification standard when the candidate's composite record justifies this action. An applicant will not be given a grade commitment until this is received.

Authority: 38 U.S.C. 7304, 7402.

DENTIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a dentist in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of dental surgery or dental medicine resulting from a course of education in dentistry. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

a. United States and Canadian schools of dentistry listed by the Council on Dental Education, American Dental Association, in the list published for the year in which the course of study was completed.

b. Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth (i.e., Puerto Rico), or the District of Columbia as qualifying for full and unrestricted licensure provided the licensure requirements include a written examination measuring science achievement and a performance examination measuring clinical competence.

NOTE: The Under Secretary for Health or designee in Headquarters may approve the appointment under authority of 38 U.S.C. 7405 of a graduate of a school of dentistry not covered above if the candidate is to be assigned to a research or academic position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area. (Also see par. 4d below on waiver of licensure *provisions*.) *The Under Secretary for Health or designee may also approve the appointment of a graduate of a school of dentistry not covered above as a resident under 38 U.S.C. 7406.*

3. **Residency or Comparable Experience.** At full grade and above, one postgraduate year of hospital training in the form of an approved residency program (general practice or specialty), or comparable experience as a dentist member of a hospital medical staff actively involved in hospital dental care.

4. **Licensure and Registration**

a. **Dentists (Except Residents).** Current, full, and unrestricted license to practice dentistry in a State, Territory, or Commonwealth of the United States (i.e. Puerto Rico), or in the District of Columbia. The dentist must maintain current registration in the State of licensure if this is a

requirement for continuing active, current licensure. The facility Director may waive this licensure requirement if the dentist is to serve in a country other than the United States and the dentist has licensure in that country.

b. Residents (Independent and Integrated Programs)

(1) **United States and Canadian Graduates.** Graduates of approved United States and Canadian schools of dentistry must have a current, full and unrestricted license to practice dentistry in a State, Territory or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency, *or*, for integrated programs, meet any licensure, registration or other equivalent requirements established for residents of non-VA hospitals with which the VA facility is affiliated for training purposes. The resident must maintain current registration in the State of licensure if this is a requirement for continuing active current licensure.

(2) **Foreign Dental School Graduates.** In addition to meeting the requirements in subparagraph (1) above, graduates of foreign schools of dentistry must have successfully completed parts I and II of the examinations given by the National Board of Dental Examiners before the start of the first residency year.

c. **Impaired Licensure.** A dentist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

d. **Waiver of Licensure.** Licensure may be waived by the Under Secretary for Health or designee in Headquarters for individuals in research or academic assignments involving no direct patient care responsibilities in accordance with current regulations.

5. **Physical Requirements.** See MP-5, part II, chapter 10.

6. **English Language Proficiency.** Dentists, including residents, appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7405(f), and 8110.

SECTION B. GRADE REQUIREMENTS

Associate Grade. Meet basic requirements for appointment. The individual qualifies to perform dental general practice under supervision.

Full Grade. Meet basic requirements for appointment, including a residency or comparable experience. (See sec. A, par. 3). The individual qualifies to conduct a limited hospital dental practice without supervision.

Intermediate Grade. Meet basic requirements for appointment and have had additional training and/or experience involving:

1. Satisfactory completion of an accredited 1-year general practice residency plus additional clinical experience to qualify the individual to perform the full range of hospital dental practice procedures without supervision, or

2. Satisfactory completion of 2 years of accredited postdoctoral training, such as:

a. A 2-year general practice residency.

b. Two years, but less than completion, or a training program in a dental specialty.

c. A combination of a 1-year general practice residency and 1 year in a dental specialty program, or

3. Comparable professional experience that has qualified the individual to perform the full range of hospital dental practice procedures without supervision.

Senior Grade. Meet the requirements for Intermediate grade and have demonstrated additional professional attainment such as:

1. Satisfactory completion of an accredited residency or graduate program in the dental specialty to which the individual is being assigned or in a related area, or

2. Past or present faculty appointment in an approved dental or medical school, or

3. Demonstrated proficiency in the practice of hospital dentistry that is considered comparable in value and recognition to either of the above requisites.

Chief Grade. Meet the requirements for Senior Grade *plus* attainment of additional recognition in clinical, administrative or research areas. Such recognition may be demonstrated by one or more of the following:

1. Certification by an American Specialty Board.

2. Eligibility for certification by an American Specialty Board in the dental specialty in which the individual will be assigned, *plus* unusual professional accomplishments, such as:

a. Publication of articles in nationally recognized professional journals, or

b. Elected officer in a State or National dental professional organization, or

c. Past or present faculty appointment at the Associate Professor or Professor level in an approved dental or medical school, or

d. Directorship of a large dental clinic in the military, governmental, or private sector, or

e. Assignment (other than temporary or acting) as Chief of Dental Service, Associate Chief of Staff for Education, or Associate Chief of Staff for Research in any VA medical facility.

3. Significant accomplishments in clinical practice, educational activities, research or administration which clearly distinguish the dentist as having the highest professional qualifications, such as:

- a. Sustained superior performance as a Director of a dental residency program, or
- b. Sustained performance in providing an outstanding level of quality patient care, or
- c. Recognition by a State or National dental professional organization by special award(s) and/or election as an officer, or
- d. Publication of articles in nationally recognized professional journals.

Executive, Director, and Medical Director Grades

1. **General.** The use of Executive grade is restricted to a position comparable to Chief of Staff; Director grade, to the position of facility Director, and Medical Director grade, to selected positions in Headquarters and Senior Medical investigators. Positions are approved for these grade levels based on the scope and complexity of the assignment and the level of responsibility.

2. **Executive Grade.** An individual assigned as Executive grade must have qualifications comparable to those required for a Chief of Staff in M-2, part I.

3. **Director Grade.** An individual assigned as Director must meet the requirements specified in Appendix A, Director Grade Qualification Standard.

4. **Medical Director Grade.** An individual assigned at this level will be a recognized expert in the specialty area with demonstrated leadership ability. A Senior Medical Investigator will be an outstanding scientist whose research contributions have a far-reaching clinical affect. (See M-3, pt. II).

Dental House Staff

1. **General Practice Resident.** Meet requirements specified in section A. except paragraph 3.

2. Residents in Dental Specialties

a. First-Year Residents

(1) A first-year resident must meet the basic requirements in section A. The general practice requirement specified in section A, paragraph 3 is considered desirable; it may be required as a

prerequisite for a dental specialty residency at the option of the program director and facility officials, section A, paragraph 3 does not apply to the appointment of general practice residents

(2) A resident who has completed a general practice residency may be appointed at the second-or third-year postgraduate level (PG-02 or PG-03), depending on the length of the general practice residency program.

b. **Second- and Third-Year Residents.** An individual at these levels must have the qualifications of the first-year resident and, in addition, the following periods of time of approved residency training in the specialty or its creditable equivalent:

- (1) Second-Year Resident 1 Year
- (2) Third-Year Resident 2 Years

c. All appointments at or above the PG-04 level require individual name authorization from the Graduate Medical Education Office (141) in Headquarters.

Attendings

- 1. Meet basic requirements specified in section A.
- 2. Possess demonstrated ability in the individual field of dentistry; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility for the proper care and treatment of assigned patients.
- 3. Be capable of giving adequate training to residents assigned to the service in facilities conducting residency training programs. An attending should be qualified specialist acceptable to the appropriate specialty Review Committee for direction of residency training. An attending not holding a faculty appointment in an associated dental school should be an outstanding member of the profession of the caliber of a faculty member.

Consultants

- 1. Meet basic requirements specified in section A.
- 2. Possess outstanding professional ability in a dental specialty; be capable of affording the Director and the Chief, Dental Service, the benefits of professional experience and counsel; and be capable of rendering required professional services to maintain the highest possible level of dental care in VA facilities.
- 3. Be capable, in facilities affiliated with approved dental schools, of accepting responsibility for and direction of the educational training of residents in the appropriate specialty. A consultant not holding a faculty appointment in an associated dental school should possess equivalent professional qualifications.

4. A dentist who represents a specialty for which no specialty board exists may be appointed as a consultant if the individual possesses outstanding ability in the particular field of specialization.

SECTION C. DEVIATIONS

The Under Secretary for Health or designee in Headquarters may, under unusual circumstances, approve reasonable deviations to the grade requirements including specialty certification when the composite record of qualifications and/or the situation justifies such action. The Under Secretary for Health or designee also may approve, under unusual circumstances, a waiver of Section A, Paragraph 3, "Residency of Comparable Experience," of the Basic Requirements. Applicants will not be given grade commitments prior to the consideration of their qualifications by the Professional Standards Board for dentists and approval of their appointment by the Under Secretary for Health or designee.

Authority: 38 U.S.C. 7304; 7402

PODIATRIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a podiatrist in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizens of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of podiatric medicine, or its equivalent, from a school of podiatric medicine approved by the Secretary of Veterans Affairs. Approved schools are United States schools of podiatric medicine approved by the Council on Podiatry Education of the American Podiatry Association in the year in which the degree was granted.

3. **Licensure or Registration**

a. **Podiatrists (Except Residents).** Licensed to practice podiatry in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. Podiatrists are required to possess full and unrestricted licensure and to maintain a current registration in their State of licensure if this is a requirement of the particular State. The facility Director may waive this requirement if the podiatrist is to serve in a country other than the United States and the podiatrist has licensure in that country.

b. **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency. Unlicensed residents must meet any registration of other equivalent requirements established for residents of non-VA facilities with which the VA health care facility is affiliated for training purposes during the first year of VA residency.

c. **Impaired Licensure.** A podiatrist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

NOTE: Licensure may be waived by the Under Secretary for Health, or designee in Headquarters for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Podiatrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7405(d).

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Associate Grade. None beyond the basic requirements.

Full Grade. Two years of podiatric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association is acceptable in lieu of the 2 years of practice.

Candidate must have demonstrated the professional competence and performance necessary to provide independently podiatric diagnosis, treatment, and surgical intervention.

Intermediate Grade. Meets the requirements in paragraphs 1, 2 and 3 below:

1. Four years of podiatric practice or its equivalent. One year of the required experience must have been in a multidisciplinary clinical setting. Two years of approved residency training or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association and, as applicable, the appropriate specialty board is acceptable in lieu of 4 years of practice, including the above 1-year requirement.

2. The podiatrist at this level possesses stature that would warrant appointment at the clinical instructor or higher level at a school or college of podiatry or other appropriate affiliated school or college.

3. Has achieved a high level of professional attainment as illustrated by one or more of the following typical examples:

- a. Is a recognized expert in dealing with a variety of unusually difficult cases which are referred by other facilities for resolution and recommended courses of action to provide for maximum rehabilitation. Typically, in this capacity serves as a consultant to podiatrists or other professionals in other health care facilities.

- b. Has assumed responsibility for a comprehensive podiatry program at a facility for the care of diabetic, peripheral vascular disease and other systemic conditions involving the foot, and a program for the care of the geriatric patient. Typically, a high degree of competence and skill in responding to the needs of this patient category is demonstrated in the program development and innovative methods and techniques employed. Training in podiatry and medical or other appropriate professional areas and/or research activities of considerable scope commonly from a part of the program.

- c. Has played a significant part in the conduct of research in a problem area of considerable scope and complexity which required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications

authored by the podiatrist are of considerable value to others in the individual's field. Typically overall contributions are recognized by serving on important committees or other bodies in the profession.

d. Has achieved recognition as a full professional member of the medical program through demonstrated skills and aptitudes in handling unusually complex podiatric problems through surgical, prosthetic, and other treatment measures. Physicians regularly consult the podiatrist in arriving at proper courses of treatment in cases having podiatric manifestations. Typically, the podiatrist who is eligible for certification by a specialty board approved by the Council on Podiatry Education of the American Podiatry Association may satisfy this level of competence.

e. Has had full responsibility for carrying out a podiatric training program of significant size in which the podiatrist has been responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. Innovative approaches in development of curriculum and course content and in expanding and improving the educational program have been displayed by the individual.

Senior Grade. Meets the requirements for Intermediate grade and the requirements in paragraphs 1 and 2 below:

1. The podiatrist at this level:
 - a. Possesses such academic stature as would warrant a faculty appointment of a professional level in a school or college of podiatry or other appropriate affiliated school or college, or
 - b. In a recognized specialty, should be certified by a specialty board approved by the Council on Podiatry Education of the American Podiatry Association.
2. Has demonstrated recognized superior professional attainment as evidenced by one or more of the following examples:
 - a. Has served as a team leader in attacking major podiatric problems affecting the continued provision of quality care health services at a VISN, statewide, or national level. There is such confidence in the podiatrist at this level that there is unusual support of the individual's recommendations and conclusions.
 - b. Has had responsibility for carrying out a major podiatric program segment on a national level.
 - c. Has served on a regular basis as a consultant to a national center to which the most difficult types of orthopedic and prosthetic cases are referred from facilities throughout the country.
 - d. Has conducted research in a difficult area of major scientific interest in which has contributed to a substantial advance in the health field with important professional publications.

Chief Grade. Meets the requirements for Senior grade and must have demonstrated a sustained very high level of professional performance with evidence of exceptional professional and/or administrative development as demonstrated by the following:

1. Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope in all areas of podiatry. Typically, the podiatrist at this level has had responsibility for a major podiatric program segment on a nationwide basis, and has been consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and podiatric communities.
2. Outstanding professional attainment. Examples of such attainment are:
 - a. Achievement of outstanding results in research which are regarded as having a major impact on advancing the field.
 - b. Significant number of noteworthy publications in professional journals.

Podiatric House Staff

1. **First Year Resident.** Meet the basic requirements specified in section A.
2. **Second Year Resident.** Have the qualifications of the first year resident and, in addition, have completed 1 year of approved residency training or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association.
3. **Third Year Resident.** Have the qualifications of the second year resident and, in addition, have completed 1 year of approved residency training in the specialty or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association and appropriate specialty board.

Attendings

1. Meet basic requirements specified in section A, paragraphs 1, 2, and 3.
2. Possess demonstrated ability in their individual fields of podiatry; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility for the proper care and treatment of their assigned patients.
3. Be an outstanding member of the profession of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated podiatric or other appropriate affiliated school or college, this would be evidenced by recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to residents or students in facilities conducting residency and/or training programs and be sufficiently

qualified so as to be acceptable to appropriate training review committees responsible for direction of training.

Consultants

1. Meet basic requirements specified in section A, paragraphs 1, 2 and 3.
2. Possess outstanding professional ability in their respective fields of podiatry; be capable of affording the benefits of their professional experience and counsel; and be capable of rendering such professional services as may be required in maintaining the highest possible level of podiatric care in VA facilities.
3. Be capable of accepting the responsibility for, and direction of, the educational training of residents in the program for which they serve as consultants at facilities conducting residency training programs. Consultants not holding faculty appointments in an associated school possess equivalent professional qualifications as evidenced by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the facility.

SECTION C. DEVIATION

The Under Secretary for Health or designee, may, under unusual circumstances, approve reasonable deviations to the basic grade determination requirements, including specialty certification, when the composite record of qualifications justifies such action. Applicants will not be given grade commitments which require the prior approval of the Under Secretary for Health or designee, until such approval is received.

Authority: 38 U.S.C. 7304; 7402.

OPTOMETRIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as an optometrist in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of optometry resulting from a course of education in optometry. The degree must have been obtained from one of the schools or colleges approved by the Secretary of Veterans Affairs for the year in which the course of study was completed.

Approved schools are:

a. United States and Canadian schools or colleges of optometry listed as accredited by the Council on Optometric Education of the American Optometric Association, in the list published for the year in which the course of study was completed.

b. Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth of the United States, or in the District of Columbia as qualifying for full or unrestricted licensure.

3. **Licensure or Registration**

a. **Optometrist (Except Residents).** Licensed to practice optometry in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. Optometrists are required to possess full and unrestricted licensure and to maintain a current registration in their State of licensure if this is a requirement of the particular State. The facility Director may waive this requirement if the optometrist is to serve in a country other than the United States and the optometrist has licensure in that country.

b. **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before completion of the first year of VA residency. Unlicensed residents must meet any registration or other equivalent requirements established for optometric residents of non-VA facilities or optometry clinics with which the VA facility is affiliated for training purposes during the first year of VA residency.

c. **Impaired Licensure.** An optometrist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed on a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

NOTE: *Licensure may be waived by the Under Secretary for Health or designee in Headquarters, for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.*

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Optometrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7405(d).

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Associate Grade. None beyond the basic requirements.

Full Grade. Two years of optometric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Optometric Education of the American Optometric Association is acceptable in lieu of the 2 years of practice.

Candidate must have demonstrated the professional competence and performance necessary to provide independently the full range of clinical optometric diagnosis and treatment for all the most prevalent types of vision dysfunctions and the detection and referral of patients with ocular disease or ocular manifestations of systemic disease.

Intermediate Grade. Meets the requirements in paragraphs 1, 2, and 3 below:

1. Four years of optometric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Optometric Education of the American Optometric Association is acceptable in lieu of 2 years of practice.

2. The optometrist at this level has successfully passed the examinations of the National Board of Examiners in Optometry and has attained either of the following:

a. The stature that would warrant appointment at the clinical instructor or higher level at a school or college of optometry.

b. The professional ability and personal attributes which have merited significant recognition by a recognized professional organization, such as election to a Fellowship in the American Academy of Optometry.

3. Has achieved a high level of professional attainment as illustrated by one or more of the following examples:

a. Is a recognized expert in the diagnosis and treatment of unusual and complicated visual dysfunctions. Typically, in this capacity serves as a consultant to optometrist and other

professionals in other health facilities or provides expert clinical services in such areas as the partially sighted or contact lenses for aphakics.

b. Has assumed responsibility for a multi-faceted optometric program including clinical research and/or training requiring a high degree of competence and skill in developing innovative and new and advanced instrumentation and treatment techniques. Typically, the program is in an educationally affiliated health care facility having an optometric training program of moderate scope involving liaison with other medical services and affiliated schools.

c. Has played a significant part in the conduct of vision research in a problem area of considerable scope and complexity which required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications authored by the optometrist are of considerable value to others in the individual's field. Typically, overall contributions are recognized by serving on important committees or other bodies in the profession.

d. Has had full responsibility for carrying out an optometric training program of significant size in which the optometrist has been responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. Innovative approaches in development of curriculum and course content and in expanding and improving the educational program have been displayed by the individual.

Senior Grade. Meets the requirements for Intermediate grade and the requirements in paragraphs 1 and 2 below:

1. The optometrist at this level possesses such academic stature as would warrant a faculty appointment of a professional level in an approved school or college of optometry.

2. Has demonstrated recognized superior professional attainment as evidenced by one or more of the following examples:

Has served as a team leader in attacking major optometric problems affecting the continued provision of quality care health services at a VISN, statewide, or national level. There is such confidence in the optometrist at this level that there is unusual support of the individual's recommendations and conclusions.

b. Has had responsibility for carrying out a major optometric program segment on a national level.

c. Has conducted high level studies in a difficult area of vision research which has contributed to a substantial advance in the health field, with important professional publications.

Chief Grade. Meets the requirements for Senior grade and must demonstrated a sustained very high level of professional performance with evidence of exceptional professional and/or administrative development by the following:

1. Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope in all areas of optometry. Typically, the optometrist at this level has had responsibility for a major optometric program segment on a nationwide basis and has been consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and optometric communities.

2. Outstanding professional attainment. Examples of such attainment are:

a. Achievement of outstanding results in research which are regarded as having a major impact on advancing the field.

b. Significant number of noteworthy publications in professional journals.

Optometric House Staff

1. **Residents (General Practice).** Meet requirements specified in section A.

2. **Residents (Specialty).** Meet requirements specified in section A. In addition, must have completed at least 1 year of graduate level training in the health or other clinically related sciences or a suitable equivalent period of training, or (2) a general practice residency approved by the Council on Optometric Education of the American Optometric Association.

Attendings

1. Meet all basic requirements specified in section A, paragraphs 1, 2, and 3a.

2. Possess a demonstrated satisfactory ability in optometry; be capable of assisting in maintaining accepted standards of professional optometric care in VA facilities; and be capable of accepting full responsibility for such proper care and treatment of their assigned patients.

3. Be an outstanding member of the local optometry community of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated optometry or other appropriate affiliated school or college, this would be evidenced by recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to optometric residents or students in facilities conducting residency and/or training programs and be sufficiently qualified so as to be capable to appropriate review committees for the direction of training.

Consultants

1. Meet all basic requirements specified in section A, paragraphs 1, 2, and 3a.

2. Possess truly outstanding professional clinical ability in optometry; be capable of affording the facility Director and appropriate Chief of Service the benefits of their professional experience and counsel; and be capable of rendering such professional optometric services as may be required in maintaining the highest possible level of medical care in VA facilities.

3. Be capable, when applicable, to serve as the didactic representatives of optometric or other appropriate affiliated schools or colleges and to accept responsibility for, and direction of, the educational training of optometric residents or students (if present) in their specialty in which they serve as the consultant at facilities conducting residency and student training programs. Consultants not holding faculty appointments at an affiliated optometry or other appropriate school or college should possess the equivalent professional qualifications as evidenced by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the facility.

SECTION C. DEVIATION

The Under Secretary for health or designee, may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for optometrists whose composite record of accomplishments, performance, and qualifications warrant such action based on demonstrated competence to meet the requirements of the proposed grade. Applicants will not be given grade commitments which require the prior approval of the Under Secretary for Health or designee, until such approval is received.

Authority: 38 U.S.C. 7304; 7402.

NURSE QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the requirements for appointment as a registered nurse in VHA :

NOTE: *Criteria for promotion are contained in VHA Supplement, MP-5, part II, chapter 5.*

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **School of Nursing.** Graduate of a school of professional nursing approved by the appropriate State accrediting agency at the time the program was completed by the applicant. Lists of approved schools of nursing have been compiled by the National League for Nursing (formerly National League of Nursing Education) since 1931. These lists may be obtained from the National League for Nursing, 61 Broadway, 33rd Floor, New York, New York 10006. In cases of graduates of foreign schools of professional nursing, possession of current, full, active and unrestricted registration (see basic requirement c) will meet the requirement of graduation from an approved school of professional nursing.

3. **Registration**

a. **Condition of Employment.** Current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or in the District of Columbia. The facility Director may waive this registration if the nurse is to serve in a country other than the United States and the nurse has registration in that country.

b. **Headquarters Approval Required for Certain Appointments.** A nurse who has, or has ever had, any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Standard.** See, MP-5, part II, chapter 10.

5. **English Language Proficiency.** Nurses appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C.7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

a.. Definitions

(1) **Successful Nursing Practice.** Documented evidence of a candidate's experience as a registered nurse which is determined to be of an acceptable level of quality. This may include experience as a Graduate Nurse Technician (GNT) provided the candidate was utilized as a professional nurse and provided the candidate passed the State licensing (board) examination on the first attempt.

(2) **Length of Nursing Practice.** The amount of time documented on VA Form 10-2850a. Application for Employment - Professional Nurse or on a candidate's resume. (A performance evaluation or reference covering the candidate's most recent employment as a registered nurse is essential.)

(3) **Part-Time Experience..** Part-time experience as a nurse is credited according to the relationship it bears to the full-time workweek. For example, a nurse who worked 20 hours a week or on a half-time -time basis would receive one full-time workweek of credit for each 2 weeks of such service.

(4) **Related Degrees.** Baccalaureate and graduate degrees in fields related to nursing must be from a college or university which was regionally accredited at the time the candidate completed the program. Information on accredited colleges and universities is contained in Accredited Institutions of Post Secondary Education, which is published annually by the American Council on Education, One Dupont Circle, Washington, DC 20036.

(5) **Level Within a Grade or Enhanced Assignment.** Nurse I, IV and V grade levels of the Locality Pay System recognize employees with higher qualifications or more complex assignments. The qualification requirements for attainment of a higher Level within each of these grades are contained in paragraph b below.

b. **Grade Determination.** In addition to the basic requirements stated in section A above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates and, if appropriate, the level within a grade. The candidate must have demonstrated the ability to practice nursing at the level of competence required for the specific grade and if appropriate, level within a grade, and/or have attained a certain educational level.

(1) Nurse I

a. **Level I.** None beyond basic requirements.

b. **Level 2.** Meet one of the following:

1. Successful nursing practice in which the individual has demonstrated the following abilities. Generally, an individual who has not attained a baccalaureate degree from a school of nursing can demonstrate these abilities after approximately 1 year of nursing practice.

(a) Ability to work effectively with patients, families or significant others, and with professional and supportive personnel who provide patient care; and

(b) Ability to provide effective care to groups of patients; i.e., assesses, plans, implements, documents, evaluates patient care; manages care for a group of patients; initiates effective actions in emergencies.

or

2. Baccalaureate degree in nursing from an NLN - accredited program.

c. Level 3. Complete of one of the following:

1. Successful nursing practice in which the individual has demonstrated the following abilities. Generally, an individual without a baccalaureate degree from a school of nursing can demonstrate these abilities after approximately 2 years of nursing practice.

(a) Ability to work effectively with patients, families or significant others, with professional and supportive personnel who provided patient care, and with members of other services; and

(b) Ability to be self-directive in providing effective care to groups of patients and in guiding personnel who provide patient care; i.e., assesses, plans, implements, documents, evaluates patient care; managers care for a group of patients; initiates effective actions in emergencies; guides and assesses performance of others who provide patient care; or

2. Baccalaureate degree in nursing from an NLN-accredited program, and following attainment of that baccalaureate degree successful nursing practice in which the individual has demonstrated the abilities described in subparagraph 1 above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or,

3. Master's degree in nursing from an NLN-accredited program; or

4. Master's degree in a field related to nursing and baccalaureate degree in nursing from an NLN accredited program.

(NOTE: Employees at Nurse I must successfully advance through higher levels of the grade prior to being promoted to Nurse II)

(2) Nurse II. Completion of one of the following:

a. Successful nursing practice which has been characterized by leadership in improving patient care; by demonstrated ability to work effectively with others; to initiate and lead groups of patients and/or other personnel; and by proficiency in all skills in one of the following four

groups of behaviors. Generally, an individual without a baccalaureate degree from a school of nursing can demonstrate these abilities after approximately 3 years of practice.

(1) In clinical skills: Uses sound judgment in assessing, planning, implementing, documenting and evaluating patient care; applies current concepts and findings from research and/or studies to practice; shares clinical expertise with professional and supportive personnel; accurately documents and reports care; identifies, analyzes and resolves patient care problems whose resolution results in the significant improvement of care to individual and/or groups of patients; demonstrates such expertise in patient care so as to be sought as a consultant by others.

(2) In managerial skills: Assesses, plans, implements and evaluates the delivery of patient care; applies current concepts and findings from research and/or studies to practice; effectively supervises, guides and counsels nursing or other staff personnel; uses sound judgment in making decisions; is timely and accurate in corresponding and reporting; analyzes and resolves problems that impede the delivery of patient care.

(3) In instructional skills: Assesses, plans, implements, documents and evaluates educational activities; applies current concepts and findings from research and/or studies to practice; uses effective and creative teaching methods; encourages active participation of learners in meeting their own needs.

(4) In research skills: Under supervisory guidance accepts professional responsibility for a scientific investigation expected to result in a published addition to scientific knowledge; resolves problems ordinarily entailed in the accomplishment of a project; interprets findings; prepares reports and papers.

or

b. Baccalaureate degree in nursing from an NLN-accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described in subparagraph a above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 2 years of nursing practice, or

c. Master's degree in nursing from an NLN- accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described in subparagraph a above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or

d. Master's degree in a field related to nursing and a baccalaureate degree in nursing from an NLN-accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described in subparagraph a above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or

e. Doctoral degree in nursing, or

f. Doctoral degree in a field related to nursing and a baccalaureate or masters degree in nursing from an NLN-accredited program.

(3) **Nurse III.** Completion of professional education requirements in subparagraph a below and experience requirements in subparagraph b through d indicated below.

a. Completion of *one* of the following.

1. Baccalaureate degree in nursing from an NLN-accredited program, and successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 3 years of nursing practice, or

2. Master's degree in nursing from an NLN-accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 2 years of nursing practice, or

3. Master's degree in a field related to nursing and a baccalaureate degree in nursing from an NLN-accredited program, and successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after 2 years of nursing practice, or

4. Doctoral degree in nursing, *and* successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or

5. Doctoral degree in a field related to nursing and a baccalaureate or masters degree in nursing from an NLN-accredited program, and successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice. .

b. Demonstrated ability to work effectively with others, to initiate and lead interdisciplinary groups, and to establish relationships with professional and/or other health related groups within the community, and

c. Has made significant and sustained contributions to the nursing profession which may include publication, membership on task forces, intramural or extramural committees, consulting, development of educational media, scientific inquiry, or use of creative approaches to enhance quality of patient care and productivity of providers, and

d. Professional nursing practice which has been characterized by leadership and accomplishments in developing and implementing programs to improve the delivery of patient care, and by proficiency in one group of the following four groups of behaviors:

1. **In clinical practice:** systematically evaluates current clinical practice; initiates change in clinical practice based on current concepts and findings from research and/or studies; acts as consultant in clinical practice.

2. **In administration:** assesses, plans, implements and evaluates patient care programs; initiates changes in the system for delivering patient care based on current concepts and findings from research and/or studies; uses sound judgment in making decisions; manages staff; develops staff for patient care leadership assignments.

3. **In education:** assesses, plans, implements, coordinates and evaluates educational programs and activities; initiates change in education programs based on current concepts and findings from research and/or studies; teaches effectively and creatively; provides guidance to others involved in the delivery of the education program.

4. **In research:** Demonstrates thorough grounding in research methodology; designs and conducts scientific inquiry; promotes and assists others in the application of findings from research and/or studies; guides and directs others in research activity; contributes through conducting scientifically meritorious inquiry and publishing the findings.

(4) Nurse IV and Nurse V

a. **General.** The use of Nurse IV and Nurse V grade levels is restricted to selected leadership positions. Appointment, promotion, or advancements to assignments requiring these qualifications, or reassignment within one of these grades or levels requires approval of the Under Secretary for Health or designee in Headquarters. The individual's qualifications as well as the scope and complexity of the assignment are considered.

b. **Education.** The minimal educational requirement for these grades is a master's degree in nursing from an NLN-accredited program, or a master's degree in a field related to nursing and a baccalaureate degree in nursing from an NLN-accredited program.

c. **Experience.** Professional practice in progressively more responsible leadership assignments in clinical, administrative, educational and/or research areas. This practice has been characterized by *all* of the following behaviors:

1. Establishes effective relationships within the service, and with administration and other services.

2. Establishes effective collegial relationships with other leaders in the larger health community.

3. Accepts substantial and continuing responsibility and accountability for planning, organizing, directing and controlling an integrated program.
4. Makes decisions which reflect the distinctive and contributory role of nursing within the local institution and the total health care system.
5. Forecasts requirements necessary to long range program planning and model development for effective delivery of health services.
6. Facilitates the delivery of patient care in collaboration with health professionals, health managers and other health care personnel.
7. Assures implementation and maintenance of standards for professional practice within the authority of the position.

d. Scope and Complexity of Assignment

1. **Chief, Nursing Service.** In addition to this qualification standard, see MP-5, part II, chapter 3, section A and its VHA supplement.

2. **Other Nurse Assignments.** Indicated below are the types of assignments which may justify assignment to Nurse IV or Nurse V grade..

(a) Assignments are typically, but not exclusively, located in organizations with a high rate of activity or organizations with a broad program mission involving a great variety of specialty/subspecialty care. Usually this occurs at medical centers in which the complexity level is I or II, at VISN organization levels, and in Headquarters.

(b) Examples of positions which may justify these grade levels include Associate or Assistant Chief, Nursing Service; Associate Chief, Nursing Service for Education; Supervisor, Nursing Home Care Unit; Associate Chief, Nursing Service for Nursing Home Care; Employee Medical Education Center nurses; VISN nurse assignments; and Headquarters nursing positions.

3. **Complexity Determinations.** Factors to be considered in evaluating the scope and complexity of an assignment are as follows:

(a) Administrative Assignments

- (1) Manages and supervises total patient care program; and
- (2) Plans, organizes, directs, controls and evaluates programs and follow-up actions required by internal and external review organizations and/or accrediting bodies; and
- (3) Gives daily attention to complex personnel management problems; and
- (4) Participates in executive-level decision-making deliberations; and

(5) Performs a full range of administrative duties.

(b) **Educational Assignments**

(1) Develops broad education and training programs involving a variety of specialties in widely diversified activities; and

(2) Provides personnel with the vital link between education and practice; and

(3) Coordinates and maintains close relationships with affiliated schools, professional organizations, certifying bodies, and program directors of students of nursing and other disciplines who rate through the medical facility; and

(4) Serves on education and training committees, advisory groups, and special task forces concerned with managing education and career development activities.

(c) **Research Assignments**

(1) Conducts merit-reviewed, approved research projects; performs independent research or serves as a primary contributing member of a research team; formulates research proposal and protocol submissions to Headquarters for merit review; and publishes in appropriate professional journals or speak to peer groups; *or*

(2) Effectively researches problems of major scope; directs independent research of considerable interest and value, where the research contribution is highly productive and of such quality and originality as to have marked the nurse scientist as a significant contributor to advances in patient care.

(d) **Nursing Home Care Supervisor Assignments**

(1) Has responsibility for supervising a large Nursing Home Care Unit; and

(2) Shows a high degree of interdisciplinary involvement; and

(3) Makes significant efforts in rehabilitation and outplacement; and

(4) Is active in nursing home care program planning, organizing, directing, controlling and evaluating activities; and

(5) Has significant personnel management responsibilities along with a full range of administrative duties.

. (e) **Specific Criteria for Grade or Level**

(1) **Nurse IV, Level I** is for positions of Chief, Nursing Service, in those organizational settings where the limited numbers of programs and degree of affiliation restrict the kinds and

volume of administrative activity (i.e., Complexity Level IV facilities); and for positions of Assistant and Associate Chief, Nursing Service, and certain other administrators, clinicians, educators and scientists in organizational settings where the intensity of care, rate of activity and broad program mission generate demands equal to those placed on a Chief, Nursing Service, in less complex organizational settings. These assignments require a broad array of capabilities to provide effective leadership, to discharge the responsibilities of the position, and to make a significant contribution to the total program.

(2) **Nurse IV, Level 2** is for positions of Chief, Nursing Service, in those organizational settings where the variety of programs of affiliation, and activity level of services require significant planning and decision making on how to manage resources (i.e., Complexity Level III facilities). These assignments are in settings where leadership ability to coordinate and manage a wide range of programs is required, and where the responsibilities of the position have a clear impact on the facility's overall health care program.

(3) **Nurse V, Level I** is for positions of Chief, Nursing Service, in those organizational settings where the complexity and diversity of programs, high degree of affiliation, and intensity of services requires sophisticated planning and decision making (i.e., Complexity Level II facilities). These assignments are in settings where leadership ability to direct diverse and complex programs is required and where the responsibilities inherent in the position have a major impact on the health care program.

(4) **Nurse V, Level 2** is for selected position of top program officials in Headquarters, and for positions of Chief, Nursing Service, in the largest and most complex medical center where the intensity of care, activity and broad program mission generate numerous and complex problems which require the Chief, Nursing Service, to have outstanding skills in planning, organizing, directing and controlling programs (i.e., Complexity Level I facilities). The high level of expertise in administration required by these positions contributes to and has an impact on the VA Nursing Service, the nursing profession and the health care delivery system.

SECTION C. DEVIATIONS

a. **Headquarters** The Under Secretary for Health or designee may authorize a waiver of experience and/or the degree requirement for nurses whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. Such waivers may not be made for the educational requirements found under Section A- Basic Requirements.

b. **Facility Director**

(1) **Waiver of Degree Requirement for Nurse III.** The facility Director may authorize a waiver of the Nurse III grade requirement for a baccalaureate or higher degree in nursing provided the candidate has a degree in a related field and the candidate's qualifications warrant such consideration.

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(2) **NLN Accreditation.** The facility Director may authorize a waiver of the requirement for NLN-accreditation of the baccalaureate or master's degree in nursing provided the college or university has regional accreditation and the composite qualifications of the applicant warrant such consideration. (Degrees as specified shall be from colleges or universities with basic degree programs for graduate nurses fully accredited by the National League for Nursing at the time the degree was granted, or temporarily or provisionally accredited during the period such accreditation was offered.)

Authority: 38 U.S.C. 7304; 7402.

NURSE ANESTHETIST QUALIFICATION STANDARD
Veterans Health Administration

1. COVERAGE

Following are the overall requirements for appointment as a nurse anesthetist in VHA.

2. SECTION A. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

b. **Education.** Graduate of a school of professional nursing approved by the appropriate State accrediting agency at the time the program was completed by the applicant; and graduate of a school of anesthesia approved by the American Association of Nurse Anesthetists. Lists of approved schools of nursing have been compiled by the National League for Nursing (formerly National League of Nursing Education) since 1931 and by the American Nurses' Association prior to 1931. These lists may be obtained from the National League for Nursing, 61 Broadway 33rd Floor, New York, New York 10006. In cases of graduates of foreign schools of professional nursing, possession of a current and active registration (see basic requirement 3) will meet the requirements of graduation from an approved school of professional nursing. The American Association of Nurse Anesthetist has compiled current listings of approved training institutions which are published annually in the December issue of the "American Association of Nurse Anesthetist Journal." Listings of approved training institutions are also published annually in August by the American Hospital Association in their "Guide to the Health Care Field"

c. **Registration.**

(1) **Condition of Employment.** Current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States or the District of Columbia. The facility Director may waive this requirement if the nurse anesthetist is to serve in a country other than the United States and has resignation in that country.

(2) **Headquarters Approval Required for Certain Appointments.** A nurse anesthetist who has, or has ever had, any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

d. **Certification.** On and after the effective date of this Qualification Standard, certification by the Council on Certification of Nurse Anesthetists is a requirement for employment. This requirement does not apply to non-certified nurse anesthetists on VA rolls as of the effective date of this qualification standard.

e. **Physical Standard.** See MP-5, part II, chapter 10.

f. **English Language Proficiency.** Nurses appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7407(d).

3. SECTION B. GRADE REQUIREMENTS

a. General

(1) **Recency and Quality of Experience.** Recency or quality of training and experience in anesthetic techniques should be carefully reviewed when determining the appropriate grade. To be creditable, experience must demonstrate possession of knowledges, skills and abilities related to the current practice of nurse anesthesia. The importance of specific types of experience or training may vary according to the intended assignment.

(2) **Part-Time Experience.** For the purpose of crediting experience for appointment, part-time experience will be credited according to the relationship it bears to a full workweek. (For example, a nurse anesthetist who worked 20 hours a week on a half-time basis would receive one full-time workweek credit for 2 weeks of such service.)

(3) **Level Within a Grade.** Nurse I grade of the Locality Pay System recognizes employees with higher qualifications. The qualification requirements for attainment of a higher level within the Nurse I grade are contained in paragraph 2 below.

b. Grade Determination. In addition to the basic requirements stated above, the following qualification criteria must be met in determining the appropriate grade assignment of candidates.

(1) Nurse I

(a) **Nurse I, Level 1.** None beyond basic requirements.

(b) **Nurse I, Level 2.** Experience in the administration of anesthetics which has demonstrated the applicant's ability to participate in team programs which are exceptionally difficult or responsible, i.e., extra corporeal circulation, hypothermia, shock, emergency obstetrical, and surgical intensive care unit facilities. Generally, these abilities can be demonstrated after approximately 2 years of nurse anesthesia practice.

(2) **Nurse II.** In addition to meeting the requirements for Nurse I, the candidate has had progressively responsible experience in the administration of anesthetics which include demonstrated accomplishments in upgrading services to patients or has involved program type responsibilities such as indicated below. Generally, these abilities can be demonstrated after approximately 4 years of nursing anesthesia practice.

(a) Experience or aptitude for teaching in the nurse anesthetist field.

(b) Special recognition in the profession.

- (c) Patient care which is abreast of changing concepts and advancements in the profession.
- (d) Direction of professional and nonprofessional personnel in providing patient treatment.
- (e) Administration of an effective nurse anesthetist education program.
- (f) Guidance and instruction in preparing others for positions of leadership.
- (g) Demonstrated ability to work effectively with other disciplines for the improvement of services to patients.
- (h) In addition, the nurse anesthetist must have shown recognition of responsibility for continuing development of self and others with the aim of providing improved services to patients.

(3) **Nurse III.** The candidate will typically have had approximately 6 years of progressively responsible experience in the administration of anesthetics which included demonstrated accomplishments in upgrading services to patients or involved program responsibilities as specified for Nurse II. Generally, about 1 year of this experience must reflect, in addition, the ability to plan, organize, direct, coordinate and evaluate a program of nurse anesthesia care, requiring expert knowledge of anesthetizing location, methods, equipment and procedures. Assignments in which these knowledges and abilities may be demonstrated are as follows:

NOTE: The use of Nurse III is restricted to individuals occupying one of the assignments indicated below.

(a) **Independent Nurse Anesthetist.** The position of independence nurse anesthetists may exist there are three or fewer nurse anesthetists, and generally there is no full-time VA anesthesiologist assigned to the facility. In this situation, the independent nurse anesthetist assumes an extraordinary degree of professional authority and accountability for the administration of the anesthesia care program for the facility. Typically, duties will include:

1. Evaluation of patient's physical and mental condition and determination of the course of anesthesia care, including nature of the anesthetic agent to be used and method of administration, in conjunction with the surgeon, dentist, or podiatrist and consistent with the person's scope of practice.

2. Delivers anesthesia for a broad range of procedures.

3. Participates in the development of anesthesia patient care audit processes involving in depth review and analysis of anesthesia records. Develops new anesthesia methods and techniques, as well as protocols of practice for anesthesia care, for approval by the appropriate authority. Administers and evaluates new drugs. Assumes responsibility for all techniques, drugs and equipment used in the administration of anesthesia to all patients undergoing any and all forms of surgical and/or diagnostic procedures.

4. Provides advice and assistance to other nurse anesthetists in unusually difficult or complex cases. Conducts in-service educational programs for nurse anesthetists and other health care personnel at the facility.

5. May assist in or conduct approved research projects relative to anesthesia care.

(b) **Senior Nurse Anesthetist.** The position of senior nurse anesthetist may exist at health care facilities where anesthesia care must regularly be provided in the most complex types of surgical procedures. Typically, duties will include:

1. Regularly provides anesthesia care in unusually extensive and complex surgical procedures which are of prolonged duration and involve high risk patients, including development of individualized programs of post anesthesia care

2.. Participates in the audit of anesthesia care, recommending changes where indicated.

3.. Assists in correlating a teaching program for providing anesthesia care, maintaining close relationships with residents and students who rotate through the health care facility. Participates as instructor in the facility's program of in-service education.

4.. May assist in or conduct approved research projects relative to anesthetist care.

(4) **Nurse IV**

(a) **General**

1. Assignment of this grade generally requires a minimum of 6 years of progressively responsible leadership assignments in clinical, administrative, educational and/or research related to nurse anesthesia; and

2. The individual's professional practice must be characterized by all of the following behaviors:

a. Establishes effective relationships with nurse anesthesia staff;

b. Accepts substantial and continuing responsibility and accountability for planning, organizing directing, and controlling an integrated program:

c. Makes decisions that reflect the distinctive and contributory role of nurse anesthesia within the local institution and the total health care system.

d. Forecasts requirements necessary for long range program planning;

e. Facilitates the delivery of nurse anesthesia services in collaboration with health professionals, health managers and other health care personnel.

f. Sets standards for clinical practice, administration, education and research in nurse anesthesia, and assures their maintenance.

(b) **Specific Assignments.** In addition to meeting the qualification requirements specified above the assignment of Nurse IV is restricted to the following assignments:

1. **Chief, Nurse Anesthetist Section (or Unit).** As a first level supervisor, assumes full Supervisory responsibility over a minimum of three experienced nurse anesthetists. Typically, duties will include:

a. Assignment of duties and responsibilities of the nurse anesthetist staff relative to anesthesia care of patients to insure adequate work coverage at all times. Selective consideration is given relative to difficulty of assignment and capabilities of subordinates.

b. Interviews candidates for subordinate positions in the section or unit. Makes recommendations for appointment, advancement, and when appropriate, disciplinary action. Evaluates performance of the staff and identifies continuing education and training needs.

c. Assists in correlating a teaching program for providing anesthesia care, maintaining close relationships with residents and students who rotate through the health care facility. Participates as instructor in the facility's program of in-service education.

d. Delivers anesthesia care as needed in the more complex anesthetic procedures and to poor risk patients such as those in the older age group. Participates in the audit of anesthesia care, recommending changes where indicated.

e. May assist in or conduct approved research projects relative to anesthesia care.

2. **Director, School of Nurse Anesthesia.** As Director of a VA approved school of nurse anesthesia, has administrative and technical responsibility for the school, including responsibility for the development of, and modification to, curricula, testing procedures, and evaluation criteria.

May participate as instructor in the school. When there is a small school involved, these duties may be performed with those of a Chief, Nurse Anesthetist Section (or Unit). In the case of a large school (15 or more students), the preponderance of work will involve duties connected with administration of the school.

(5) **Nurse V.** For highly qualified candidates with program responsibilities which significantly exceed the minimum scope and complexity of those described for Nurse IV, the Under Secretary for Health or designee may approve assignment of Nurse V. Typically, this assignment will be restricted to individuals who are responsible for managing a program with 15 or more subordinate nurse anesthetists.

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4. SECTION C. DEVIATIONS

In cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize deviations from the established requirements.

Authority: 38 U.S.C. 7304; 7402.

PHYSICIAN ASSISTANT QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a Physician Assistant (PA) in Veterans Health Administration (VHA).

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.

2. **Education or Training.** The candidate must meet one of the following:

a. A bachelor's degree from a PA training program which is certified by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); or

b. Graduation from a PA training program of at least 12 months duration which is certified by the CAAHEP and a bachelor's degree in a health care occupation or a health-related science; or

c. Graduation from a PA training program of at least 12 months duration which is certified by the CAAHEP and a period of progressively responsible health care experience such as an independent duty medical corpsman, licensed practical nurse, registered nurse, medical technologist, or medical technician. The duration of approved academic training and health care experience must total at least 5 years.

3. **Certification.** On and after the effective date of this qualification standard (March 12, 1993), certification by the National Commission on Certification of Physician's Assistants (NCCPA) is a requirement for employment. This requirement does not apply to non-certified PAs on VA rolls as of the effective date of this qualification standard.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** PAs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

6. **Restriction:** Under no circumstances may this occupation be used to employ physicians or other health care providers who do not meet the applicable qualification standards for their occupation. All physician assistants must meet the requirements in paragraphs 1 through 5 above.

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Associate Grade. None beyond basic requirements.

Full Grade. Completion of one of the requirements in the following paragraphs (i.e. 1,2,3 or 4 below):

1. Successful practice as a PA which demonstrates the abilities in subparagraphs a and b below. Generally, individuals meeting the education requirements in paragraph 2c of section A can demonstrate these skills approximately 2 years of practice as a PA. The complexity of diagnostic and therapeutic procedures which the candidate is capable of performing as a result of experience as a PA have expanded significantly beyond those required of employees meeting the minimum requirements for entry into the occupation.

a. Ability to work effectively with patients, families or significant others, with professional and supportive personnel who provide patient care, and with members of other services; *and*

b. Ability to provide effective care to patients; i.e. assesses, plans, implements, documents, evaluates patient care; manages care for assigned patients; initiates effective actions in emergencies.

or

2. A bachelor's degree from a PA training program which is certified by the CAAHEP *and* practice as a PA which demonstrates abilities such as those described in paragraph 1 above. Generally, individuals attaining the education level specified in this subparagraph can demonstrate the abilities described in subparagraphs a and b above after approximately 1 year of practice as a PA;

or

3. Master's degree in a health care occupation or a health-related science and a baccalaureate degree from a PA training program which is certified by the CAAHEP;

or

4. Master's degree from a PA training program which is certified by the CAAHEP.

Intermediate Grade. Completion of requirements in *one* of the following paragraph (i.e., 1,2,3,4 or 5 below):

1. PA practice characterized by leadership in improving patient care; demonstrated ability to work effectively with others; and proficiency in *one* of the following four groups of behaviors (subparagraphs a, b, c, or d below). The PA is able to perform more complex diagnostic and therapeutic procedures than PAs at Full grade and seeks guidance from the supervising physician less frequently than PAs at lower grade levels and more readily identifies complex patient care situations where referral to the supervising physician is required. Generally, individuals meeting the education requirements in paragraph 2c of section A can successfully demonstrate *one* of these groups of behaviors after approximately 4 years of practice.

a. **Clinical Skills:** Uses sound judgment in assessing, planning, implementing, documenting and evaluating patient care; applies current concepts and findings from research and/or studies to practice; shares clinical expertise with professional and supportive personnel; accurately documents and reports care; identifies, analyzes and resolves patient care problems whose resolution results in the significant improvement of care to patients; demonstrates such expertise in patient care so as to be recognized by others.

b. **Managerial Skills:** Assesses, plans, implements and evaluates the delivery of patient care; applies current concepts and findings from research and/or studies to practice; uses sound judgment in making decisions; is timely and accurate in corresponding and reporting; analyzes and resolves problems that impede the delivery of patient care and services.

c. **Instructional Skills:** Assesses, plans, implements, documents and evaluates educational activities; applies current concepts and findings from research and/or studies to practice; uses effective and creative teaching methods; encourages active participation of learners in meeting their own needs.

d. **Research Skills:** Under supervisory guidance of the managing physician, accepts professional responsibility for a scientific investigation expected to result in a publishable addition to scientific knowledge; resolves problems ordinarily entailed in the accomplishment of a project; interprets findings; prepares reports and papers.

or

2. A bachelor's degree from a PA training program which is certified by the CAAHEP *and* practice as a PA which demonstrates behaviors such as those described in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these behaviors after approximately 3 years of practice as a PA:

or

3. Master's degree in a health care occupation or a health-related science and a baccalaureate degree from a PA training program which is certified by the CAAHEP; *and* practice as a PA which demonstrates behaviors such as those described in paragraph 1 above. Generally, an individual with the education described in this paragraph can demonstrate these behaviors after approximately 2 years of practice as a PA.

or

4. Master's degree from a PA training program which is certified by the CAAHEP; *and* practice as a PA which demonstrates behaviors such as those described in paragraph 1 above. Generally, an individual with the education described in this paragraph can demonstrate these behaviors after approximately 2 years of practice as a PA;

or

5. Doctoral degree in a health care occupation or a health-related science and a baccalaureate or masters degree from a PA training program which is certified by the CAAHEP.

Senior Grade. Completion of the requirements in *one* of the following paragraphs (i.e., 1, 2, 3, 4 or 5 below):

1. Practice as a PA which demonstrates the behaviors described below. Generally, individuals with the education in paragraph 2c of section A can demonstrate these behaviors after approximately 6 years of practice as a PA.

a. Working effectively with others on a consistent basis and establishing relationships with professional and/or other health care related groups in the community, *and*

b. Significant and sustained contributions to the PA profession which may include publication or publishable works, membership on task forces, intramural or extramural committees, consulting, development of educational media, scientific inquiry, or use of creative approaches to enhance quality of patient care and productivity of providers, *and*

c. Practice as a PA characterized by leadership and accomplishments in developing and implementing programs to improve the delivery of patient care, and by proficiency in *one* of the following areas (i.e. subparagraphs (1), (2), (3), or (4) below):

(1) **Clinical Practice:** Systematically evaluates current clinical practice; initiates change in clinical practice based on current concepts and findings from research and/or studies; demonstrates such expertise in patient care that advice is sought by others. PAs involved in surgical procedures perform as first or second assistant to the surgeon in charge. Assesses, plans, implements and evaluates patient care programs;

(2) **Administration:** Initiates changes in the system for delivering patient care based on current concepts and findings from research and/or studies; uses sound judgment in making decisions; manages staff; develops staff for patient care leadership assignments.

(3) **Education:** Assesses, plans, implements, coordinates and evaluates educational programs and activities; initiates change in education programs based on current concepts and findings from research and/or studies; teaches effectively and creatively; provides guidance to others involved in the delivery of the education program.

(4) **Research:** Demonstrates thorough grounding in research methodology; designs and conducts scientific inquiry; promotes and assists others in the application of findings from research and/or studies; guides and directs others in research activity; contributes through conducting scientifically meritorious inquiry and publishable findings.

or

2. A bachelor's degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates behaviors such as those in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these behaviors after approximately 5 years of practice as a PA;

or

3. Master's degree in a health care occupation or a health-related science and a bachelor's degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates the behaviors such as those in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these after approximately 4 years of practice as a PA;

or

4. Master's degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates the behaviors such as those in paragraph 1 above. Generally, an individual with the education described in this paragraph can demonstrate these behaviors after approximately 4 years of practice as a PA;

or

5. Doctoral degree in a health care occupation or a health-related science and a bachelor's or masters degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates the behaviors such as those in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these behaviors after approximately 2 years of practice as a PA.

Chief Grade

1. **General.** Chief grade is restricted to selected leadership positions. The individual's qualifications as well as the scope and complexity of the assignment are considered. *Note: The prior approval of the Chief Patient Care Service Officer or designee (11) is required for all appointments at or advancements to the Chief grade.*

2. **Education.** The preferred minimum education for this grade is a master's degree from a PA training program certified by the CAAHEP *or* a master's degree in a health care occupation or a health-related science and a baccalaureate degree from a PA training program certified by the CAAHEP. However, experience as a PA may be substituted for the master's degree where

the individual has an equivalent knowledge of the profession and has successfully undertaken difficult or complex clinical, administrative, research and/or educational assignments which have required an unusual degree of leadership and competence.

3. **Experience:** Professional practice characterized by progressively more responsible leadership assignments in clinical, administrative, educational and/or research areas. An individual can demonstrate these abilities after approximately 8 years of practice as a PA. Practice must have consistently demonstrated all of the following behaviors (if applicable to the assignment):

a. Establishes and maintains relationships within the service, with facility management and other services that result in improved patient care.

b. Accepts substantial and continuing responsibility and accountability for planning, organizing, coordinating and controlling a complex integrated health care program.

c. Makes decisions which serve to enhance the distinctive and contributory role of PAs within the local institution and the total health care system.

d. Participates in long range program planning and model development for effective delivery of health services.

e. Facilitates the delivery of patient care in collaboration with health professionals, health managers and other health care personnel.

f. Assures implementation, maintenance and compliance with standards of professional practice of all health care personnel within the program.

4. **Scope and Complexity of Assignment:**

a. **PA Assignments.** Examples of assignments which may justify Chief grade include coordinators or others in leadership roles in such areas as quality assurance, ambulatory care, nursing home care, domiciliary, cardiac catheterization, organ transplant, surgery, or spinal cord injury. These assignments are typically located in settings requiring extensive coordination with a wide variety of specialties/subspecialties and other special programs. The complexity of the assignment must also be such that leadership and an exceptional degree of competence are required.

b. **Complexity Determinations.** Factors to be considered in evaluating the scope and complexity of an assignment in one or more of the following areas are as follows:

(1) **Clinical Practice**

(a) Systematically evaluates patient care program; and

(b) Exhibits leadership in initiating changes in patient care programs based on current concepts and findings from research and/or studies; and,

(c) Successfully integrates the activities of the employee's assignment with other patient care programs at the facility and with similar programs on a broader geographic basis; and

(d) Consistently demonstrates expertise in diagnosing and treating seriously ill multi-symptomatic patients.

(2) Administrative Assignments

(a) Plans, organizes, coordinates, controls and evaluates complex medical programs, including follow-up actions required by internal and external review organizations and/or accrediting bodies; and

(b) Participates in executive-level decision-making deliberations; and

(c) Performs a full range of administrative duties.

(3) Educational Assignments

(a) Develops and implements broad education and training programs involving a variety of specialties in widely diversified activities; and

(b) Provides personnel with the vital link between education and practice; and

(c) Coordinates and maintains close relationships with affiliated schools, professional organizations, certifying bodies, and program directors of students of the PA program and other disciplines who rotate through the medical facility; and

(d) Serves on education and training committees, advisory groups, and special task forces concerned with managing education and career development activities.

(4) Research Assignments

(a) Conducts merit-reviewed, approved research projects; performs independent research, serves as a primary contributing member of a research team or serves as co-chair of a research committee; formulates research proposals and protocol submissions to Headquarters for merit review; and develops publishable material for appropriate professional journals or speaks to peer groups;

or

(b) Effectively researches problems of major scope; directs independent research of considerable interest and value, where the research contribution is highly productive and of such

quality and originality as to have marked the PA as a significant contributor to advances in patient care and services.

SECTION C. DEVIATIONS

1. The Under Secretary for Health or designee, may authorize a waiver of the grade requirements for PAs whose accomplishments, performance and qualifications warrant such consideration based on demonstrated competence to meet the requirements of the proposed grade.

2. Only for the employment of graduates of surgical assistant programs certified by the CAAHEP, the Under Secretary for Health or designee may waive the requirement in section A that an individual be a graduate of a CAAHEP-certified PA program, provided guidelines for their utilization have been approved by the Under Secretary for Health or designee in Headquarters.

Authority: 38 U.S.C. 7304, 7402.

**EXPANDED-FUNCTION DENTAL AUXILIARY QUALIFICATION STANDARD
Veterans Health Administration**

COVERAGE

Following are the overall requirements for appointment as an EFDA (Expanded-Function Dental Auxiliary) in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Graduate of a dental auxiliary education program that included education and training in expanded functions acceptable to the appropriate VA Professional Standards Board. The program, such as a dental assistant or dental hygiene education program, must be accredited by the Council on Dental Education of the ADA (American Dental Association) and approved by the appropriate State accrediting agency at the time the program was completed.

3. **Licensure of Certification.** Individuals employed as EFDAs must possess active, current, full and unrestricted licensure as a dental hygienist from a State, Territory or Commonwealth, (i.e. Puerto Rico) of the United States or the District of Columbia; or evidence of certification from the American Dental Assistants Association as a CDA (Certified Dental Assistant). EFDAs who have, or have ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** EFDAs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements specified above in section A, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Junior Grade. The candidate must meet *one* of the following:

1. For candidates who are licensed dental hygienists, none beyond basic requirements.

2. Candidates who are CDAs (certified dental assistants) must possess *one* of the following:

- a. One year of progressively responsible experience in expanded functions or 2 years of progressively responsible experience as a dental assistant that did not include expanded functions.
- b. One year of experience as an instructor in an ADA-accredited dental auxiliary education program which included instruction in expanded functions.
- c. Two years of progressively responsible experience in a related health care occupation such as licensed practical nurse, health technician, independent medical corpsman, medical technician, or radiology technician.
- d. Bachelor's degree in a related health care occupation such as nursing, physician assistant, medical technology, or physical therapy; or a bachelor's degree in a related health science such as physiology, biology, or biochemistry.

Associate Grade

1. The candidate must meet *one* of the following:
 - a. Bachelor's degree in dental hygiene, or its equivalent.
 - b. Bachelor's degree in a related health care occupation as defined above, or a bachelor's degree in a related health science as defined above, and 1 year of progressively responsible experience in expanded functions or as an instructor in an ADA-accredited dental auxiliary education program which included instruction in expanded functions.
 - c. Completion of an ADA-accredited 2-year dental hygiene education program and 2 years of progressively responsible experience in expanded functions.
 - d. Completion of an ADA-accredited 1 year dental assistant education program and 3 years of progressively responsible experience in expanded functions.
2. The required experience for Associate grade must have included:
 - a. Demonstrated competence in performance of expanded functions which are exceptionally difficult or responsible, *and*
 - b. Demonstrated skill in observing and identifying patients' physical needs and in providing emotional support to patients, *or*
 - c. Experience in a dental facility that delivers full comprehensive dental care including services in dental specialties.

Full Grade. See section C below.

SECTION C. DEVIATIONS

1. The Under Secretary for Health or designee, may authorize a waiver of the grade requirements for Junior or Associate grade for EFDA's whose accomplishments, performance, and qualifications warrant such consideration based on demonstrated competence to meet the requirements of the proposed grade.

2. Under unusual circumstances, the Under Secretary for Health or designee, may authorize appointment of an EFDA at Full grade when it is determined that the scope and complexity of the assignment and level of responsibility warrants this grade. The candidate's qualifications and accomplishments must exceed the requirements for Associate grade and meet the qualification requirements established by the Secretary.

Authority: 38 U.S.C. 7304; 7402.

**CERTIFIED RESPIRATORY THERAPY TECHNICIAN
QUALIFICATION STANDARD
Veterans Health Administration**

COVERAGE

The following are the overall requirements for appointment of a CRTT (certified respiratory therapy technician) in VHA who performs or supervises technical work concerned with administering respiratory care and life support to patient with cardiopulmonary deficiencies and abnormalities.

NOTE: *Chapters 73 and 74, title 38, United States Code refers to “certified or registered respiratory therapists.” Since the National Board for Respiratory Care, the certifying body for respiratory therapists, distinguishes between “certified respiratory therapy technicians” and “registered respiratory therapists,” we are adopting these titles for agency use.*

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Certified Respiratory Therapy Technician.** Has been issued a certificate as a CRTT by the NBRC (National Board for Respiratory Care) or a certificate from another body which the NBRC recognizes as its credentialing equivalent. This included certification based on either:

a. Having successfully completed a respiratory therapy technician (1 year) or respiratory therapy program accredited by the Joint Committee for Respiratory Therapy Education and having passed the entry level examination administered by the NBRC since 1983, *or*

b. Having a certificate as a respiratory or inhalation therapy technician based on passing an entrance examination administered by the (1) National Board for Respiratory Therapy from 1975 through 1982; (2) Technician Certification Board of the American Association for Respiratory Therapy from 1972 through 1974; or (3) Technician Certification Board of the American Association for Inhalation Therapy from 1969 through 1971.

3. **Physical Standards.** See MP-5, part II, chapter 10.

4. **English Language Proficiency.** CRTTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. PART-TIME CREDIT

Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g. a CRTT who worked 20 hours a week, i.e., half-time, would receive one full-time workweek of credit for each 2 weeks of service).

SECTION C. GRADE REQUIREMENTS

In addition to meeting the basic requirements stated above, the following qualifications criteria must be met in determining appropriate grade assignments.

GS-5. None beyond the basic requirements.

GS-6. Successful completion of *one* of the following:

1. A minimum 2-year accredited educational program of study in respiratory therapy.
2. At least 1 year of experience related to respiratory therapy at the GS-5 level or equivalent. Experience at this level is work which included duties such as: administering oxygen and aerosols containing prescribed medications to patients involving the use of a variety of standard respiratory equipment; drawing and analyzing blood samples from patients; collecting sputum specimens using aerosol administration and tracheal suctioning; performing chest physical therapy using techniques such as clapping, vibrating, and postural drainage to facilitate the removal of secretions; calibrating equipment such as oxygen regulators and blood gas analyzers; and setting up and monitoring the operation of compressors, nebulizers, non-breathing masks, and co-oximeters. This experience must have provided the candidates with a wide knowledge of commonly used respiratory equipment, procedures and techniques, including an understanding of the basic medical sciences such as anatomy, physiology, chemistry, and physics and how they relate to the respiratory and cardiovascular systems of the human body; knowledge of the various respiratory diseases such as bronchitis, asthma, and emphysema, including the appropriate methods of treatment; and knowledge of commonly used respiratory drugs such as bronchodilators.

GS-7. Candidates must have successfully completed at least *one* of the following:

1. A 4-year or more accredited program of study leading to a bachelor's or higher degree in respiratory therapy.
2. In addition to meeting the requirements for the GS-6 level, an additional year of experience related to respiratory therapy at the GS-6 level or equivalent. Experience at this level is work which includes duties such as; setting up and monitoring complex respiratory equipment such as volume and pressure ventilators; performing airway care and maintenance on intensive care patients; performing specific diagnostic studies to determine oxygen consumption/carbon dioxide production, measure respiratory compliance, tidal volume and inspiratory force; drawing and interpreting results of blood gas analysis; providing oxygen and life support to patients during emergency resuscitations; assisting physicians in placing artificial airways into patient's

trachea; and calibrating complex respiratory equipment such as pressure and volume ventilators, oximeters, and mass spectrometers. This experience must have provided the candidate with knowledge of the full range of equipment, procedures, and techniques used in respiratory therapy including the operating characteristics, capabilities, and limitations of the complex equipment (e.g. volume ventilators) used in intensive respiratory care and emergency situations. The experience must have also provided the candidate with knowledge of anatomy and physiology of the respiratory system including in-depth understanding of how the structure and function of the lungs and bronchi relate to gas exchange and ventilation; and a knowledge of caring for a wide variety of acute and chronic respiratory disorders.

SECTION D. ACCREDITED SCHOOLS

A listing of accredited educational programs in respiratory therapy may be secured from the Department of Allied Health Education and Accreditation, American Medical Association, 515 North State Street, Chicago, Illinois 60610.

SECTION E. DEVIATIONS

In cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize a deviation from these requirements. Deviations to the GS-7 grade level ceiling should be requested for GS-8 and above inhalation therapy technicians who are or become certified respiratory therapy technicians. Deviations from this ceiling may also be approved where necessary to avoid an inappropriate grade assignment, e.g., assignment of supervisory responsibilities warranting higher than the GS-7 grade to a CRTT at a facility where a registered therapist is not available.

Authority: 38 U.S.C. 7304; 7402.

REGISTERED RESPIRATORY THERAPIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment of an RRT (registered respiratory therapist) in VHA who performs or supervises work concerned with administering respiratory care and life support to patients with cardiopulmonary deficiencies and abnormalities.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Registered Respiratory Therapist.** . Has a certificate as an RRT from the NBRC (National Board for Respiratory Care) and a registry number, or a certificate from another body which the NBRC recognizes as its credentialing equivalent. This includes registration based on either:

(a) Having fulfilled the requirements and passed the registry examination administered by the NBRC since 1983, or

(b) Having fulfilled the requirements and passed the registry examination for a registered inhalation or respiratory therapist administered by the (1) National Board for Respiratory Therapy from July 1974 through 1982 or (2) American Registry of Inhalation Therapists from 1961 through June 1974.

3. **Physical Standards.** See MP-5, part II, chapter 10.

4. **English Language Proficiency.** RRTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. PART-TIME REQUIREMENTS

Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g., an RRT who worked 20 hours a week, i.e., half-time, would receive one full-time workweek of credit for each 2 weeks of service).

SECTION C. GRADE REQUIREMENTS

In addition to meeting the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

GS-7. None beyond the basic requirements.

GS-8. Candidates must have *all* of the following:

1. At least 1 year of successful experience related to respiratory therapy at the GS-7 level or equivalent. Qualifying experience at this level is work which includes duties such as: administering assisted and controlled ventilation to patients with tracheotomies and other complex medical problems requiring frequent adjustments in ventilator parameters; administering and monitoring advanced ventilator techniques such as positive end expiratory pressure and continuous positive airway pressure; developing plans for weaning patients from ventilators; assessing the respiratory status of patients using data acquired through physical observation and clinical analysis of blood gas data, chest x-rays, and electrocardiogram to determine the effectiveness of therapy being administered and to make recommendations to physicians regarding changes in treatment; performing the most difficult respiratory therapy procedures to maintain ventilation, including endotracheal intubation, tracheal lavage, and tracheotomy care; and providing in-service training to others in various specialized areas of respiratory care.

2. Demonstrated knowledge and ability needed to perform complex respiratory procedures with minimal supervision. Is able to participate with physicians and nurses and other staff in planning respiratory treatment, with great reliance on the individual's knowledge of the equipment.

3. Demonstrated knowledge and ability to provide emergency or critical respiratory care; service as a shift leader or supervisor or sole responsible respiratory therapist on a shift; and to plan and conduct training sessions with respiratory therapy students, hospital staff, patients, and family members.

NOTE: The use of the GS-9 and above grade levels is restricted to individuals performing one of the assignments indicated below for the grade.

GS-9. In addition to meeting the requirements for GS-8, candidates must have had at least 1 additional year of successful and progressively responsible experience related to respiratory therapy at the GS-8 level or equivalent. This experience must have included demonstrated accomplishments in upgrading services to patients. The candidate must have demonstrated expert knowledge of respiratory therapy methods, equipment, and procedures and the ability to assume responsibility to plan, organize, direct, coordinate, and evaluate programs involving respiratory care. Serves as:

1. **Chief of a Section (or Unit) Providing Respiratory and Related Care.** Supervises at least three employees (full-time equivalent) whose work involves providing respiratory and related care. Typically, duties and responsibilities will include:

a. Assigns duties and responsibilities to staff relative to respiratory care of patients to include adequate work coverage at all times. Selective consideration is given to relative difficulties of assignments and capabilities of subordinates.

b. Interviews candidates for subordinate positions in the section or unit. Makes recommendations for appointment, advancement, and, when appropriate, disciplinary action. Evaluates performance of the staff and identifies continuing education and training needs.

c. Participates in in-service respiratory teaching and training, maintaining a close relationship with other disciplines and students who may rotate through the health care facility.

d. Delivers respiratory care as needed in the more complex respiratory care procedures and to poor risk patients such as those in the older age group. Participates in the audit of respiratory care, recommending changes where indicated.

2. **Assistant Chief.** Serves as a full assistant to a chief of an organizational element involved in providing respiratory and related care as described below for the GS-10 grade. Occupies a position in the direct supervisory line and shares in, and assists the chief with respect to, all phases of the organizational element's work.

GS-10. In addition to meeting the requirement for GS-9, candidates must have had at least 1 additional year of successful and progressively responsible experience in which the candidate demonstrated the ability to assume supervisory duties and function in an assignment at the GS-10 level. Serves as:

1. **Chief of an Organizational Element (Typically a Section).** Has full responsibility for supervising at least seven employees (full-time equivalent) whose work involves providing respiratory and related care. Typically, duties and responsibilities will include:

a. Plans work schedules and the sequence of operations, and recommends and implements changes in organization or work assignments to improve work, services, job satisfaction, etc. Also, recommends and justifies to higher authority changes with significant budgetary impact. In addition, develops and reports to higher level supervisors changes in budget requirements based on anticipated workload and productivity capability of the section.

b. Assigns and explains work requirements relative to respiratory care for new or changed, as well as existing, programs. Resolves technical work problems, including those not covered by precedents or established policies.

c. Develops and updates guidelines and policies for nonroutine or complex assignments.

d. Keeps employees and higher level supervisors informed of matters that affect them. Has authority to prepare and follow up on actions for most supervisory personnel functions.

e. Prepares formal requests for filling vacancies for additional personnel to meet work requirements.

f. Selects or participates with significant influence in selection of employees from eligible candidates.

g. Prepares requests and recommendations for promotions, reassignments and other changes, and incentive and employee recognition awards and special advancements.

h. Formulates training and education plans for subordinates and arranges for appropriate training courses.

i. Participates in both the planning and delivery of comprehensive in-service respiratory and related care teaching and training programs for subordinates and other staff in different disciplines. Plans instruction and participates as an instructor for the facility respiratory care educational program.

j. Plans and participates in the audit of respiratory care, recommending changes where indicated.

2. **Assistant Chief.** Serves as a full assistant to a chief or an organizational element involved in providing respiratory and related care as described below for the GS-11 grade. Occupies a position in the direct supervisory line and shares in, and assists the chief with respect to, all phases of the organization element's work.

GS-11. In addition to meeting the requirements for GS-10, candidates must have demonstrated the knowledge and ability to successfully assume supervisory duties and function in an assignment at the GS-11 level. Must have the ability to assume a high level of supervision of a large section and, as necessary, provide supervision to subordinate supervisors. Serves as a chief of such an organizational element and has a high level of supervisory responsibility for at least 15 employees (full-time equivalent) whose work involves providing respiratory and related care. Typically, duties and responsibilities will include:

1. In addition to planning work schedules and operations, makes changes in the organization of work within allowable costs and established policies. Has the authority to develop plans and schedules for guidance of subordinate supervisors and other subordinates for the accomplishment of work to meet program goals, objectives, and broad priorities established by higher levels of management. This includes carrying out such responsibilities as:

a. Analyzing work requirements and determining staff and resources needed to accomplish work.

b. Reviewing and analyzing records and reports of work production, costs, and equipment and staff resources used to evaluate progress and control or reduce costs. Reports progress and resolution of problems in achieving goals and objectives to higher levels of management.

2. Assigns and explains work requirements relative to respiratory care for new requirements or changes, as well as existing progress. Resolves technical work problems not covered by precedents or established policies for nonroutine or complex procedures. Studies continuing problems on the quality and quantity of work and operating effectiveness and takes or recommends needed actions.

3. Develops and updates guidelines and policies for nonroutine or complex assignments.
4. In addition to the authority to initiate formal and follow-up actions for personnel functions, has authority to establish internal guidelines and approve, modify, or reject personnel actions of subordinate supervisors or employees. Typically the individual:
 - a. Selects or contributes significantly to the selection of key employees (e.g. subordinate supervisors).
 - b. Hears individuals or group grievances and employee complaints.
 - c. Recommends disciplinary actions involving key or other employees.
 - d. Approves, modifies, or rejects career development or training plans or requests, employee utilization requests, and similar matters.
 - e. Approves, modifies, or rejects formal requests from subordinates for promotion, reassignment, status changes, awards, , special advancements, selection, and the like.
 - f. Prepares formal evaluations of the performance of key employees or other subordinates and reviews evaluations prepared by subordinates.
 - g. Where applicable, deals with union stewards and others on personnel matters.
5. Has substantial responsibility for planning and implementing educational programs for in-service and other personnel and respiratory therapy students who rotate through the health care facility.
6. Is responsible for auditing respiratory care and initiating or recommending changes where indicated.
7. May assist in or participate in approved research activities involving respiratory care.

SECTION D. DEVIATIONS

In cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize a deviation from these requirements.

Authority: 38 U.S.C. 7304; 7402

PHYSICAL THERAPIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Requirements for appointment as a physical therapist (PT) in VHA are as follows:

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education**

a. **Degree.** A baccalaureate degree in physical therapy *or* an equivalent certificate in physical therapy from an accredited college or university *and* completion of a physical therapy clinical practice program. Both the education and clinical practice program must have been approved by the committee on Accreditation of the American Physical Therapy Association (APTA) or the American Medical Association and have been completed at an accredited college or university. Verification of approved programs may be obtained from the Education Department, APTA, 1111 North Fairfax Street, Alexandria, VA 22314 (phone 703-684-2782), or from the Department of Allied Health Education and Accreditation, American Medical Association, 535 North Dearborn Street, Chicago, IL 60610 (Phone 312-645-4627).

b. **Foreign Graduates.** Graduates of foreign physical therapy programs meet the requirements in subparagraph 2a if they have a full unrestricted and current license to practice physical therapy in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or in the District of Columbia. A PT who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

3. **Licensure.** Current, full, active, and unrestricted license to practice physical therapy in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or in the District of Columbia.

4. **Physical Requirements.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Physical therapists must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

1. **Definitions**

a. **Affiliated** means affiliated for the purposes of allied health care training.

b. Creditable Experience

(1) **Knowledge of Current Professional Physical Therapy Practice.** To be creditable, experience must have demonstrated possession of the knowledges, skills, abilities and other characteristics associated with current professional physical therapy practice. The experience or education must have been gained within 3 years prior to the date of appointment. This may have been evidenced by one or more of the following during the 3-year period:

(a) The equivalent of 1 year of active professional practice. (Active professional practice means paid/non-paid employment as a professional PT as defined by APTA or the appropriate licensing board.)

(b) In addition to licensure, annually completing a minimum of 15 continuing education units (CEUs) recognized by APTA; or

(c) Academic course work leading to an advanced degree in physical therapy or a related health care field.

(2) **Quality of Experience.** Experience is only creditable if it was earned after completion of the requirements in paragraph 2 of section A. Experience as a graduate PT is creditable provided the candidate was utilized as a PT and subsequently passed the licensure examination.

(3) **Part-time Experience.** Part-time experience as a professional PT is credited according to its relationship to the full-time workweek. For example, a PT employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

c. **Postgraduate Education.** Graduate education and graduate degrees may be substituted for experience through the GS-11 level, but only if they are from a college or university program recognized by APTA, or from an accredited college or university in a field related to physical therapy (e.g., exercise physiology, geriatrics/gerontology, rehabilitation counseling, allied health education, health systems administration, anatomy, kinesiology, physiology or health science). Graduate education or a graduate degree in a field related to physical therapy must be from a college or university which was regionally accredited at the time the candidate completed the program. Information on accredited colleges and universities is contained in *Accredited Institutions of Post Secondary Education*, which is published annually by the American Council on Education, One Dupont Circle, Washington, DC 20036. To substitute graduate education or a graduate degree, it must have been completed *after* the individual met the basic requirements for appointment in paragraph 2 of section A.

d. **Specialties.** Specialized areas of physical therapy include, but are not limited to, geriatrics, spinal cord injury, musculoskeletal disorders, cardiopulmonary rehabilitation stroke/head injury and arthritis.

(2) **Grade Determination.** In addition to the basic requirements for appointment in section A, the following criteria must be used when determining the appropriate grade assignment of candidates:

GS-7. None beyond the basic requirements.

GS-9

a. **Experience.** Completion of 1 year of experience at the next lower grade level that is directly related to the position to be filled (i.e. experience which demonstrates possession of the knowledges, skills, abilities and other characteristics needed to provide physical therapy services in a therapeutic setting). These include:

- (1) Interpretation of physicians' prescriptions;
- (2) Application and interpretation of standard evaluation procedures and techniques; and
- (3) Development and implementation of physical therapy treatment programs for patients.
- (4) Working effectively with patients, families, friends, and treatment team members.

b. **Assignment.** Candidates at this grade level serve as staff physical therapists.

GS-10

a. **Experience.** Completion of 1 year of experience at the next lower grade level which demonstrates knowledges, skills, abilities and other characteristics that are directly related to the duties of the position to be filled. These include:

- (1) Use of standard and non-standard methods for evaluating and interpreting a wide variety of patient physical functional levels and providing progressive treatment.
- (2) Independently developing and implementing a physical therapy treatment program using judgment to modify treatment for changing medical conditions or because of a variety of severe physical disabilities.
- (3) Implementing treatment plans which directly affect the patient's social, economic, and functional well being.
- (4) Effectively communicating, both orally and in writing.
- (5) Working effectively with treatment team members and other health care providers in coordinating the patient's total care.

(6) Supervising the clinical training experiences of technical and professional level physical therapy interns to fulfill educational and professional requirements (where training programs exist).

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Sole PT**

(a) Individuals in this assignment serve as the sole PT at a medical center or an outpatient clinic. (NOTE: *Individuals serving as a sole PT may be graded at the GS-11 level if the complexity of their assignment is comparable to the clinical specialist or program manager.*); or

(b) There may be more than one PT at the facility; however, individuals in this assignment serve as the sole PT on a multidisciplinary treatment team. The PT independently utilizes difference and unrelated methods to evaluate and interpret special physical and psychosocial problems of patients and carries out the appropriate therapy.

(2) **Physical Therapist (Senior Staff Specialist).** Individuals in this assignment serve in a developmental capacity and may ultimately be assigned as clinical educators, clinical specialists or program managers or research specialists. In addition to meeting the requirements for GS-9, candidates for assignment as PT (senior staff therapist) must demonstrate the knowledges, skills and abilities required to perform more complex patient treatment procedures. Duties and responsibilities may include any combination of those found at the GS-11 level; however, individuals in these assignments work under closer supervision and are not given the freedom of action typically found at the higher level.

GS-11

a. **Experience.** Assignment as a clinical specialist, clinical educator, or research specialist requires the equivalent of 1 year of experience at the next lower grade level. Assignment as a GS-11 Chief or Assistant Chief of the Physical Therapy Section requires the equivalent of 1 year of experience at the GS-9 level or a combination of experience at the GS-9 and GS-10 levels. The experience must be directly related to the position to be filled.

b. Candidates at this grade level are to be in one of the following assignments:

(1) **Chief, Physical Therapy Section.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the physical therapy program at a medical center or independent outpatient clinic. They also have supervisory responsibility over a program which would require three or more PTs or at least two PTs and a physical therapy assistant (full-time equivalent). Typically, duties include:

(a) Assigning and evaluating work of subordinate staff, as well as resolving problems which may interfere with the delivery of physical therapy by staff members;

(b) Providing physical therapy in more complex cases;

- (c) Developing and initiating new treatment programs which apply current research findings;
- (d) Participating as an instructor in the facility's in-service clinical training findings;
- (e) Consulting with staff physicians through patient presentations, attendance at ward rounds, clinics and conferences; and
- (f) Interviewing candidates for positions in the section; recommending appointments, advancements, or, when appropriate, disciplinary actions; evaluating performance; identifying continuing education and training needs; etc.

(2) **Assistant Chief, Physical Therapy Section.** This assignment is restricted to individuals serving as a full assistant to a GS-12 Chief, Physical Therapy Section. Individuals in this assignment share full responsibility for managing the Physical Therapy Section.

(3) **Clinical Educator.** Candidates in this assignment spend a majority of their time administering clinical training programs for physical therapy students, physical therapy assistants, facility staff and others assigned for physical therapy training. These assignments occur at active, affiliated VA facilities where specialized physical therapy treatment programs are provided. Examples of duties include:

- (a) Establishing, negotiating, and maintaining affiliation agreement(s);
- (b) Serving as a liaison with the university in determining when students may be sent for training; the number of students to be sent, areas of training and assignments, etc.;
- (c) Designing, conducting and evaluating educational experiences for physical therapy interns, undergraduate physical therapy students, student physical therapy assistants, and other associated health trainees;
- (d) Arranging in-service training programs and serving as an instructor for these programs; and
- (e) Serving on curriculum committees of colleges and universities and having substantive input into the course content for physical therapy students. (Clinical educators typically hold an appointment as a clinical faculty member at the affiliated college or university.)

(4) **Physical Therapist (Clinical Specialist or Program Manager).** Individuals in this assignment spend a majority of their time working in a specialty or a special program area (e.g. geriatrics, spinal cord injury, musculoskeletal disorders, cardiopulmonary rehabilitation, stroke/head injury and arthritis, etc.) The assignment will generally occur at active, affiliated VA facilities where the physical therapy program has specialized patient treatment programs. An example of such an assignment would include, but would not be limited to the following:

(a) Independently solving complex problems related to physical therapy, adapting and modifying treatment plans, activities, and procedures to meet the need of patients with complex disabilities;

(b) Serving as a subject matter expert in the specialty area and as a consultant to physical therapy and other medical center staff in evaluating and treating patients in the specialty area;

(c) Serving as a mentor to other therapists evaluating and treating patients in the specialty or program area;

(d) Providing in-service and clinical training programs in the specialty or program area; and

(e) Teaching at the affiliated college or university in the specialty or program area.

(5) **Physical Therapist (Research Specialist).** Individual in this assignment spend a majority of their time designing, conducting, and publishing research in referred journals, independently or as contributing member of a research team. Assignment at this level typically involves full participation in intramural and extramural research committees. The research projects:

(a) Are generally reviewed and approved by appropriate research committees;

(b) Have a significant impact on the care and treatment of patients or the direction of health care practice; and

(c) Require considerable coordination within a facility or among multiple facilities.

GS-12

a. **Experience.** Completion of 1 year of experience comparable to the next lower grade level which is directly related to the position to be filled. Examples include:

(1) Experience in a supervisory capacity or as a clinical specialist, program manager, clinical educator, or research specialist;

(2) Experience in planning or assisting in the establishment of a completely integrated physical therapy program at a medical center or comparable facility; or

(3) Experience in the management or administration of a physical therapy or closely related program.

b. **Assignment.** Assignment to this grade level is restricted to those serving as the Chief of the Physical Therapy Section at medical facilities with comprehensive and complex physical therapy programs. Individuals in these assignments plan and direct the physical therapy program at active, affiliated medical centers or outpatient clinics and have full supervisory responsibility for a large staff of nonsupervisory personnel, including GS-11 Clinical Specialists or Program Managers. At this level, the physical therapy program typically includes a variety of specialties,

an extensive educational program, and involvement in research activities. Examples of duties include, but are not limited to, the following:

- (1) The full range of supervisory duties, including responsibility for assignment of work performed; performance evaluation; recommendations for appointment, awards, advancement, and when appropriate, disciplinary actions; identification of continuing education and training needs;
- (2) Resolving problems that interfere with the delivery of physical therapy to beneficiaries;
- (3) Serving as a consultant to other facility personnel in evaluating and planning physical therapy treatment for the most complex cases;
- (4) Participating in substantive curriculum development for physical therapy students. (Typically, personnel in this assignment hold an appointment as a clinical faculty member at one of more affiliated universities.);
- (5) Participating in research studies and/or as a consultant to others conducting research;
- (6) Frequently consulting with staff and resident physicians through patient presentation; attending ward rounds, specialty clinics and/or conferences; and
- (7) Assessing, planning, and evaluating the delivery of physical therapy care at the facility, utilizing personal experience and findings from current research and/or studies.

GS-13/14

Program specialists are responsible for the management of VISN or national initiatives having a high degree of visibility and a significant impact on Department health care. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, etc. Promotion to each of these grade levels requires an additional year of creditable experience at the next lower grade level which is directly related to the position to be filled.

SECTION C. DEVIATIONS

1. **Individual Waivers of Experience, Degree or Grade Requirements.** The Under Secretary for Health or designee, may, upon the recommendation of the Standards Board, authorize a waiver of the experience and/or the degree requirement for a PT whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. In addition, in cases where the application of the grade requirements will result in an inappropriate grade assignment, the The Under Secretary for Health or designee, may, upon the recommendation of the Standards Board, authorize deviations from the established requirements. This includes the assignment of collateral duties of a VISN or national nature by VA Headquarters.

October 30, 1998

MP-5, Part II
Chapter 2
APPENDIX L

2. **Other Waivers.** At facilities where above-minimum entrance rates or special salary rate ranges for PTs have been approved under MP-5, part II, chapter 3, section D, facility Directors may waive the experience requirement to appoint, at the GS-9 level, PTs who meet the basic requirements for appointment. The Under Secretary for health or designee, may also delegate this authority to facility Directors. NOTE: *Individuals granted waivers under this paragraph are required to have an additional year of experience in the grade to which appointed before they may be considered for advancement to the next higher grade level.*

Authority: 38 U.S.C. 7304; 7402

LICENSED PRACTICAL OR VOCATIONAL NURSE QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as an LPN or LVN (licensed practical or vocational nurse) in VHA who engages in nursing care and practice which do not require full professional education, but require the knowledges and skills represented by licensure as an LPN or LVN.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Graduate of a school of practical or vocational nursing approved by the appropriate State accrediting agency and/or the National League for Nursing at the time the program was completed by the applicant. Verification can be obtained from the State approving agency of the National League for Nursing, 61 Broadway, 33rd Floor, New York, NY 10006.

a. Health care education in the military service or training in the military service which is accepted by the licensing body in the jurisdiction in which the individual is licensed as qualifying for full LPN/LVN licensure will be accepted as meeting the education requirements for VHA employment.

b. The education requirement is waived for VHA employees who were converted to appointments under 38 U.S.C. 7401(3) in implementation of Public Law 98-160, enacted November 21, 1983, and for VHA employees converted to appointments under 38 U.S.C. 7405 in implementation of Public Law 99-576, enacted October 28, 1986; and for their future personnel actions under this authority. The waiver will not apply to persons appointed under 38 U.S.C. 7401(3) or 7405 after these conversions.

1. **Licensure.** Full, active, current and unrestricted licensure as a graduate licensed practical or vocational nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or District of Columbia. An LPN who has or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Licensed practical or vocational nurses appointed to direct patient care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

1. Definitions

- a. Qualifying experience is successful nursing practice maintaining acceptable standards within a health care setting under the direction of a registered nurse or physician. This may include experience as a GPN (graduate practical nurse) provided the candidate was utilized as a practical or vocational nurse and passed the State licensure examination on the first attempt.
- b. To be creditable, practical nursing experience (as an LPN or LVN) must be documented on the application and verified in an employment reference or through other means.
- c. Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g., an LPN who worked 20 hours week, i.e., half-time, would receive 1 full-time workweek of credit for each 2 weeks of such service.)

2. Grade Determination. In addition to the basic requirements stated in section A, the following qualification criteria must be met for each grade. The candidate's qualifications must clearly demonstrate the level of competence required for the grade.

GS-3. None beyond the basic requirements.

GS-4. Six months of qualifying experience.

GS-5

- a. Completion of at least 1 year of qualifying experience at the GS-4 level or equivalent.
- b. Demonstrated knowledge and ability to provide a full range of practical nursing care to patients with a variety of physical and/or behavioral problems.
- c. Demonstrated ability to serve as a responsible member of the nursing team and interact with patients, family members, professional and supportive personnel who provide patient care, and with members of other services.

NOTE: GS-5 is a full performance level for the LPN or LVN occupation for providing practical nursing care with a variety of physical and/or behavioral problems. Assignments above this level are limited to situations demanding an exceptional degree of practical nursing knowledges and skills.

GS-6. In addition to meeting the requirements for the GS-5 level, has completed at least an additional year of qualifying experience at the GS-5 level or equivalent. Has the knowledges and skills necessary for concentrated effort and self-direction in carrying out the most complex practical nursing care assignments, including assignments for selected acute, care, long-term or ambulatory care, or psychiatric patients requiring skilled nursing care. Serves as a member of a health care team with these selected patients and provides care to them on a regular and recurring

basis. Completes assigned duties and responsibilities which involve performing nonstandard and specialized practical nursing activities at the GS-6 level, requiring broad work experience and demonstrated skill sufficient to resolve a range of nursing problems.

The GS-6 grade is restricted to individuals whose assignments include the following:

a. Practical nursing characterized by:

(1) The employee's ability to vary the order and sequence of assigned procedures based on the patient's condition; to use judgment in selecting the most appropriate application of procedures and guidelines; and to accurately report and record significant patient information. Completed work needs only a general review by a registered nurse for technical soundness; appropriateness and conformity with policy and nursing assignments.

(2) Demonstrated ability to observe, identify and respond to the patient's needs for nursing, medication, and equipment-assisted care and to recognize deviations from normal. In modifying patient care plans, the employee considers physical, emotional and social factors.

(3) Practical knowledge of human behavior, motivations and reactions to situations. Demonstrated ability to use this knowledge in working effectively with patients, family and other staff members.

(4) Demonstrated knowledge, skill and ability to recognize and respond appropriately to emergency situations.

b. Typically, duties will include:

(1) Contributes to the interdisciplinary team in the development, implementation and evaluation of the patient's treatment plan and promotes patient participation in the therapeutic community by fostering self-reliance and independence.

(2) Conducts group meetings to help patients share feelings, interact and function in accordance with the patient's treatment plan.

(3) Establishes constructive relationships with individual patients to elicit feelings and attitudes and to promote positive relationships, communication and socialization skills.

(4) Administers prescribed medications and performs more complex treatments.

(5) Performs support duties for diagnostic procedures, which includes preparing the patient, assisting in the diagnostic examination, preparing and passing instruments, and monitoring the patient's condition.

SECTION C. DEVIATIONS

1. In cases where the application of the grade requirements will result in an inappropriate grade assignment, the The Under Secretary for Health or designee, may authorize deviations from the established requirements.
2. The facility Director may authorize a waiver of the education requirement in section A to permit the appointment of a graduate of a school of professional (registered) nursing when the individual's qualifications warrant such consideration.
3. In exceptional circumstances, the facility Director may waive the experience requirement for LPNs whose accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade.

Authority: 38 U.S.C. 7304; 7402.

OCCUPATIONAL THERAPIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

The requirements for appointment as an OT (occupational therapist) in VHA are as follows.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education**

a. **Degree or Certificate.** Graduation from a baccalaureate degree program in occupational therapy or a post-baccalaureate certificate program recognized by the American Occupational Therapy Association (AOTA) or the Committee on Allied Health, Education and Accreditation of the American Medical Association. Verification of recognized degree and certificate programs may be obtained from AOTA, Attn: Accreditation Department, P.O. Box 31220, Bethesda, Maryland 20824-1220 (phone 301-652-2682).

b. **Foreign Graduates.** Graduates of foreign occupational therapy training programs also meet the education requirement if they have graduated from a degree or equivalent program recognized by the AOTA. For information about verification of recognized programs see paragraph a above.

1. **Certification.**

a. Possession of written documentation that the individual has passed the Certification Examination for Occupational Therapists Registered OTR, which is administered by the National Board for Certification in Occupational Therapy.

b. Appointing officials may approve the appointment of candidates who have ever had their certification revoked, suspended, denied, restricted, limited, or issued/placed in a probational status provided they currently have full and unrestricted certification.

4. **Physical Requirements.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** OTs must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7407(d), and 8110

SECTION B. GRADE REQUIREMENTS

1. Definitions

a. Affiliated means affiliated for the purpose of allied health care training.

b. Creditable Experience

(1) **Knowledge of Current Professional Occupational Therapy Practices.** To be creditable, the experience must demonstrate possession of the knowledges, skills, abilities and other characteristics associated with current professional occupational therapy practice. The experience or education must have been gained within 3 years prior to the date of appointment. This may have been evidenced by one or more of the following during the 3-year period:

(a) The equivalent of one year of active professional practice. (Active professional practice means paid/non-paid employment as a professional OT as defined by AOTA or the appropriate licensing board.)

(b) In addition to AOTA certification, annually completing continuing education courses recognized by AOTA.

(c) Academic course work leading to an advanced degree in occupational therapy or a related health care field.

(2) **Quality of Experience.** Experience is only creditable if it was earned after completion of the education required by paragraph 2 of section A. Experience as a graduate OT is creditable provided the candidate was utilized as an OT and subsequently passed the certification examination.

(3) **Part-Time Experience.** Part-time experience as a professional OT is credited according to its relationship to the full-time workweek. For example, an OT employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

c. **Postgraduate Education.** Graduate education and graduate degrees may be substituted through the GS-11 level, but only if they are from a college or university recognized by the AOTA, or in a field related to occupational therapy (e.g., anatomy, physiology, kinesiology, nursing, physical therapy, social work, geriatrics/gerontology, exercise physiology). Graduate education or a graduate degree in a field related to occupational therapy must be from a college or university which was regionally accredited at the time the candidate completed the program. Information on accredited colleges and universities is contained in *Accredited Institutions of Post Secondary Education*, which is published annually by the American Council on Education, One Dupont Circle, Washington, DC 20036. To substitute graduate education or a graduate degree, it must have been completed *after* the individual completed the degree or certificate required for appointment in paragraph 2a of section A.

d. **Specialties.** Specialized areas of occupational therapy include, but are not limited to, spinal cord injury, treatment of the hand, traumatic, brain injury, cardiopulmonary rehabilitation, psychiatry, neurology, or geriatrics.

2. **Grade Determinations.** In addition to the basic requirements for appointment in section A, the following criteria must be used when determining the appropriate grade assignment of candidates.

GS-7. None beyond the basic requirements.

GS-9

a. **Experience.** Completion of 1 year of experience at the next lower grade level that is directly related to the position to be filled (i.e., experience which has demonstrated possession of the knowledges, skills, abilities and other characteristics needed to provide occupational therapy services in a therapeutic setting). This includes:

- (1) Ability to read and interpret written prescriptions.
- (2) Assessment and evaluation of patients referred for consultation.
- (3) Development and implementation of individualized occupational therapy treatment programs for patients.
- (4) Working effectively with patients, families, friends, and treatment team members.

b. **Assignment.** Individuals at this grade level serve as staff OTs.

GS-10

a. **Experience.** Completion of one year of experience at the next lower grade level which demonstrates knowledges, skills, abilities and other characteristics that are directly related to the duties of the position to be filled. This includes:

- (1) The use of standard and non-standard methods and techniques for evaluating and interpreting a wide variety of patient physical and psychosocial functional levels and for providing progressive treatments.
- (2) Independently developing and implementing an occupational therapy treatment program, using judgment to modify the treatment as a result of changing medical conditions or because of a variety of severe physical and mental disabilities.
- (3) Effectively communicating, both orally and in writing.
- (4) Working effectively with treatment team members and other health care providers in coordinating the patient's total care.

(5) Supervising the clinical training experiences of technical and professional level occupational therapy interns to fulfill educational and professional requirements (where training programs exist).

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Sole Occupational Therapist:**

(a) Individuals in this assignment serves as the sole OT at a medical center or an outpatient clinic (NOTE: *Individuals serving as a sole OT may be graded at the GS-11 level if the complexity of their assignment is comparable to the Clinical Specialist or Program Manager.*);
or

(b) There may be more than one OT at the facility; however, individuals in this assignment serve as the sole OT on a multidisciplinary treatment team. The OT independently utilizes different and unrelated methods to evaluate and interpret specific physical and psychosocial problems of patients and carries out the appropriate therapy necessary to teach new or compensating skills to restore patient performance.

(2) **Occupational Therapist (Senior Staff Therapist).** Individuals in this assignment serve in a development capacity and may ultimately be assigned as Clinical Educators, Clinical Specialists or Program Managers or Research Specialists. In addition to meeting the requirements for GS-9, candidates for assignment as an OT (Senior Staff Therapist) must demonstrate the knowledges, skills and abilities required to perform more complex patient treatment procedures. Duties and responsibilities may include any combination of those found at the GS-11 level; however, individuals in these assignments work under closer supervision and are not given the freedom of action typically found at the higher grade level.

GS-11

a. **Experience.** Assignment as a Clinical Specialist or Program Manager, Clinical Educator or Research Specialist requires the equivalent of 1 year of experience at the next lower grade level. Assignment as a GS-11 Chief or Assistant Chief of the Occupational Therapy Section requires the equivalent of one year of experience at the GS-9 level or a combination of experience at the GS-9 and 10 levels. The experience must be directly related to the position to be filled.

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Chief, Occupational Therapy Section.** Individuals in this assignment assume full administrative and technical/professional responsibility for planning and directing the occupational therapy program at a medical center or independent outpatient clinic. They have full supervisory responsibility over a program which require three or more OTs or at least two OTs and an occupational therapy assistant (full-time equivalent). Typically, duties include:

- (a) Assigning and evaluating work of subordinate staff, as well as resolving problems which may interfere with the delivery of occupational therapy care by staff members.
- (b) Providing occupational therapy care in more complex cases.
- (c) Developing and initiating new treatment programs which apply current research findings.
- (d) Participating as an instructor in the facility's in-service and clinical training programs.
- (e) Consulting with staff physicians through patient presentations, attendance at ward rounds, clinics and conferences.
- (f) Interviewing candidates for positions in the section, recommending appointments, advancements, or, when appropriate, disciplinary action; evaluating performance; identifying continuing and training needs; etc.

(2) **Assistant Chief, Occupational Therapy Section.** This assignment is restricted to individuals serving as a full assistant to a GS-12 Chief, Occupational Therapy Section. Individuals in this assignment share full responsibility for managing the Occupational Therapy Section.

(3) **Occupational Therapist (Clinical Educator).** Candidates in this assignment spend a majority of their time administering clinical training programs for occupational therapy students, occupational therapy assistant trainees, associated health trainees, facility staff and others assigned for occupational therapy training. These assignments occur at active, affiliated VA facilities where specialized occupational therapy treatment programs are provided. Examples of duties include:

- (a) Establishing, negotiating and maintaining affiliation agreement(s).
- (b) Serving as a liaison with the university in determining when students may be sent for training, the number of students to be sent, areas of training and assignments, etc.
- (c) Designing, conducting and evaluating educational experiences for occupational therapy students, student occupational therapy assistants, associated health trainees, and others assigned to occupational therapy for training.
- (d) Arranging and serving as an instructor for staff in-service training programs.
- (e) Serving on curriculum committees of colleges and universities and having substantive input into the course content for occupational therapy students. (Clinical Educators typically hold an appointment as a clinical faculty member at the affiliated college or university.)

(4) **Occupational Therapist (Clinical Specialist or Program Manager).** Individuals in this assignment spend a majority of their time working in a specialty or a special program area (e.g., medicine, surgery, orthopedics, psychiatry, neurology, spinal cord injury, hand, traumatic brain

injury, ambulatory care, geriatrics, vocational rehabilitation, physical disabilities, etc). The assignment will generally occur at active, affiliated VA facilities where the occupational therapy program has specialized patient treatment programs. An example of such an assignment would include, but would not be limited to, the following:

(a) Independently solving complex problems related to occupational therapy, adapting and modifying treatment plans, activities, and procedures to meet the needs of patients with complex disabilities;

(b) Serving as a subject matter expert in the specialty or program area and as a consultant to occupational therapy staff and other facility staff in evaluating and treating patients in the specialty area;

(c) Serving as a mentor to other therapists evaluating and treating patients in the specialty or program area;

(d) Providing in-service and clinical training in the specialty or program area; and

(e) Teaching at the affiliated college or university in the specialty or program area.

(5) **Occupational Therapist (Research Specialist).** Individuals in this assignment spend a majority of their time designing, conducting, and publishing research in referred journals, independently or as a contributing member of a research team. Assignment at this level typically involves full participation in intramural and extramural research committees. The research projects:

(a) Are generally reviewed and approved by appropriate research committees;

(b) Have a significant impact on the care and treatment of patients or the direction of health care practice; and

(c) Require considerable coordination within a facility or among multiple medical facilities.

GS-12

a. Experience. Completion of 1 year of experience comparable to the next lower grade level which is directly related to the position to be filled. Examples include:

(1) Experience as an Assistant Chief, Occupational Therapy Section, Clinical Educator, Clinical Specialist, Program Manager or as a Research Specialist.

(2) Experience in planning or assisting in the planning of a complete integrated occupational therapy program for a medical center or comparable facility.

(3) Experience in the management or administration of an occupational therapy or closely related program.

b. **Assignment.** Assignment at this grade level is restricted to those serving as the Chief of the Occupational Therapy Section at medical facilities with a comprehensive and complex occupational therapy program. Individuals in these assignments plan and direct the occupational therapy program at active, affiliated medical centers or outpatient clinics and have full supervisory responsibility over a large staff of nonsupervisory personnel, including GS-11 Specialists or Program Managers. At this level, the occupational therapy program typically includes a variety of specialties, an extensive educational program, and involvement in research activities. Examples of duties include, but are not limited to, all of the following.

(1) The full range of supervisory duties, including responsibility for assignment of work performed; performance evaluation; recommendations for appointment, awards, advancement, and, when appropriate, disciplinary action; identification of continuing education and training needs;

(2) Resolving problems that interfere with the delivery of occupational therapy care to beneficiaries;

(3) Serving as a consultant to other facility personnel in evaluating and planning occupational therapy treatment for the most complex cases;

(4) Participating in substantive curriculum development for occupational therapy students. (Typically, personnel in this assignment hold an appointment as a clinical faculty member at one or more affiliated universities.);

(5) Participating in research studies and/or as a consultant to others conducting research;

(6) Frequently consulting with staff and resident physicians through patient presentations, attending ward rounds, specialty clinics and/or conferences; and

(7) Assessing, planning, and evaluating the delivery of occupational therapy care at the facility, utilizing personal experience and findings from current research and/or studies.

GS-13/14

Program Specialists are responsible for the management of VISN or national initiatives having a high degree of visibility and a significant impact on Department health care. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, etc. Promotion to each of these grade levels requires an additional year of creditable experience at the next lower grade level which is directly related to the position to be filled.

SECTION C. DEVIATIONS

1. **Individual Waivers of Experience, Degree or Grade Requirements.** The Under Secretary for Health or designee, may, upon the recommendation of the Headquarters Standards Board, authorize a waiver of experience and/or the degree requirement for an OT whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. In addition, in cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may, upon the recommendation of the Headquarters Standards Board, authorize deviations from the established requirements. This includes the assignment of collateral duties of a VISN or national nature by VA Headquarters.

2. **Other Waivers.** At facilities where above-minimum entrance rates or special salary rate ranges for OTs have been approved under MP-5, part II, chapter 3, section D, facility Directors may waive the experience requirement to appoint at the GS-9 level, OTs who meet the basic requirements for appointment. The Under Secretary for Health or designee may also delegate this authority to facility Directors where above-minimum entrance rates or special salary rate ranges have not been approved, provided the authority is used to address documented recruitment or retention needs. NOTE: *Individuals granted waivers under this paragraph are required to have an additional year of experience in the grade to which appointed before they may be considered for advancement to the next higher grade level.*

Authority: 38 U.S.C. 7304; 7402.

LICENSED PHARMACIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Requirements for appointment as a Licensed Pharmacist in VHA are as follows:

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education:**

a. Graduate of a degree program in pharmacy from an approved college or university. The degree program must have been approved by the American Council on Pharmaceutical Education (ACPE), or prior to the establishment of ACPE, have been a member of the American Association of Colleges of Pharmacy (AACP). Verification of approved degree programs may be obtained from the American Council on Pharmaceutical Education, 311 West Superior Street, Suite 512, Chicago, Illinois 60610 Phone: (312) 664-3575).

b. Graduates of foreign pharmacy degree programs meet the educational requirement if their degree is found to be equivalent to degree programs recognized by the ACPE. This finding may be used on *any* of the following:

(1) A letter of acceptance into a U.S. graduate pharmacy program recognized by the ACPE.

(2) Written certification from the Foreign Pharmacy Graduate Examination Commission, 700 Busse Highway, Park Ridge, IL 60068 Phone (847) 698-6227, that the individual has successfully passed the Foreign Pharmacy Graduate Examination.

(3) A letter from a U.S. college or university with a pharmacy degree program recognized by ACPE stating that the individual's foreign pharmacy degree has been evaluated and found to be equivalent to its Bachelor of Pharmacy degree.

2. **Licensure.** Full, current and unrestricted license to practice pharmacy in a State, Territory, Commonwealth of the United States (i.e., Puerto Rico), or the District of Columbia. The pharmacist must maintain current registration if this is a requirement for maintaining full, current, and unrestricted licensure. A pharmacist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Requirements.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Pharmacists must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

1. Definitions

a. Creditable Experience

(1) **Knowledge of Current Professional Pharmacy Practices.** To be creditable, the experience must have required the use of knowledges, skills, abilities and other characteristics associated with current professional pharmacy practice. The experience or education must have been gained within 3 years prior to the date of appointment. This may be evidenced by *one or more* of the following during the 3-year period:

(a) The equivalent of 1 year of active professional practice. Active professional practice means paid/non-paid employment as a professional pharmacist as defined by the appropriate licensing board.

(b) In addition to a full, current and unrestricted license, annual completion of a minimum of 15 continuing education units (CEUs) recognized by ACPE; or

(c) Academic course work leading to an advanced degree in pharmacy or a related health care field.

(2) **Quality of Experience.** Experience is only creditable if it is post-licensure experience as a professional pharmacist directly related to the position to be filled. Qualifying experience must also be at a level comparable to pharmacy experience at the next lower level. Experience as a Graduate Pharmacist is creditable provided the candidate was used as a professional pharmacist and subsequently passed the appropriate licensure examination.

(3) **Part-time Experience.** Part-time experience as a professional pharmacist is credited according to its relationship to the full-time workweek. For example, a pharmacist employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

b. **Fellowships.** Fellowship programs are typically 2-year training programs in a specialized area of clinical practice. Applicants for these programs usually possess a Pharm. D. or an equivalent degree and have completed an accredited clinical or specialized residency (or both). Training as a fellow may substitute for creditable experience on a year-for-year basis.

c. **Residency** means a hospital residency recognized by the American Society of Hospital Pharmacists. It does not include internships which are shorter training programs designated to meet the requirements of boards of pharmacy of licensure. Hospital residencies may be substituted for experience on a year-to-year basis.

2. **Grade Determinations.** In addition to the basic requirements for employment in section A, the following criteria must be met when determining the grade of candidates.

GS-9 Staff Pharmacist. None beyond the basic requirements.

GS-11 Staff Pharmacist

a. **Experience or Education.** Completion of *one* of the following:

- (1) The equivalent of 1 year of experience at either of the next two lower grade levels; or
- (2) Completion of a 6-year Pharm. D. or formal post-baccalaureate (M.S., Pharm. D.) hospital oriented degree program recognized by ACPE.

b. **Demonstrated Knowledges, Skills, and Abilities.** In addition to the requirements in paragraph a, pharmacists at this grade level must demonstrate the following knowledges, skills, abilities and other characteristics:

- (1) Ability to read, interpret, and apply complex written instructions;
- (2) Knowledge of professional pharmacy practice;
- (3) Ability to communicate orally and in writing;
- (4) Basic knowledge of pharmaceutics, pharmacokinetics, pharmacodynamics, and pharmacotherapeutics;
- (5) Basic computer skills;
- (6) Ability to analyze drug relate medical problems;
- (7) Skill in preparing sterile products; and
- (8) Knowledge of standards related to distribution and control of scheduled and non-scheduled drugs (including research and investigational drugs.) This includes, but is not limited to, those established by the Drug Enforcement Administration (DEA), Food and Drug Administration (FDA), Department of Veterans Affairs (VA), the State, (Territory or District of Columbia, if appropriate), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

GS-12

a. **Experience.** Completion of the equivalent of 1 year of creditable experience at the next lower grade level which is directly related to the position to be filled.

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Clinical Pharmacist/Pharmacy Specialist.** A Clinical Pharmacist spends a majority of time practicing in a major specialty (e.g., medicine, surgery, psychiatry, neurology, spinal cord injury, ambulatory care, rehabilitation medicine, geriatrics, medical research, etc.) Pharmacy Specialists are responsible for a major program area within Pharmacy Service (e.g., ADP systems, quality assurance/utilization review, drug information, etc.) In addition to the experience required in paragraph a, pharmacists in these assignments must demonstrate the following knowledges, skills, abilities and other characteristics:

(a) In depth knowledge of a specialized area of clinical pharmacy practice or a specialty area of pharmacy such as quality assurance/utilization review, ADP systems, drug information, etc.;

(b) Advanced knowledge of pharmaceuticals, pharmacokinetics, pharmacodynamics, and pharmacotherapeutics;

(c) Skill in monitoring and assessing the outcome of drug therapies including physical assessment and interpretation of laboratory and other diagnostic parameters;

(d) Knowledge of the design, conduct, and interpretation of controlled clinical drug trials or other research related to health care;

(e) Ability to communicate orally and in writing with a wide variety of individuals. This would typically include beneficiaries, professionals in other health care disciplines, and health related groups in the community; and

(f) Knowledge of the standards related to distribution and control of scheduled and non-scheduled drugs (including research and investigational drugs.) This includes, but is not limited to, the standards established by DEA, FDA, VA, the State (Territory or District of Columbia, if appropriate), and JCAHO.

(2) **Supervisor-Inpatient/Outpatient.** The supervisor (Inpatient/Outpatient) is responsible for the professional and administrative management of an inpatient/outpatient area in a relatively large pharmacy service, or an inpatient/outpatient area as a site geographically removed from the supervisor. Such individuals typically have responsibility for supervising three or more professional pharmacists. In addition to the experience required in paragraph a, pharmacists assigned to these positions must demonstrate the knowledges, skills, abilities and other characteristics necessary to satisfactorily complete the following duties:

(a) The full range of supervisory duties. This includes responsibility for assignment of duties; development of performance standards and performance evaluation; recommendations for appointment, awards, advancement, and, when appropriate, disciplinary action; identification of continuing education and training needs; etc.

(b) Serving as a consultant within Pharmacy Service and with other facility health care staff in evaluating health care delivery to patients.

(c) Assessing, planning and evaluating the pharmacy program to ensure proper coordination between the delivery of pharmacy services and the overall delivery of health care.

(3) **Service Chief and Assistant Service Chief.** See section C.

GS-13

a. **Experience or Board Certification.** Completion of the equivalent of 1 year of experience at the next lower grade level, *or* board certification recognized by the American Pharmaceutical Association's Board of Pharmaceutical Specialties.

b. **Assignment.** Individuals in these assignments are considered Clinical Pharmacy Specialists or Pharmacy Managers because they typically have full responsibility for planning and implementing special programs characterized by one of the following areas:

(1) **Research:** Responsible for designing, conducting, and publishing research in referred journals, independently or as a contributing member of a research team. Assignment at this level typically involves full participation in intramural and/or extramural research committees. The research projects:

- (a) Are generally reviewed and approved by appropriate research committees;
- (b) Have a significant impact on the care and treatment of patients and/or the direction of health care practice; and
- (c) Require considerable coordination within a facility or among multiple medical facilities.

(2) **Education:** Responsible for developing and managing all pharmacy educational programs including: residency training programs, fellowships, clerkships, internships, management training programs, staff development programs, university affiliated programs, and interdisciplinary training programs. Assignment at this level typically includes an appointment at the affiliated university (other than a courtesy appointment) and requires considerable coordination within a facility or among multiple medical facilities

(3) **Program Management:** Individuals in these assignments coordinate a single program area or multiple programs areas to develop, organize, manage, and control complex pharmacy programs (e.g., nuclear, nutritional support services, specialized IV services, oncology, pharmacokinetic consulting, ambulatory care, psychopharmacy, drug information, quality assurance/utilization review, spinal cord injury, etc.) This should include the management of multiple program areas within a facility or a single program area at multiple facilities.

(4) **Clinical Practice (Patient Care).** Individuals in these assignments are responsible for patient care activities involving highly innovative methods of health care delivery. This assignment involves a component of both research and education as identified in (1) and (2) above, and includes the highest level of clinical privileges. Individuals in these assignments are

generally recognized by their peer as performing assignments that require an exceptional level of competence.

(5) **Service Chief and Assistant Service Chiefs.** See section C.

GS-14

a. **Experience.** Assignment at this grade level requires an additional year of creditable experience at the next lower grade level which is directly related to the position to be filled.

b. Assignments

(1) **Program Specialist.** Program Specialists are responsible for the management of national programs having a high degree of visibility and a significant impact on Department health care. Examples include initiatives in research, education, quality assurance/utilization review, drug information, etc. These programs typically include collaboration with other federal agencies (e.g., National Institutes of Health, Public Health Service, Department of Defense, FDA, Centers for Disease Control, etc.) or organizations outside the Federal health care system. Programs of this magnitude are typically directed by VA Headquarters.

(2) **Service Chief.** For service chiefs, see section C.

GS-15. The Under Secretary for Health or designee may, under unusual circumstances, approve the assignment of a pharmacist to the GS-15 level when the composite record of qualifications and scope and complexity of the assignment justify such action.

SECTION C. SERVICE CHIEFS AND ASSISTANT SERVICE CHIEFS

1. **Experience.** Individuals assigned as service chief or assistant service chief must have the equivalent of 1 year of creditable experience comparable to the next lower grade level. The experience must evidence possession of supervisory and management skills.

2. **Service Chief.** The grades and rates of basic pay for Chief or Pharmacy Service will be determined in accordance with procedures established by the Under Secretary for Health or designee.

3. **Assistant Service Chief.** Assignment as an Assistant Chief is restricted to those serving as a full assistant to the Chief of Pharmacy Service. These individuals are to share, with the Chief of Pharmacy Service, full responsibility for managing and supervising all phases of Pharmacy Service operations. In addition, the assignment must fully meet the definition of a managerial/supervisory position found in the Office of Personnel Management's Supervisory Grade Evaluation Guide. The Assistant Service Chief is to be one grade less than the appropriate grade of the Chief of Pharmacy Service.

SECTION D. DEVIATIONS

1. **Individual Waivers of Experience, Degree or Grade Requirements.** The Under Secretary for Health or designee, may authorize a waiver of experience and/or the degree requirement for a pharmacist whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. In addition, in cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize deviations from the established requirements. This includes the assignment of collateral duties of a VISN or national nature by VA Headquarters.

2. **Other Waivers.** At facilities where above-minimum entrance rates or special salary rate ranges for pharmacists have been approved under MP-5, part II, chapter 3, section D, appointing officials may waive the experience requirement to appoint, at the GS-11 level, pharmacists who meet the basic requirement for appointment. The Under Secretary for Health, or designee, may also delegate this authority to facility Directors where above-minimum entrance rates or special salary rate ranges have not been approved, provided the authority is used to address documented recruitment or retention needs. NOTE: *Individuals granted waivers under this paragraph are required to have an additional year of experience in the grade to which appointed before they may be considered for advancement to the next higher grade level.*

Authority: 38 U.S.C. 7304; 7402

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CHAPTER 2. RECRUITMENT AND APPOINTMENT

SECTION A. RECRUITMENT

2.01 SCOPE

This section establishes policies and procedures relating to recruitment of personnel (other than trainees and students) appointed on a full-time, part-time or intermittent basis under 38 U.S.C., chapter 73 or 74. "Employee" means all the preceding categories unless otherwise specified.

Authority: 38 U.S.C. 7304.

2.02 REFERENCES

- a. 38 U.S.C., chapter 73 or 74.
- b. VHA (Veterans Health Administration) Manual M-3.
- c. MP-1, part II, chapter 2.
- d. MP-5, part I, chapters 300, 316 and 332.
- e. MP-7, part I, chapters 1 and 2.

2.03 RESPONSIBILITY

- a. The Under Secretary for Health initiates actions to fill positions authorized under 38 U.S.C. 7306, health care facility Director and Chief of Staff positions, and other Headquarters and centralized field positions.
- b. Facility Directors, through the efforts of Human Resources Management Officers and other key professional staff members, are responsible for recruiting qualified employees to meet decentralized staffing needs.
- c. Human Resources Management Officers are responsible for developing and coordinating plans to meet current and long-range staffing needs and will assist and advise directors and professional staff members on recruitment matters, including the following:
 - (1) Identifying specific staffing needs; establishing formal and cost effective recruitment strategies; and requesting funding to accomplish recruiting goals.
 - (2) Assuring recruitment initiatives of top management and other key personnel are coordinated and consistent with the facility's recruitment strategies; recruitment strategies and action reflect the facility's responsibility for providing equal employment opportunity; and there are effective communications and other arrangements which result in appointment commitments and actions.

(3) Using appropriate recruitment sources and techniques, such as paid and unpaid advertisements, college placement officials, faculty and alumni associations and employee referral programs.

(4) Coordinating recruitment activities with other initiatives to meet the facility's long-range personnel needs (e.g., intra- and extramural training, upward mobility training, etc.).

Authority: 38 U.S.C. 7304.

2.04 THE RECRUITMENT PROCESS

a. **Implementing a Recruitment Program.** Effective recruitment is achieved by identifying and publicizing employment needs and opportunities; developing and cultivating productive sources of candidates, selecting well-qualified candidates; and by expeditiously processing actions leading to appointment. It requires a continuous awareness of and contacts with recruitment sources, a proper blending of publicity, and established relationships with educational institutions and professional organizations. It is important to remember that a recruitment program can be successful only through continuous recruitment activities. Once vacancies are filled, recruitment efforts should not stop. Although hiring ceases, valuable recruitment contacts should be maintained by continuing to accept applications, referring applicants to other facilities when appropriate, and continuing to participate in recruitment events such as conventions, job fairs and career days.

b. **Coordination of Recruitment Initiatives.** Coordination of recruitment initiatives and networking with other VHA recruiters who have similar staffing needs should be considered. In pooling resources and talents, officials have the potential for unique and innovative approaches while presenting a united effort, as well as the potential for improved cost-effectiveness.

Authority: 38 U.S.C. 7304.

2.05 RECRUITMENT INITIATIVES

Recruitment needs, resources, and circumstances will largely determine the extent to which various recruitment sources and strategies will be used. An important consideration in designing a recruitment approach is the VA-wide policy of mutual recruitment assistance between health care facilities. Consistent with this policy, local recruitment efforts are extended to also represent the interests of other VA medical facilities and Headquarters. Some of the available recruitment strategies and sources include:

a. Strategies

(1) Intensive cultivation of newspaper, radio, and television outlets for news about VA job opportunities. This includes public service announcements, cable television advertising, and paid advertisement.

- (2) Use of mailing lists of professionals in the community, schools, vocational counseling offices, and particularly of professional associations. Such organizations may be willing to circulate information to their members about VA career opportunities.
- (3) Inviting students and others to indicate their vocational interests for possible future employment. When vacancies occur, facility officials will have a ready list of candidates to contact about VA employment.
- (4) Careful development of institutional relationships with teachers, editors, influential professionals, etc.
- (5) Preparation and strategic distribution of well-illustrated pamphlets on specific occupations of professions, medical center fact sheets, and local Chamber of Commerce brochures, etc.
- (6) Periodic visits and programs directed to college/university campuses to interest students in working for VA.
- (7) Maintaining impressive and informative exhibits of VA careers at conventions, State fairs, and similar events where large numbers of persons are attendance.
- (8) Sponsoring an "open house" or "job fair."
- (9) Personalized letters to applicants who are interested in employment instead of patterned or xeroxed letters.
- (10) Telephone contacts, particularly by officials from those facilities actively seeking candidates, demonstrate a genuine interest in the prospect and provide for an expeditious exchange of pertinent information.
- (11) Paying travel expenses for pre-employment interviews and for reporting to the first duty facility, if such actions may be authorized.

b. Sources

(1) **Schools.** Through its close ties with medical and other schools, VA is associated on a day-to-day basis with potentially productive recruitment sources. Professional contacts by operating and program officials with their academic counterparts are invaluable and should be cultivated and maintained. However, such contacts in themselves do not assure that these recruitment sources are being fully utilized. Positive and aggressive recruitment efforts should be undertaken at educational institutions to capitalize on recruitment opportunities.

(2) **Professional Associations.** Placement services are often provided by professional associations. Recruitment at professional conventions and meeting, many of which feature on-site placement operations, can provide a source of candidates. In addition to these formal approaches, informal contacts with professional associates at the national, regional, State, and local levels are often productive.

(3) Organizations Representing Minorities or Applicants With Disabling Conditions

(a) **Minority Applicants.** A program to recruit minority applicants should include ongoing relationships with historically black colleges and universities, the Hispanic Association of Colleges and Universities, alumni associations, and other organizations involved in the placement of minority applicants.

(b) **Applicants With Disabling Conditions.** Efforts to recruit applicants with disabling conditions should include contacts with local facility Equal Employment Opportunity manager or VISN office; rehabilitation agencies connected with State, county or private health-care facilities; local, State or national offices of professional, veterans or other associations furthering employment opportunities for the disabled; and colleges, universities and other schools with candidates for employment in occupations covered by this chapter.

(4) **Veterans Organizations and U.S. Military Services.** To reach the veteran population, information about vacancies may be communicated to U.S. Veterans Assistance Centers and veterans organizations. When feasible, recruitment contacts may also be made with military separation centers.

(5) **VA Placement Service.** The VA Health Care Staff Development and Retention Office, 1555 Poydras Street, Suite 1971, New Orleans, LA 70112 or telephone 1-800-949-0002, maintains placement and referral services for physicians, dentists, physician assistants, occupational therapists, physical therapists, and pharmacists. Those filing application forms with the VA Placement Service are referred, based on their geographic preference and specialty, to medical centers requesting lists of candidates. Applicants desiring referral, employment information or application forms may obtain further information by calling the VA Health care Staff Development and Retention Office toll free on 1-800-949-0002.

(6) **State Licensing Bodies.** State licensing organization will often furnish names and addresses of newly licensed individuals.

(7) **Office of Personnel Management.** Registers of eligibles maintained by the U.S. Office of Personnel Management constitute an often overlooked source of potential applicants. In addition, Federal Job Information Centers should be provided with information about Title 38 employment opportunities at the facility.

(8) **Intermediaries.** Information about specific vacancies can be communicated to organizations or individuals who may be in a position to refer names of prospects. These include: (a) professional employment offices of the State Employment Service, (b) officials of other Federal, State, municipal, or even private hospitals, and (c) officials of community and minority group organization.

c. **Headquarters Assistance.** The Customer Advisory and Consulting Group (051) and the Affirmative Employment Service (06A) are available to assist in the development of recruitment programs.

d. **Assistance from Headquarters Program Officials.** When health care facilities have been unsuccessful in recruiting for funded vacancies they may request assistance from the appropriate Service Director in Headquarters. Requests should contain all pertinent information on the assignment involved. For physicians, the request should identify the specialty, required qualifications, and intended assignment.

e. **Recruitment of Registered Nurses in Grades IV and V.** Information on the recruitment of nurses in these grades is provided in Appendix 2L.

Authority: 38 U.S.C. 7304.

2.06 STUDENT EMPLOYMENT

a. **General.** Directors of health care facilities may approve appointments of students under authority of 38 U.S.C. 7405(a)(1)(A) in accordance with provisions of paragraph 2.31.

b. Selection

(1) Candidates normally will be selected from among students whose interests or career objectives are in health care areas.

(2) Normally, a panel will be established for the purpose of screening qualifications and ranking student applicants for selection consideration. Preference will be given to students whose qualifications, personal traits, and career motivation appear to offer the best potential for service in VHA and for future contributions to the career field in general. The selecting official will choose applicants for employment from the listing developed by the qualification screening panel.

(3) VA student volunteer workers who have demonstrated interest in a health related career should be encouraged to apply for student employment. Selection of qualified students from this group encourages continued volunteer youth participation and acts as an incentive to other students to serve as volunteers.

(4) The Human Resources Management Officer is responsible for the administration of this program, including determining the extent to which the program is publicized and the selection process to be used by the facility. This official is also responsible for documenting all such determination once they are made.

c. Funds

(1) Available facility funds must be used. If research funds are used, appointments of students for medical research activities will be approved by the facility's Research and Development Committee. Education funds are not to be used for the employment of students.

(2) This employment has no relation to authorized training programs or clinical clerkships under which paid or WOC (without compensation) students receive credits from affiliated universities. **Authority: 38 U.S.C. 7304.**

2.07 - 2.15 (Reserved.)**SECTION B. GENERAL APPOINTMENT PROVISIONS****2.16 SCOPE**

a. **General.** This section contains administrative requirements and procedures relating to the appointment of individuals to occupations identified in 38 U.S.C. 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. 7405. This includes such employees as physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs (physician assistants), EFDAs (expanded-function dental auxiliaries,) RTs (certified respiratory therapy technicians or registered respiratory therapists), PTs (licensed physical therapists), LPNs (licensed practical or vocational nurses), OTs (occupational therapists), and pharmacists. This section also applies to medical personnel appointed under authority of 38 U.S.C., chapter 73 or 74.

b. **Headquarters Appointments.** Provisions of this section apply to Headquarters employees in the occupations indicated in subparagraph a. who are appointed under 38 U.S.C. 7306, 7401(1), 7401(3), or 7405. The terms “medical center officials” and “facility Director or designee” refer in Headquarters to the Under Secretary for Health or designee.

c. **Residents.** Medical, dental, podiatry and optometry residents and trainees appointed under 38 U.S.C. 7405 are included within the scope of this section. The term resident as used in this chapter includes interns.

Authority: 38 U.S.C. 7304**2.17 REFERENCES**

- a. Title 38, U.S.C., chapter 73 or 74.
- b. MP-5, part II, chapter 2.
- c. M-2.
- d. M-3.
- e. M-8

2.18 AUTHORITY AND RESPONSIBILITY

a. **Effecting Appointments.** Appointments will be effected only by appointing officers designated in MP-5, part I, chapter 250. These appointing officers will effect appointments after the approval of the qualifications and the selection for appointment has been made by the officials designated in this paragraph.

b. **Approval of Qualification and Selection for Appointment.** The approving authorities for appointment of certain research personnel, residents, and associated health trainees are contained in M-3 and M-8. In addition to approving authorities contained in appropriate paragraphs in this chapter, the technical responsibility for the approval of qualifications and/or selection of personnel for appointment to positions in VHA under 38 U.S.C., chapter 73 or 74, will be as follows:

(1) The Secretary

(a) On advice of the Under Secretary for Health, the approval of the qualifications and selection of all persons to be appointed under the authority of Section 7306.

(b) The approval of all Facility Directors appointed under the authority of Section 7401(1).

(c) The approval of VISN Directors appointed under this authority Section 7306 or 5 USC 3393.

(2) The Under Secretary for Health or Designee in Headquarters. Except as limited by subparagraph (1), the Under Secretary for Health or designee is the approval authority for all assignments to centralized positions and for the following appointments.

Note: See Appendix A of VHA Supplement, MP-5, Part I, Chapter 250, for a listing of centralized positions.

(a) Headquarters. The approval of the qualifications and selection of all individuals who are appointed in Headquarters under 38 U.S.C., Chapter 73 or 74, respective of the type of appointment, title, or grade.

(b) Nurse Anesthetists (NAs). Approval of assignments to Nurse V NA Qualification Standard.

(c) OTs. The approval of the appointment of all OTs to assignments other than Section Chief at GS-13 and above .

(3) VISN Directors. The authority to appoint Chiefs of Staff. Facility Officials will continue to forward Chief of Staff nominations to the Management and Administrative Support Office (MASO/163B). The Chief of Staff program staff in MASO will provide a technical review of the nomination, arrange for appropriate approvals and/or reviews with VHA Headquarters officials as necessary, and forward the completed nomination to the VISN Director for approval.

(4) Facility Directors. Except as limited by subparagraphs (2) and (3), the Facility Director is the approval authority for the following appointment and assignments.

(a) Physicians. The approval of the qualifications and selection of physicians appointed under the authority of Sections 7401(1) and 7405, including Associate Chiefs of Staff, Chiefs of Neurology Sections, and physicians in service chief or comparable positions. See Appendix E for procedures for appointing physicians to service chief and comparable positions.

(b) Dentists. The approval of the qualifications and selection of dentists appointed under the authority of Sections 7401(1) and 7405, including chiefs of dental service or comparable positions and staff dentists. See paragraph 2.22c for procedures for appointing dentists.

(c) Nurses. On recommendation and approval of qualifications by an appropriate Nurse Professional Standards Board, the approval of the grade and selection of nurses appointed under the authority of Sections 7401(1) and 7405, including Chiefs, Nursing Service; Associate Chiefs of Nursing Service for Nursing Home Care; Supervisors of Nursing Home Care Units, Associate Directors for Nursing or Associate Directors for Patient Care Services, and other key nursing personnel (i.e., RNs in Nurse IV or above who are not Chiefs of Nursing Service, Associate Directors for Patient Care Services). In addition, for appointments of personnel to Nursing Home Care Units, travel and relocation expenses will be centrally funded.

(d) Podiatrists. The approval of the qualifications and selection of all podiatrists appointed under authority of sections 7401(1) and 7405 (a)(1)(A). Refer to Appendix 2F for procedures for appointing podiatrists.

(e) Optometrists. The approval of the qualifications and selection of all optometrists appointed under authority of sections 7401(1) and 7405 (a)(1)(A). Refer to Appendix 2G for procedures for appointing optometrists.

(f) Nurse Anesthetists. The approval of the qualifications and selection of nurse anesthetists, including Chiefs of Nurse Anesthesia Sections. Refer to Appendix 2H for procedures for making appointments to Chief, Nurse Anesthesia Section positions.

(g) PAs. The approval of the qualifications and selection of all PAs, including those in Chief Grade. Refer to Appendix 2I for procedures for making appointments of PAs to Chief Grade.

(h) Pharmacists. The approval of the qualifications and selection of all pharmacists, including Chiefs of Pharmacy Service (all grades), clinical pharmacists/pharmacy specialists and program specialists in grades GS-13. Refer to Appendix 2J for procedures for appointing chiefs of pharmacy service, clinical pharmacy/pharmacy specialists, and program specialists at grades GS-13 and above. In addition, the Director may delegate authority to the Chief, Pharmacy Service, to approve the appointment of pharmacists at GS-12 and below, and of Assistant Chiefs, Pharmacy Service at GS-13.

(i) PTs and OTs. The approval of the qualifications and selection of PTs and OTs for section chief positions and positions at GS-12. The Director may delegate approval authority for appointments of PTs and OTs to the Chief of Staff. Refer to Appendix 2K for procedures for making appointments to section chief positions.

(j) Respiratory Therapists. The approval of the qualifications and selection of all RTs. The Director may delegate approval authority for appointments of RTs to the Chief of Staff.

(k) LPNs. The approval of the qualifications and selection of all LPNs. The Director may delegate approval authority for appointments of LPNs to the Chief of Staff or to the Chief, Nursing Service.

(l) EFDAs. The approval of the qualifications and selection of all EFDAs. Refer to paragraph 2.22c for procedures for appointing EFDAs.

(4) **Boards.** See paragraph 2.20 for provisions relating to the establishment, membership, and functions of Professional Standards Boards and Standards Boards.

c. **Human Resources Management Officer Responsibilities.** The Human Resources Management Officer will be responsible for:

- (1) Adherence to administrative and regulatory requirements;
- (2) Review of each case for completeness before forwarding to Headquarters;
- (3) Advising boards on administrative and regulatory requirements pertaining to appointments, advancements and probationary reviews;
- (4) Notifying prospective appointees of their selection

Authority: 38 U.S.C. 7304.

2.19 APPOINTMENT REQUIREMENTS AND DETERMINATIONS

a. Preference to Veterans

(1) The primary consideration in making appointments under 38 U.S.C., chapter 73 or 74, will be the professional needs of VHA. Consistent with this policy, however, veterans will be given preference when qualifications of candidates are approximately equal. This includes qualified disabled veterans and preference eligibles as defined in 5 U.S.C. 2108.

(2) When candidates for positions identified in 38 U.S.C. 7401(3), such as RTs, PTs, LPNs, OTs, or pharmacists, are determined to be approximately equally qualified for a particular opening, hiring preference will be given to veterans and preference eligibles as defined in 5 U.S.C. 2108. Selections from among these candidates will be made in the following order:

- (a) Disabled veterans who have a service-connected disability of 10 percent or more.
- (b) Preference eligibles under 5 U.S.C. 2108(3)(C) through (G) other than those in subparagraph (a) (e.g., disabled veteran; unmarried widow or widower of a veteran who served on active duty in wartime or other designated service period; spouse of a service-connected disabled veteran not qualified for civil service employment; mother of a veteran who lost their life in wartime or other designated service period; mother of a service-connected permanently and totally disabled veteran.)

- (c) Preference eligibles under 5 U.S.C. 2108(3)(A) and (B) (i.e., veteran who served on active duty in wartime or other designated service period.)
- (d) All other candidates.

b. Dual Employment and Dual Compensation Restrictions

(1) The following personnel may hold more than one appointment provided it is not contrary to 5 U.S.C. 5533 and MP-5, Part I, Chapter 550, Section E: full-time personnel appointed under 38 U.S.C. 7401(3), personnel in occupations listed in 38 U.S.C. 7401(3) who are appointed on a full-time or part-time basis under 38 U.S.C. 7405(a)(1)(B), and medical support personnel appointed on a full-time or part-time basis under 38 U.S.C. 7405(a)(1)(D). Paid trainees in medical support programs funded through the Office of the Chief Academic Affiliations Officer may simultaneously hold part-time, intermittent, or fee basis appointments provided there is no violation of dual compensation restrictions, the trainee is determined to be the best qualified applicant, and the utilization as a trainee is consistent with the provisions of VHA Manual M-8, Academic Affairs. All other personnel appointed under authority of 38 U.S.C., Chapters 73 or 74 are covered by the provisions of subparagraph b(2) through b(4).

(2) Facility Directors may appoint on a lump-sum fee basis full-time employees from other VA facilities employed in occupations listed under 38 U.S.C. 7401(1), provided the criteria in paragraph 2.19b(3) are met and such an appointment would not be contrary to Department conflict of interest regulations (38 CFR Part 0). Such appointments permit the use of full-time employees on a fee basis at a second VA facility, provided management officials at both facilities agree that the arrangement permits them to meet staffing needs; fees are paid on other than a time basis; and the arrangement results in an employer-employee relationship. (CFR Part 304.) Facilities wishing to use this authority should identify the particular task they need accomplished and compensate the employee on a fee basis for the completion of that task. Appointment of full-time employees covered by 38 U.S.C. 7401(1) on a fee basis at the same VA facility is not permitted. No consultant, attending, fee-basis, part-time, or intermittent employee will simultaneously hold more than one compensable appointment in VHA unless the outlined criteria are met. The restriction in the preceding sentence applies to appointment at the same facility or at more than one facility.

(3) For individuals identified in subparagraph b(2), dual appointments may be approved by the facility Director, subject to the following conditions and restrictions:

- (a) Services are essential to the medical needs of patients.
- (b) No other equally qualified individual in the specific specialty is available in the locality.
- (c) There is no violation of dual compensation statutes or VA policies.

(4) For individuals identified in subparagraph b(2), the following dual appointments will be approved by the facility Director only in exceptional circumstances and if requirements in subparagraph b(3) are met. Officials will ensure that these appointments will not present or lead

to a conflict of interest or the appearance thereof. Questions concerning conflict of interest matters may be directed to the Regional Counsel.

(a) Utilization as a consultant or attending in combination with employment on a part-time or intermittent basis at the same facility;

(b) On-facility fee-basis appointment under the schedule of fees in combination with utilization as a consultant or attending at the same facility. (This subparagraph does not apply to outpatient services of off-facility fee-basis personnel in a private office or private clinic, even though consultant or attending services may be performed on the same day.)

(c) Part-time or intermittent employees, or currently employed consultants and attendings, in combination with an on-facility fee-basis appointment to perform an operation, give treatment, or perform special duty nursing.

(5) Recommendations to approving officials should include sufficient information to indicate that dual employment is justified.

c. **Equal Opportunity for Employment.** See MP-5, Part II, Chapter 2, Section B.

d. **Member of Family Restrictions.** See MP-5, Part II, Chapter 2, Section B.

e. **Restrictions Regarding Political Activity.** See MP-5, Part II, Chapter 2, Section B.

f. **Qualification Standards and Requirements.** See MP-5, Part II, Chapter 2, Section B.

g. **Citizenship**

(1) To be eligible for appointment in VHA, an applicant must be a citizen of the United States (U.S.), except as provided in subparagraph (2). The acquisition of “first papers” or the “owing of allegiance to the United States” does not satisfy the basic requirement of citizenship. Naturalized citizens must furnish evidence of citizenship.

(2) After a determination that qualified citizens are not available, necessary personnel may be appointed under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

(3) Requests to petition the United States Information Agency (USIA) for waiver of the 2-year home residence requirement under 22 CFR Part 514 must be approved by Office of Patient Care Services (11). No appointment may be effected or commitment made until the required approval is received from the Immigration and Naturalization Service. Requests to petition USIA will be submitted in accordance with instructions contained in Appendix 2B of this chapter.

(4) Officials of VHA will not commit positions to noncitizens not legally entitled to reside in this country.

(5) Consistent with provisions in this paragraph, the appointment of noncitizens may be approved by the following officials:

(a) The facility Director is the approval authority for appointment of:

1. All noncitizens as residents (see M-8, Pt. II);
2. Immigrants (aliens who have been admitted for permanent residence.) By September 20, 1994, all immigrants are required to have an Alien Registration Receipt Card, Form I-551.

NOTE: *The Form I-151 and all previous forms are no longer valid after September 19, 1994.* Form I-551 has the lawful holder's photograph, fingerprint and signature on a white background; it is commonly known as the "green card;"

3. All nonimmigrants (e.g., exchange visitors, alien students, visiting professors), provided employment is authorized by the Immigration and Naturalization Service. This includes authority to sponsor an individual for a nonimmigrant visa or an extension of such visa. The authorization for employment may be cited on the nonimmigrant's visa, or the nonimmigrant may possess an Employment Authorization Form (I-688B). In cases where the authority to accept compensated or non-compensated employment by the nonimmigrant is not clearly evident, a report of contact with Immigration and Naturalization Service officials verifying the employment authorization must be made. A copy of the document used to verify the employment authorization of the nonimmigrant is to be filed in the appointee's Official Personnel Folder.

(a) The Facility Director is the approval authority for the appointment of noncitizens to centralized positions, except for the appointment of noncitizen allied health trainees. The paid appointment of noncitizen associated health trainees is not generally permitted. Any exception requires the approval of the Under Secretary for Health, or designee. (See par. 2.31b.)

h. Oath, Affidavit, and Declaration of Appointee

(1) All employees of VHA appointed under authority of 38 U.S.C., chapter 73 or 74 (except those utilized on a fee basis) are required to take the oath of office, execute the affidavit on striking against the Federal Government and the affidavit on purchase and sale of office, all found on Standard Form (SF) 61, Appointment Affidavits, and also to complete the Optional Form 306, Declaration for Federal Employment. Noncitizens shall be required to execute only those SF 61 affidavits outlined in the Office of Personnel Management's Guide to Processing Personnel Actions, chapter 3, subchapter 4, paragraph 4-3 c 2. SF 61 shall be executed in accordance with the requirements set forth in MP-5, Part I, Chapter 300.

(2) The services of those employees to whom authority to administer oaths has been delegated by MP-5, Part I, Chapter 250, will be used for administering oaths necessary for effecting appointments in VHA.

i. **Exception from the Competitive Service and the Provisions of 5 U.S.C. Chapter 51.** The appointments of persons under the authority of sections 7306, 7401(1), and 7401(3), and under sections 7405 and 7406 to occupations identified in those sections, are excepted from the competitive service and from 5 U.S.C. Chapter 51.

j. **Security Requirements for Employment.** See VA Manual MP-1, Part I, Chapter 5, for VA instructions concerning security requirements.

k. **Effective Date of Appointment.** Appointments will be effective on the entrance-on-duty day, except as follows:

(1) Full-Time Physicians, Dentists, Podiatrists, Optometrists, and other Personnel Appointed Under 38 U.S.C. 7306. When an appointee is to enter on duty on Monday, the appointment will be effective on the preceding Sunday provided the employee is available for duty on that day. Sunday will be considered an administrative non-duty day. If Monday is a holiday, the appointment will be effective on the entrance-on-duty- day.

(2) Nurses, Nurse Anesthetists, PAs, EFDAs, RTs, PTs, LPNs, OTs and Pharmacists. When the appointee is to enter on duty on the first Monday in a pay period, the appointment will be effective on the first Sunday of the pay period. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(3) Restoration After Military Service or Compensable Injury. An exception to these effective dates may be made if required to satisfy statutory or regulatory provisions such as restoration after military service or compensable injury.

l. **Overseas Employment.** See MP-5, Part I, Chapter 301.

Authority: 38 U.S.C. 7304; 38 U.S.C. 7402, 7403(a), 7423, 7407(a) and (b)(1).

2.20 BOARDS

a. Establishment

(1) Professional Standards Boards act for, are responsible to, and are agencies of the Under Secretary for Health in matters concerning appointments, advancements, and probationary reviews of physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs and EFDAs.

(2) Standards Boards act for, are responsible to, and are agencies of the Under Secretary for Health in matters concerning appointments and advancements of individuals appointed under 38 U.S.C. 7401(3), and under 38 U.S.C. 7405(a)(1)(B) to occupations identified in 38 U.S.C. 7401(3). This includes individuals such as RTs, PTs, LPNs, OTs and pharmacists.

(3) Members of boards serve in a dual capacity. They must deal with matters in which they must divest themselves of their identity with the particular facility at which they are employed

and must become representatives of and primarily concerned with the needs and problems of the entire VHA.

(a) **Locations.** Boards are established in VA Headquarters, medical centers, medical and Regional office centers, domiciliaries, and independent outpatient clinics. Additionally, boards are established as follows:

(1) **Boards for Nurses**

(a) **Actions on Positions Below Nurse IV.** A VISN Nurse Professional Standards Board will be established within each VISN, at the facility designated by the VISN Director, to consider appointments, advancements, and probationary reviews involving nurses in centralized positions below the grade of Nurse IV. In addition, the board will act on appointments, advancements, and probationary reviews for the Assistant Chief, Nursing Service (Day); Associate Chief, Nursing Service; Associate Chief, Nursing Service for Education; Associate Chief, Nursing Service for the Nursing Home Care Unit; and Associate Chief, Nursing Service for Research, below Nurse IV. An alternate board will be established within each VISN, at another facility designated by the VISN Director, to process appointments, advancements, and probationary reviews initiated by the facility where the primary board is located and to serve as a substitute board when the primary board cannot be properly constituted.

(b) **Actions on Positions at Grades Nurse IV and V.** For purposes of appointment, advancement, change in assignment and reassignment of registered nurses in Grades IV and V, all of the facilities in each VISN are assigned to a particular facility's NPSB as specified in Appendix 2L.

(2) **Regional Boards for RTs, PTs, LPNs, OTs and Pharmacists.** A Regional Standards Board for each occupation will be established within each region, at the facility designated by the Regional Director, to consider appointments and advancements of individuals in these occupations. (See MP-5, Part II, Chapter 5 Appendix C, for a list of Regional Boards.) The Regional Board will act on appointments and advancements when the facility board cannot be properly constituted, and will consider requests for reconsideration or review of promotions initially considered by a facility Standards Board. An alternate board will be established within each region, at another facility designated by the Regional Director, to process appointments and advancements initiated by the facility where the primary board is located and to serve as a substitute board when the primary board cannot be properly constituted.

NOTE: *A VA Headquarters Standards Board will consider requests for promotion reconsideration from registered nurses and VHA Headquarters employees.*

c. **Approving Authorities for Board Membership.** The following officials will approve board membership:

(1) **Headquarters Boards.** The Under Secretary for Health, or designee, will approve membership of Headquarters boards.

(2) **VISN Boards.** The facility Director at locations where VISN boards and their alternates are located will approve membership of boards. The Chief, Nursing Service, will recommend nurses and LPNs for board membership. For actions on nurses in grades IV and V the Chief, Nursing Service or nurse assigned as Associate Director for Nursing or Associate Director for Patient Care Services will designate nurses for board membership. The Chief, Pharmacy Service, will recommend pharmacists for board membership. The Chief of Staff will recommend RTs, PTs, and OTs for board membership.

(3) **Facility Boards.** The facility Director will approve membership of boards. The Chief of Staff will recommend physicians, nurse anesthetists, PAs, RTs, PTs, and OTs for board membership. The Chief, Nursing Service, will recommend nurses and LPNs for board membership. The Chief, Pharmacy Service, will recommend pharmacists for board membership.

(4) **Dentist and EFDA Boards.** The facility Director at designated locations for boards will approve board membership on recommendation of the Chief, Dental Service. (See VHA Supp., MP-5, Pt. II, Ch. 5, for locations of boards.) No board will act on the advancement, or conduct a probationary review, of a dentist or EFDA assigned at the same facility at which members of the board are assigned. Facilities unable to constitute Dental Professional Standards Boards shall make arrangements to have their boards conducted at other locations.

(5) **Designation of Alternate Board**

(a) Whenever necessary, the Under Secretary for Health, or designee, will designate a facility board to serve one or more facilities.

(b) When the facility board cannot be properly constituted, actions will be referred to the appropriate VIS/Regional Board or its alternate. If there is no VISN/Regional Board for the occupation, the appointing official will designate an alternate board at another facility to consider the action.

d. Board Membership

(1) Persons selected to serve on boards will be chosen from the most capable, experienced and responsible personnel. Unless otherwise indicated, no specific grade or specialty is required of members of boards considering candidates for appointment, advancement, or probationary review. For a nurse, nurse anesthetist, PA, EFDA, RT, PT, LPN, OT or pharmacist, board members will be in a grade equal to or higher than the grade for which the candidate is being considered. Where appropriate, nurse and nurse anesthetist board members must be at or above the level in the grade for which the employee is being considered.

(2) Insofar as possible, facility Directors who are physicians or dentists, Chiefs of Nursing Service, and Chiefs of Pharmacy Service will not serve as members of boards. These officials and the Chief of Staff will be responsible for the effective functioning of boards in professional matters.

(3) Boards will be composed of three employees appointed under 38 U.S.C. Chapter 73 or 74 or their alternates, except that other members may be appointed by the Under Secretary for

CHAPTER 2. APPOINTMENT

SECTION C. QUALIFICATION STANDARDS

1. SCOPE

a. This section applies to all persons appointed under authority of 38 U.S.C. 7306, 7401(1), and 7401(3), and to individuals in the same occupations appointed under 38 U.S.C. 7405, in the Veterans Health Administration (VHA).

b. This section contains qualification standard requirements which must be met by employees such as physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, PAs, (physician assistants), EFDAs (expanded-function dental auxiliaries), RTs (certified respiratory therapy technicians or registered respiratory therapists), PTs (licensed physical therapists), LPNs (licensed practical or vocational nurses), OTs (occupational therapists), pharmacists, and residents.

Authority: 38 U.S.C. 7304; 7402

2. REFERENCES

Title 38, United States Code, chapter 73 or 74.

3. QUALIFICATION REQUIREMENTS

a. **Qualification Standards.** The basic appointment requirements for individuals included within the scope of this section are contained in VA Qualification Standards approved by the Secretary of Veterans Affairs upon recommendations of the Under Secretary for Health. The qualification standards in this section apply to all appointments in these occupations under authority of 38 U.S.C., chapter 73 or 74, regardless of the nature or tenure of the appointment.

b. **Physical Requirements.** Appointees must meet physical requirements specified in MP-5, part II, chapter 10.

c. **Education.**

(1) Approved schools and satisfactory internships or their equivalents for the purpose of 38 U.S.C. 7402, will be those designated in the appropriate qualification standards. The accrediting agency or body for verifying education of applicants is also identified in the qualification standards.

(2) Provisions of 38 U.S.C., chapter 73 or 74, require that individuals have education and licensure, registration or certification as specified in the appropriate qualification standard in order to qualify for assignment of patient care responsibility. Unless otherwise indicated in the qualification standard, an unlicensed candidate may not use professional education as a substitute for the accredited education and/or training required by the qualification standards of another occupation. For example, an unlicensed physician may not be appointed as a PA by using

graduation from medical school as a substitute for completion of an approved PA training program. Likewise, an unlicensed dentist may not be appointed as an EFDA by using graduation from dental school as a substitute for completion of approved dental assistant or hygienist training.

d. **English Proficiency.** Appointees to direct patient care assignments in VHA will be determined proficient in written and spoken English.

e. **Grade Level Determinations.** The grade to which an applicant is appointed will be determined by the individual's qualifications and, in some instances, by the assignment.

Authority: 38 U.S.C. 7304; 7402

DIRECTOR GRADE QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

The use of Director grade is restricted to personnel appointed under 38 U.S.C., chapter 74 who are serving in the position of health care facility Director. Positions approved for Director grade are selected on the basis of scope and complexity of assignment and level of responsibility. Following are the overall requirements for appointment to Director grade in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States.
2. **Physical Standards.** See MP-5, part II, chapter 10.

SECTION B. DUTIES AND GRADE REQUIREMENTS

1. Medical Center Director (Includes Directors of Outpatient Clinics (Independent) and Domiciliaries)

a. **Duties.** Has overall responsibility for planning, organizing, directing, coordinating and controlling medical, administrative, and supporting operations of a medical facility which administers a variety of medical care and treatment for a large geographic area. The Director is responsible for maintaining and improving health care facility and VA relationships through personal, active participation in the administrative, educational, community and social events of Federal, State, local and other affiliated organizations involved in health care delivery, veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care mission, as well as such additional missions as teaching and research.

b. **Grade Requirements.** To be basically qualified, applicants *must* possess *all* of the following KSAOs (knowledges, skills, abilities and other characteristics) needed to perform in the above setting. These KSAOs typically would be gained through progressively responsible management/executive level assignments such as Director, Assistant/Associate, Chief of Staff or equivalent positions in a hospital or allied medical care facility not limited solely to outpatient care.

(1) Ability to establish program objectives and performance goals and to assess progress toward their achievement in carrying out a major health care delivery program.

(2) Ability to deal with persons representing widely divergent backgrounds and interests such as: high level officials in other Federal or State agencies; the medical community (private hospitals, medical schools and medical program); civic, professional, veterans and similar organizations; Members of Congress; representatives of the news media; business leaders; and the general public and to persuade them to consider and accept his/her point of view.

(3) Knowledge of mission, organization, programs and requirements of health care delivery systems, and the ability to manage and direct a health care facility.

(4) Ability to analyze organizational and operational problems of medical facilities and to adjust operations to meet emergency or changing program requirements within available resources and with minimum sacrifice of quantity or quality of work.

(5) Ability to coordinate and integrate the activities of numerous organizational segments of a health care facility.

(6) Knowledge of regulations and standards of various regulatory and medical or other professional credentialing groups, such as the Joint Commission on Accreditation of Health Care Organizations, and ability to reconcile contradictory requirements.

(7) Knowledge of health care fiscal management principles. Also the ability to become readily familiar with the management aspects of Government and agency budget systems, and to develop a comprehensive awareness of the costs and availability of medical equipment, supplies and services.

(8) Knowledge and appreciation of sound personnel management principles and ability to administer a variety of personnel and pay systems based on governing laws or regulations.

(9) Ability to implement Equal Employment Opportunity program objectives and other special employment program objectives.

2. Medical and Regional Office Center Director

a. **Duties.** The medical and regional office center Director has fully delegated line authority and responsibility for executive level management of a consolidated VA health care and veterans benefits facility covering a large geographic area. The Director has responsibility for planning, organizing, directing, coordinating and controlling administrative and supporting operation and for establishing policies and procedures, delegating authority as appropriate to subordinate staff for program administration (often statewide), directing program planning, and directing and participating in the organization, formulation and presentation of the annual budget for the facility. The Director is responsible for maintaining and improving health care facility and VA relationships through personal, active participation in the administrative, educational, community and social events of Federal, State, local and other affiliated organizations involved in health care delivery, veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care and veterans benefits missions.

b. **Grade Requirements.** To be basically qualified, applicants *must* possess *all* of the following KSAOs (knowledges, skills, abilities and other characteristics) needed to carry out the assigned responsibilities in the above setting. These KSAOs typically would be gained through progressively responsible management/executive level assignments at the Director or Assistant Director level, or its equivalent, in a medical care facility or regional office.

(1) Ability to analyze, coordinate and integrate the activities of numerous organizational segments necessary to the provision of veterans benefits and/or medical care and treatment, and to adjust facility operations as needed to meet changing program requirements effectively within available resources.

(2) Knowledge of and ability to apply management principles related to planning, organizing, staffing, directing, coordinating, reporting, allocating resources, and selecting, developing and utilizing subordinate staff.

(3) Ability to establish program objectives and performance goals and to assess progress toward their achievement.

(4) Ability to devise solutions for complex management problems and to develop and interpret policies and regulations of the most difficult nature, to provide leadership in policy development, and to implement policies sensitively and effectively.

(5) Knowledge and appreciation of sound personnel management principles and practices and the ability to apply such knowledge creatively and with sound judgment in meeting the personnel management needs of an organization that has a number of different programs with a variety of employees including professionals.

(6) Ability and willingness to implement Equal Employment Opportunity and other special employment program objectives.

(7) Knowledge of fiscal management principles and budget systems and the ability to become readily familiar with the management aspects of Government and agency budget systems and ceiling controls.

(8) Ability to deal in a professional and effective way with persons representing widely divergent backgrounds and interests such as high level officials in other Federal or State agencies; civic, professional, veterans and similar organizations; Members of Congress; representatives of the news media; business leaders; and the general public.

(9) Knowledge of and ability to keep abreast of changing Federal veterans benefits programs authorized by law and/or the mission, organization, programs and requirements of health care delivery systems.

SECTION C. DEVIATION

The Secretary may, under unusual circumstances and upon recommendation of the Under Secretary for Health, approve reasonable deviations to the qualification standard requirements, when the composite record of qualifications justifies such action.

Authority: 38 U.S.C. 7304, 7402.

PHYSICIAN QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a physician in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of medicine or an equivalent degree resulting from a course of education in medicine or osteopathic medicine. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

a. Schools of medicine holding regular institutional membership in the Association of American Medical Colleges for the year in which the degree was granted.

b. Schools of osteopathic medicine approved by the American Osteopathic Association for the year in which the degree was granted.

c. Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth (i.e., Puerto Rico), or in the District of Columbia as qualifying for full or unrestricted licensure.

d. For residents, graduation from an approved medical school as described above is required except as provided in M-8, part II, chapter 1.

NOTE: The Under Secretary of Health or designee in Headquarters may approve the appointment under authority of 38 U.S.C. 7405 of a physician graduate of a school of medicine not covered above if the candidate is to be assigned to a research or academic position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area. (Also see par. 3d on waiver of licensure provisions.)

3. **Licensure and Registration.**

a. **Physicians (Except Residents).** Current, full and unrestricted license to practice medicine or surgery in a state, Territory, or Commonwealth of the United States, or in the District of Columbia. The physician must maintain current registration in the State of licensure if this is a requirement for continuing active, current licensure. The facility Director may waive this licensure requirement if the physician is to serve in a country other than the United States and the physician has licensure in that country.

b. **Residents.** Current, full and unrestricted license to practice medicine or surgery in a State, Territory or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency, or meet any licensure, registration or other equivalent requirements established for residents of non-VA hospitals with which the VA facility is affiliated for training purposes. The resident must maintain current registration in the State of licensure if this is a requirement for continuing active, current licensure.

c. **Impaired Licensure.** A physician who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

d. **Waiver of Licensure.** Licensure may be waived by the Under Secretary for Health or designee in Headquarters for individuals in research or academic assignments involving no direct patient care responsibilities in accordance with current regulations.

4. **First-Year Residency (Internship).** Completed a first-year residency, or its equivalent, approved by the Secretary of Veterans Affairs for the year in which it was completed. For a VA resident, the appropriate Deans Committee and Resident Review Board may recommend appointment on the basis of the candidate's acceptability for residency training. Approved residencies are:

a. Those approved by the Council on Medical Education and Hospitals, American Medical Association, in the list published for the year the residency was completed, or

b. Other residencies or their equivalents which the Professional Standards Board determines to have provided an applicant with appropriate professional training. The Board may determine that the residency requirement has been met if the candidate has completed 1 year of postgraduate education.

5. **Physical Standards.** See MP-5, part II, chapter 10.

6. **English Language Proficiency.** Physicians, including residents, appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7405(f).

SECTION B. GRADE REQUIREMENTS

Associate Grade. Meet basic requirements. The individual qualifies to perform general duties under supervision.

Full Grade. Meet the requirements for Associate grade and have completed additional training, such as the second year of an accredited residency, and/or experience which has qualified the individual to perform general duties without supervision.

Intermediate Grade. Meet the requirements for Full grade, and have completed additional training, such as an accredited residency in an area not directly related to the specialty area to which the individual is being assigned, and/or experience which has qualified the individual to perform general duties and some specialized functions and procedures without supervision.

Senior Grade. Meet the requirements for Intermediate grade and have demonstrated recognized professional attainment such as:

1. Past or present faculty appointment in an approved medical school or
2. Completion of an accredited residency in the specialty area to which the individual is being assigned or in a related area, or
3. Current eligibility to sit for the board certification examination in the specialty area to which the individual is being assigned or in a related area, or
4. Comparable achievements in clinical, educational, administrative or research activities.

Chief Grade. Meet the requirements for Senior grade plus attainment of additional recognition in clinical, administrative or research areas. Such recognition may be demonstrated by:

1. Certification by an American Specialty Board, or
2. Significant accomplishments in clinical practice, educational activities, research or administration which clearly distinguish the physician as having the highest professional qualifications in the specialty area to which assigned, such as:
 - a. Past or present faculty appointment at the professional level in an approved medical school, or
 - b. Completion off an accredited residency in the primary specialty area or in a related area to which the individual will be assigned and unusual professional accomplishment such as:
 1. Publication of articles in nationally recognized professional journals, or
 2. Officer in a State or National professional medical organization or
 3. Directorship of a hospital or large clinic.

Executive, Director and Medical Director Grades.

1. **General.** The use of Executive grade is restricted to the position of Chief of Staff or comparable positions; Director grade, to the position of facility Director; and Medical Director grade, to selected positions in Headquarters, Distinguished Physicians, and Senior Medical Investigators. Positions are approved for these grade levels based on the scope and complexity of the assignment and the level of responsibility.

2. **Executive Grade.** Requirements for assignment as a Chief of Staff are contained in M-2, part I. An individual assigned to a position comparable to Chief of Staff must be similarly qualified.

3. **Director Grade.** An individual assigned as Director must meet the requirements specified in Appendix A, Director Grade Qualification Standard.

4. **Medical Director Grade.** An individual assigned at this level will be a recognized expert in the specialty area with demonstrated leadership ability. A Distinguished Physician will be nationally and internationally recognized for scientific, academic and administrative medicine expertise. (See M-2, pt. 1). A Senior Medical investigator will be an outstanding scientist whose research contributions have a far-reaching clinical effect. (See M-3, pt. II.)

Resident. Meet requirements specified in section A. Postgraduate will be based on the period of time completed by the candidate in approved residency training in the specialty of its creditable equivalent as accepted by the appropriate specialty board. (See M-8, pt. II.)

Attendings

1. Meet basic requirements specified in section A.
2. Possess demonstrated ability in the individual field of medicine; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility to the chief of the service or the proper care and treatment of assigned patients.
3. Be capable of giving adequate training to residents assigned to the service in facilities with residency training programs. An attending should be acceptable to the appropriate specialty Review Committee for direction of residency training. An attending not holding a faculty appointment in an associated medical school should be an outstanding member of the profession of the caliber of a faculty member.

Consultants

1. Meet basic requirements specified in section A.
2. Possess outstanding professional ability in the particular field of medicine; be capable of affording the Director and service chief the benefits of professional experience and counsel; and be capable of providing required professional services to maintain the highest possible level of medical care in VA facilities.
3. Be capable, in facilities affiliated with approved medical schools, of accepting the responsibility for and direction of the educational training of residents in the appropriate specialty.

October 30, 1998

**MP-5, Part II
Chapter 2
APPENDIX B**

4. A physician who represents a specialty for which no specialty board exists may be appointed as a consultant if the individual possesses outstanding ability in the particular field of specialization.

SECTION C. DEVIATIONS

The Under Secretary for Health or designee in Headquarters may, under unusual circumstances, approve reasonable deviations to the grade requirements in section B of this qualification standard when the candidate's composite record justifies this action. An applicant will not be given a grade commitment until this is received.

Authority: 38 U.S.C. 7304, 7402.

DENTIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a dentist in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of dental surgery or dental medicine resulting from a course of education in dentistry. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

a. United States and Canadian schools of dentistry listed by the Council on Dental Education, American Dental Association, in the list published for the year in which the course of study was completed.

b. Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth (i.e., Puerto Rico), or the District of Columbia as qualifying for full and unrestricted licensure provided the licensure requirements include a written examination measuring science achievement and a performance examination measuring clinical competence.

NOTE: The Under Secretary for Health or designee in Headquarters may approve the appointment under authority of 38 U.S.C. 7405 of a graduate of a school of dentistry not covered above if the candidate is to be assigned to a research or academic position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area. (Also see par. 4d below on waiver of licensure *provisions*.) *The Under Secretary for Health or designee may also approve the appointment of a graduate of a school of dentistry not covered above as a resident under 38 U.S.C. 7406.*

3. **Residency or Comparable Experience.** At full grade and above, one postgraduate year of hospital training in the form of an approved residency program (general practice or specialty), or comparable experience as a dentist member of a hospital medical staff actively involved in hospital dental care.

4. Licensure and Registration

a. **Dentists (Except Residents).** Current, full, and unrestricted license to practice dentistry in a State, Territory, or Commonwealth of the United States (i.e. Puerto Rico), or in the District of Columbia. The dentist must maintain current registration in the State of licensure if this is a

requirement for continuing active, current licensure. The facility Director may waive this licensure requirement if the dentist is to serve in a country other than the United States and the dentist has licensure in that country.

b. Residents (Independent and Integrated Programs)

(1) **United States and Canadian Graduates.** Graduates of approved United States and Canadian schools of dentistry must have a current, full and unrestricted license to practice dentistry in a State, Territory or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency, *or*, for integrated programs, meet any licensure, registration or other equivalent requirements established for residents of non-VA hospitals with which the VA facility is affiliated for training purposes. The resident must maintain current registration in the State of licensure if this is a requirement for continuing active current licensure.

(2) **Foreign Dental School Graduates.** In addition to meeting the requirements in subparagraph (1) above, graduates of foreign schools of dentistry must have successfully completed parts I and II of the examinations given by the National Board of Dental Examiners before the start of the first residency year.

c. **Impaired Licensure.** A dentist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

d. **Waiver of Licensure.** Licensure may be waived by the Under Secretary for Health or designee in Headquarters for individuals in research or academic assignments involving no direct patient care responsibilities in accordance with current regulations.

5. **Physical Requirements.** See MP-5, part II, chapter 10.

6. **English Language Proficiency.** Dentists, including residents, appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7405(f), and 8110.

SECTION B. GRADE REQUIREMENTS

Associate Grade. Meet basic requirements for appointment. The individual qualifies to perform dental general practice under supervision.

Full Grade. Meet basic requirements for appointment, including a residency or comparable experience. (See sec. A, par. 3). The individual qualifies to conduct a limited hospital dental practice without supervision.

Intermediate Grade. Meet basic requirements for appointment and have had additional training and/or experience involving:

1. Satisfactory completion of an accredited 1-year general practice residency plus additional clinical experience to qualify the individual to perform the full range of hospital dental practice procedures without supervision, or

2. Satisfactory completion of 2 years of accredited postdoctoral training, such as:

a. A 2-year general practice residency.

b. Two years, but less than completion, or a training program in a dental specialty.

c. A combination of a 1-year general practice residency and 1 year in a dental specialty program, or

3. Comparable professional experience that has qualified the individual to perform the full range of hospital dental practice procedures without supervision.

Senior Grade. Meet the requirements for Intermediate grade and have demonstrated additional professional attainment such as:

1. Satisfactory completion of an accredited residency or graduate program in the dental specialty to which the individual is being assigned or in a related area, or

2. Past or present faculty appointment in an approved dental or medical school, or

3. Demonstrated proficiency in the practice of hospital dentistry that is considered comparable in value and recognition to either of the above requisites.

Chief Grade. Meet the requirements for Senior Grade *plus* attainment of additional recognition in clinical, administrative or research areas. Such recognition may be demonstrated by one or more of the following:

1. Certification by an American Specialty Board.

2. Eligibility for certification by an American Specialty Board in the dental specialty in which the individual will be assigned, *plus* unusual professional accomplishments, such as:

a. Publication of articles in nationally recognized professional journals, or

b. Elected officer in a State or National dental professional organization, or

c. Past or present faculty appointment at the Associate Professor or Professor level in an approved dental or medical school, or

d. Directorship of a large dental clinic in the military, governmental, or private sector, or

e. Assignment (other than temporary or acting) as Chief of Dental Service, Associate Chief of Staff for Education, or Associate Chief of Staff for Research in any VA medical facility.

3. Significant accomplishments in clinical practice, educational activities, research or administration which clearly distinguish the dentist as having the highest professional qualifications, such as:

- a. Sustained superior performance as a Director of a dental residency program, or
- b. Sustained performance in providing an outstanding level of quality patient care, or
- c. Recognition by a State or National dental professional organization by special award(s) and/or election as an officer, or
- d. Publication of articles in nationally recognized professional journals.

Executive, Director, and Medical Director Grades

1. **General.** The use of Executive grade is restricted to a position comparable to Chief of Staff; Director grade, to the position of facility Director, and Medical Director grade, to selected positions in Headquarters and Senior Medical investigators. Positions are approved for these grade levels based on the scope and complexity of the assignment and the level of responsibility.

2. **Executive Grade.** An individual assigned as Executive grade must have qualifications comparable to those required for a Chief of Staff in M-2, part I.

3. **Director Grade.** An individual assigned as Director must meet the requirements specified in Appendix A, Director Grade Qualification Standard.

4. **Medical Director Grade.** An individual assigned at this level will be a recognized expert in the specialty area with demonstrated leadership ability. A Senior Medical Investigator will be an outstanding scientist whose research contributions have a far-reaching clinical affect. (See M-3, pt. II).

Dental House Staff

1. **General Practice Resident.** Meet requirements specified in section A. except paragraph 3.

2. Residents in Dental Specialties

a. First-Year Residents

(1) A first-year resident must meet the basic requirements in section A. The general practice requirement specified in section A, paragraph 3 is considered desirable; it may be required as a

prerequisite for a dental specialty residency at the option of the program director and facility officials, section A, paragraph 3 does not apply to the appointment of general practice residents

(2) A resident who has completed a general practice residency may be appointed at the second-or third-year postgraduate level (PG-02 or PG-03), depending on the length of the general practice residency program.

b. **Second- and Third-Year Residents.** An individual at these levels must have the qualifications of the first-year resident and, in addition, the following periods of time of approved residency training in the specialty or its creditable equivalent:

- (1) Second-Year Resident 1 Year
- (2) Third-Year Resident 2 Years

c. All appointments at or above the PG-04 level require individual name authorization from the Graduate Medical Education Office (141) in Headquarters.

Attendings

- 1. Meet basic requirements specified in section A.
- 2. Possess demonstrated ability in the individual field of dentistry; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility for the proper care and treatment of assigned patients.
- 3. Be capable of giving adequate training to residents assigned to the service in facilities conducting residency training programs. An attending should be qualified specialist acceptable to the appropriate specialty Review Committee for direction of residency training. An attending not holding a faculty appointment in an associated dental school should be an outstanding member of the profession of the caliber of a faculty member.

Consultants

- 1. Meet basic requirements specified in section A.
- 2. Possess outstanding professional ability in a dental specialty; be capable of affording the Director and the Chief, Dental Service, the benefits of professional experience and counsel; and be capable of rendering required professional services to maintain the highest possible level of dental care in VA facilities.
- 3. Be capable, in facilities affiliated with approved dental schools, of accepting responsibility for and direction of the educational training of residents in the appropriate specialty. A consultant not holding a faculty appointment in an associated dental school should possess equivalent professional qualifications.

4. A dentist who represents a specialty for which no specialty board exists may be appointed as a consultant if the individual possesses outstanding ability in the particular field of specialization.

SECTION C. DEVIATIONS

The Under Secretary for Health or designee in Headquarters may, under unusual circumstances, approve reasonable deviations to the grade requirements including specialty certification when the composite record of qualifications and/or the situation justifies such action. The Under Secretary for Health or designee also may approve, under unusual circumstances, a waiver of Section A, Paragraph 3, "Residency of Comparable Experience," of the Basic Requirements. Applicants will not be given grade commitments prior to the consideration of their qualifications by the Professional Standards Board for dentists and approval of their appointment by the Under Secretary for Health or designee.

Authority: 38 U.S.C. 7304; 7402

PODIATRIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a podiatrist in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizens of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of podiatric medicine, or its equivalent, from a school of podiatric medicine approved by the Secretary of Veterans Affairs. Approved schools are United States schools of podiatric medicine approved by the Council on Podiatry Education of the American Podiatry Association in the year in which the degree was granted.

3. **Licensure or Registration**

a. **Podiatrists (Except Residents).** Licensed to practice podiatry in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. Podiatrists are required to possess full and unrestricted licensure and to maintain a current registration in their State of licensure if this is a requirement of the particular State. The facility Director may waive this requirement if the podiatrist is to serve in a country other than the United States and the podiatrist has licensure in that country.

b. **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency. Unlicensed residents must meet any registration of other equivalent requirements established for residents of non-VA facilities with which the VA health care facility is affiliated for training purposes during the first year of VA residency.

c. **Impaired Licensure.** A podiatrist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

NOTE: Licensure may be waived by the Under Secretary for Health, or designee in Headquarters for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Podiatrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7405(d).

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Associate Grade. None beyond the basic requirements.

Full Grade. Two years of podiatric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association is acceptable in lieu of the 2 years of practice.

Candidate must have demonstrated the professional competence and performance necessary to provide independently podiatric diagnosis, treatment, and surgical intervention.

Intermediate Grade. Meets the requirements in paragraphs 1, 2 and 3 below:

1. Four years of podiatric practice or its equivalent. One year of the required experience must have been in a multidisciplinary clinical setting. Two years of approved residency training or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association and, as applicable, the appropriate specialty board is acceptable in lieu of 4 years of practice, including the above 1-year requirement.

2. The podiatrist at this level possesses stature that would warrant appointment at the clinical instructor or higher level at a school or college of podiatry or other appropriate affiliated school or college.

3. Has achieved a high level of professional attainment as illustrated by one or more of the following typical examples:

a. Is a recognized expert in dealing with a variety of unusually difficult cases which are referred by other facilities for resolution and recommended courses of action to provide for maximum rehabilitation. Typically, in this capacity serves as a consultant to podiatrists or other professionals in other health care facilities.

b. Has assumed responsibility for a comprehensive podiatry program at a facility for the care of diabetic, peripheral vascular disease and other systemic conditions involving the foot, and a program for the care of the geriatric patient. Typically, a high degree of competence and skill in responding to the needs of this patient category is demonstrated in the program development and innovative methods and techniques employed. Training in podiatry and medical or other appropriate professional areas and/or research activities of considerable scope commonly from a part of the program.

c. Has played a significant part in the conduct of research in a problem area of considerable scope and complexity which required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications

authored by the podiatrist are of considerable value to others in the individual's field. Typically overall contributions are recognized by serving on important committees or other bodies in the profession.

d. Has achieved recognition as a full professional member of the medical program through demonstrated skills and aptitudes in handling unusually complex podiatric problems through surgical, prosthetic, and other treatment measures. Physicians regularly consult the podiatrist in arriving at proper courses of treatment in cases having podiatric manifestations. Typically, the podiatrist who is eligible for certification by a specialty board approved by the Council on Podiatry Education of the American Podiatry Association may satisfy this level of competence.

e. Has had full responsibility for carrying out a podiatric training program of significant size in which the podiatrist has been responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. Innovative approaches in development of curriculum and course content and in expanding and improving the educational program have been displayed by the individual.

Senior Grade. Meets the requirements for Intermediate grade and the requirements in paragraphs 1 and 2 below:

1. The podiatrist at this level:
 - a. Possesses such academic stature as would warrant a faculty appointment of a professional level in a school or college of podiatry or other appropriate affiliated school or college, or
 - b. In a recognized specialty, should be certified by a specialty board approved by the Council on Podiatry Education of the American Podiatry Association.
2. Has demonstrated recognized superior professional attainment as evidenced by one or more of the following examples:
 - a. Has served as a team leader in attacking major podiatric problems affecting the continued provision of quality care health services at a VISN, statewide, or national level. There is such confidence in the podiatrist at this level that there is unusual support of the individual's recommendations and conclusions.
 - b. Has had responsibility for carrying out a major podiatric program segment on a national level.
 - c. Has served on a regular basis as a consultant to a national center to which the most difficult types of orthopedic and prosthetic cases are referred from facilities throughout the country.
 - d. Has conducted research in a difficult area of major scientific interest in which has contributed to a substantial advance in the health field with important professional publications.

Chief Grade. Meets the requirements for Senior grade and must have demonstrated a sustained very high level of professional performance with evidence of exceptional professional and/or administrative development as demonstrated by the following:

1. Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope in all areas of podiatry. Typically, the podiatrist at this level has had responsibility for a major podiatric program segment on a nationwide basis, and has been consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and podiatric communities.

2. Outstanding professional attainment. Examples of such attainment are:

a. Achievement of outstanding results in research which are regarded as having a major impact on advancing the field.

b. Significant number of noteworthy publications in professional journals.

Podiatric House Staff

1. **First Year Resident.** Meet the basic requirements specified in section A.

2. **Second Year Resident.** Have the qualifications of the first year resident and, in addition, have completed 1 year of approved residency training or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association.

3. **Third Year Resident.** Have the qualifications of the second year resident and, in addition, have completed 1 year of approved residency training in the specialty or its creditable equivalent acceptable to the Council on Podiatry Education of the American Podiatry Association and appropriate specialty board.

Attendings

1. Meet basic requirements specified in section A, paragraphs 1, 2, and 3.

2. Possess demonstrated ability in their individual fields of podiatry; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility for the proper care and treatment of their assigned patients.

3. Be an outstanding member of the profession of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated podiatric or other appropriate affiliated school or college, this would be evidenced by recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to residents or students in facilities conducting residency and/or training programs and be sufficiently

qualified so as to be acceptable to appropriate training review committees responsible for direction of training.

Consultants

1. Meet basic requirements specified in section A, paragraphs 1, 2 and 3.
2. Possess outstanding professional ability in their respective fields of podiatry; be capable of affording the benefits of their professional experience and counsel; and be capable of rendering such professional services as may be required in maintaining the highest possible level of podiatric care in VA facilities.
3. Be capable of accepting the responsibility for, and direction of, the educational training of residents in the program for which they serve as consultants at facilities conducting residency training programs. Consultants not holding faculty appointments in an associated school possess equivalent professional qualifications as evidences by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the facility.

SECTION C. DEVIATION

The Under Secretary for Health or designee, may, under unusual circumstances, approve reasonable deviations to the basic grade determination requirements, including specialty certification, when the composite record of qualifications justifies such action. Applicants will not be given grade commitments which require the prior approval of the Under Secretary for Health or designee, until such approval is received.

Authority: 38 U.S.C. 7304; 7402.

OPTOMETRIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as an optometrist in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Degree of doctor of optometry resulting from a course of education in optometry. The degree must have been obtained from one of the schools or colleges approved by the Secretary of Veterans Affairs for the year in which the course of study was completed.

Approved schools are:

a. United States and Canadian schools or colleges of optometry listed as accredited by the Council on Optometric Education of the American Optometric Association, in the list published for the year in which the course of study was completed.

b. Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth of the United States, or in the District of Columbia as qualifying for full or unrestricted licensure.

3. **Licensure or Registration**

a. **Optometrist (Except Residents).** Licensed to practice optometry in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. Optometrists are required to possess full and unrestricted licensure and to maintain a current registration in their State of licensure if this is a requirement of the particular State. The facility Director may waive this requirement if the optometrist is to serve in a country other than the United States and the optometrist has licensure in that country.

b. **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before completion of the first year of VA residency. Unlicensed residents must meet any registration or other equivalent requirements established for optometric residents of non-VA facilities or optometry clinics with which the VA facility is affiliated for training purposes during the first year of VA residency.

c. **Impaired Licensure.** An optometrist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed on a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

NOTE: *Licensure may be waived by the Under Secretary for Health or designee in Headquarters, for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.*

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Optometrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7405(d).

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Associate Grade. None beyond the basic requirements.

Full Grade. Two years of optometric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Optometric Education of the American Optometric Association is acceptable in lieu of the 2 years of practice.

Candidate must have demonstrated the professional competence and performance necessary to provide independently the full range of clinical optometric diagnosis and treatment for all the most prevalent types of vision dysfunctions and the detection and referral of patients with ocular disease or ocular manifestations of systemic disease.

Intermediate Grade. Meets the requirements in paragraphs 1, 2, and 3 below:

1. Four years of optometric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Optometric Education of the American Optometric Association is acceptable in lieu of 2 years of practice.

2. The optometrist at this level has successfully passed the examinations of the National Board of Examiners in Optometry and has attained either of the following:

a. The stature that would warrant appointment at the clinical instructor or higher level at a school or college of optometry.

b. The professional ability and personal attributes which have merited significant recognition by a recognized professional organization, such as election to a Fellowship in the American Academy of Optometry.

3. Has achieved a high level of professional attainment as illustrated by one or more of the following examples:

a. Is a recognized expert in the diagnosis and treatment of unusual and complicated visual dysfunctions. Typically, in this capacity serves as a consultant to optometrist and other

professionals in other health facilities or provides expert clinical services in such areas as the partially sighted or contact lenses for aphakics.

b. Has assumed responsibility for a multi-faceted optometric program including clinical research and/or training requiring a high degree of competence and skill in developing innovative and new and advanced instrumentation and treatment techniques. Typically, the program is in an educationally affiliated health care facility having an optometric training program of moderate scope involving liaison with other medical services and affiliated schools.

c. Has played a significant part in the conduct of vision research in a problem area of considerable scope and complexity which required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications authored by the optometrist are of considerable value to others in the individual's field. Typically, overall contributions are recognized by serving on important committees or other bodies in the profession.

d. Has had full responsibility for carrying out an optometric training program of significant size in which the optometrist has been responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. Innovative approaches in development of curriculum and course content and in expanding and improving the educational program have been displayed by the individual.

Senior Grade. Meets the requirements for Intermediate grade and the requirements in paragraphs 1 and 2 below:

1. The optometrist at this level possesses such academic stature as would warrant a faculty appointment of a professional level in an approved school or college of optometry.

2. Has demonstrated recognized superior professional attainment as evidenced by one or more of the following examples:

Has served as a team leader in attacking major optometric problems affecting the continued provision of quality care health services at a VISN, statewide, or national level. There is such confidence in the optometrist at this level that there is unusual support of the individual's recommendations and conclusions.

b. Has had responsibility for carrying out a major optometric program segment on a national level.

c. Has conducted high level studies in a difficult area of vision research which has contributed to a substantial advance in the health field, with important professional publications.

Chief Grade. Meets the requirements for Senior grade and must demonstrated a sustained very high level of professional performance with evidence of exceptional professional and/or administrative development by the following:

1. Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope in all areas of optometry. Typically, the optometrist at this level has had responsibility for a major optometric program segment on a nationwide basis and has been consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and optometric communities.

2. Outstanding professional attainment. Examples of such attainment are:

a. Achievement of outstanding results in research which are regarded as having a major impact on advancing the field.

b. Significant number of noteworthy publications in professional journals.

Optometric House Staff

1. **Residents (General Practice).** Meet requirements specified in section A.

2. **Residents (Specialty).** Meet requirements specified in section A. In addition, must have completed at least 1 year of graduate level training in the health or other clinically related sciences or a suitable equivalent period of training, or (2) a general practice residency approved by the Council on Optometric Education of the American Optometric Association.

Attendings

1. Meet all basic requirements specified in section A, paragraphs 1, 2, and 3a.

2. Possess a demonstrated satisfactory ability in optometry; be capable of assisting in maintaining accepted standards of professional optometric care in VA facilities; and be capable of accepting full responsibility for such proper care and treatment of their assigned patients.

3. Be an outstanding member of the local optometry community of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated optometry or other appropriate affiliated school or college, this would be evidenced by recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to optometric residents or students in facilities conducting residency and/or training programs and be sufficiently qualified so as to be capable to appropriate review committees for the direction of training.

Consultants

1. Meet all basic requirements specified in section A, paragraphs 1, 2, and 3a.

2. Possess truly outstanding professional clinical ability in optometry; be capable of affording the facility Director and appropriate Chief of Service the benefits of their professional experience and counsel; and be capable of rendering such professional optometric services as may be required in maintaining the highest possible level of medical care in VA facilities.

3. Be capable, when applicable, to serve as the didactic representatives of optometric or other appropriate affiliated schools or colleges and to accept responsibility for, and direction of, the educational training of optometric residents or students (if present) in their specialty in which they serve as the consultant at facilities conducting residency and student training programs. Consultants not holding faculty appointments at an affiliated optometry or other appropriate school or college should possess the equivalent professional qualifications as evidenced by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the facility.

SECTION C. DEVIATION

The Under Secretary for health or designee, may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for optometrists whose composite record of accomplishments, performance, and qualifications warrant such action based on demonstrated competence to meet the requirements of the proposed grade. Applicants will not be given grade commitments which require the prior approval of the Under Secretary for Health or designee, until such approval is received.

Authority: 38 U.S.C. 7304; 7402.

NURSE QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the requirements for appointment as a registered nurse in VHA :

NOTE: *Criteria for promotion are contained in VHA Supplement, MP-5, part II, chapter 5.*

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **School of Nursing.** Graduate of a school of professional nursing approved by the appropriate State accrediting agency at the time the program was completed by the applicant. Lists of approved schools of nursing have been compiled by the National League for Nursing (formerly National League of Nursing Education) since 1931. These lists may be obtained from the National League for Nursing, 61 Broadway, 33rd Floor, New York, New York 10006. In cases of graduates of foreign schools of professional nursing, possession of current, full, active and unrestricted registration (see basic requirement c) will meet the requirement of graduation from an approved school of professional nursing.

3. **Registration**

a. **Condition of Employment.** Current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or in the District of Columbia. The facility Director may waive this registration if the nurse is to serve in a country other than the United States and the nurse has registration in that country.

b. **Headquarters Approval Required for Certain Appointments.** A nurse who has, or has ever had, any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Standard.** See, MP-5, part II, chapter 10.

5. **English Language Proficiency.** Nurses appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C.7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

a.. Definitions

(1) **Successful Nursing Practice.** Documented evidence of a candidate's experience as a registered nurse which is determined to be of an acceptable level of quality. This may include experience as a Graduate Nurse Technician (GNT) provided the candidate was utilized as a professional nurse and provided the candidate passed the State licensing (board) examination on the first attempt.

(2) **Length of Nursing Practice.** The amount of time documented on VA Form 10-2850a. Application for Employment - Professional Nurse or on a candidate's resume. (A performance evaluation or reference covering the candidate's most recent employment as a registered nurse is essential.)

(3) **Part-Time Experience.** Part-time experience as a nurse is credited according to the relationship it bears to the full-time workweek. For example, a nurse who worked 20 hours a week or on a half-time -time basis would receive one full-time workweek of credit for each 2 weeks of such service.

(4) **Related Degrees.** Baccalaureate and graduate degrees in fields related to nursing must be from a college or university which was regionally accredited at the time the candidate completed the program. Information on accredited colleges and universities is contained in Accredited Institutions of Post Secondary Education, which is published annually by the American Council on Education, One Dupont Circle, Washington, DC 20036.

(5) **Level Within a Grade or Enhanced Assignment.** Nurse I, IV and V grade levels of the Locality Pay System recognize employees with higher qualifications or more complex assignments. The qualification requirements for attainment of a higher Level within each of these grades are contained in paragraph b below.

b. **Grade Determination.** In addition to the basic requirements stated in section A above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates and, if appropriate, the level within a grade. The candidate must have demonstrated the ability to practice nursing at the level of competence required for the specific grade and if appropriate, level within a grade, and/or have attained a certain educational level.

(1) Nurse I

a. **Level 1.** None beyond basic requirements.

b. **Level 2.** Meet one of the following:

1. Successful nursing practice in which the individual has demonstrated the following abilities. Generally, an individual who has not attained a baccalaureate degree from a school of nursing can demonstrate these abilities after approximately 1 year of nursing practice.

(a) Ability to work effectively with patients, families or significant others, and with professional and supportive personnel who provide patient care; and

(b) Ability to provide effective care to groups of patients; i.e., assesses, plans, implements, documents, evaluates patient care; manages care for a group of patients; initiates effective actions in emergencies.

or

2. Baccalaureate degree in nursing from an NLN - accredited program.

c. Level 3. Complete of one of the following:

1. Successful nursing practice in which the individual has demonstrated the following abilities. Generally, an individual without a baccalaureate degree from a school of nursing can demonstrate these abilities after approximately 2 years of nursing practice.

(a) Ability to work effectively with patients, families or significant others, with professional and supportive personnel who provided patient care, and with members of other services; and

(b) Ability to be self-directive in providing effective care to groups of patients and in guiding personnel who provide patient care; i.e., assesses, plans, implements, documents, evaluates patient care; managers care for a group of patients; initiates effective actions in emergencies; guides and assesses performance of others who provide patient care; or

2. Baccalaureate degree in nursing from an NLN-accredited program, and following attainment of that baccalaureate degree successful nursing practice in which the individual has demonstrated the abilities described in subparagraph 1 above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or,

3. Master's degree in nursing from an NLN-accredited program; or

4. Master's degree in a field related to nursing and baccalaureate degree in nursing from an NLN accredited program.

(NOTE: Employees at Nurse I must successfully advance through higher levels of the grade prior to being promoted to Nurse II)

(2) Nurse II. Completion of one of the following:

a. Successful nursing practice which has been characterized by leadership in improving patient care; by demonstrated ability to work effectively with others; to initiate and lead groups of patients and/or other personnel; and by proficiency in all skills in one of the following four

groups of behaviors. Generally, an individual without a baccalaureate degree from a school of nursing can demonstrate these abilities after approximately 3 years of practice.

(1) In clinical skills: Uses sound judgment in assessing, planning, implementing, documenting and evaluating patient care; applies current concepts and findings from research and/or studies to practice; shares clinical expertise with professional and supportive personnel; accurately documents and reports care; identifies, analyzes and resolves patient care problems whose resolution results in the significant improvement of care to individual and/or groups of patients; demonstrates such expertise in patient care so as to be sought as a consultant by others.

(2) In managerial skills: Assesses, plans, implements and evaluates the delivery of patient care; applies current concepts and findings from research and/or studies to practice; effectively supervises, guides and counsels nursing or other staff personnel; uses sound judgment in making decisions; is timely and accurate in corresponding and reporting; analyzes and resolves problems that impede the delivery of patient care.

(3) In instructional skills: Assesses, plans, implements, documents and evaluates educational activities; applies current concepts and findings from research and/or studies to practice; uses effective and creative teaching methods; encourages active participation of learners in meeting their own needs.

(4) In research skills: Under supervisory guidance accepts professional responsibility for a scientific investigation expected to result in a published addition to scientific knowledge; resolves problems ordinarily entailed in the accomplishment of a project; interprets findings; prepares reports and papers.

or

b. Baccalaureate degree in nursing from an NLN-accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described in subparagraph a above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 2 years of nursing practice, or

c. Master's degree in nursing from an NLN- accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described in subparagraph a above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or

d. Master's degree in a field related to nursing and a baccalaureate degree in nursing from an NLN-accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described in subparagraph a above. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or

e. Doctoral degree in nursing, or

f. Doctoral degree in a field related to nursing and a baccalaureate or masters degree in nursing from an NLN-accredited program.

(3) **Nurse III.** Completion of professional education requirements in subparagraph a below and experience requirements in subparagraph b through d indicated below.

a. Completion of *one* of the following.

1. Baccalaureate degree in nursing from an NLN-accredited program, and successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 3 years of nursing practice, or

2. Master's degree in nursing from an NLN-accredited program, *and* successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 2 years of nursing practice, or

3. Master's degree in a field related to nursing and a baccalaureate degree in nursing from an NLN-accredited program, and successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after 2 years of nursing practice, or

4. Doctoral degree in nursing, *and* successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice; or

5. Doctoral degree in a field related to nursing and a baccalaureate or masters degree in nursing from an NLN-accredited program, and successful nursing practice in which the individual has demonstrated the abilities described below. Generally, an individual who has attained the education described in this subparagraph can demonstrate these abilities after approximately 1 year of nursing practice. .

b. Demonstrated ability to work effectively with others, to initiate and lead interdisciplinary groups, and to establish relationships with professional and/or other health related groups within the community, and

c. Has made significant and sustained contributions to the nursing profession which may include publication, membership on task forces, intramural or extramural committees, consulting, development of educational media, scientific inquiry, or use of creative approaches to enhance quality of patient care and productivity of providers, and

d. Professional nursing practice which has been characterized by leadership and accomplishments in developing and implementing programs to improve the delivery of patient care, and by proficiency in one group of the following four groups of behaviors:

1. **In clinical practice:** systematically evaluates current clinical practice; initiates change in clinical practice based on current concepts and findings from research and/or studies; acts as consultant in clinical practice.

2. **In administration:** assesses, plans, implements and evaluates patient care programs; initiates changes in the system for delivering patient care based on current concepts and findings from research and/or studies; uses sound judgment in making decisions; manages staff; develops staff for patient care leadership assignments.

3. **In education:** assesses, plans, implements, coordinates and evaluates educational programs and activities; initiates change in education programs based on current concepts and findings from research and/or studies; teaches effectively and creatively; provides guidance to others involved in the delivery of the education program.

4. **In research:** Demonstrates thorough grounding in research methodology; designs and conducts scientific inquiry; promotes and assists others in the application of findings from research and/or studies; guides and directs others in research activity; contributes through conducting scientifically meritorious inquiry and publishing the findings.

(4) Nurse IV and Nurse V

a. **General.** The use of Nurse IV and Nurse V grade levels is restricted to selected leadership positions. Appointment, promotion, or advancements to assignments requiring these qualifications, or reassignment within one of these grades or levels requires approval of the Under Secretary for Health or designee in Headquarters. The individual's qualifications as well as the scope and complexity of the assignment are considered.

b. **Education.** The minimal educational requirement for these grades is a master's degree in nursing from an NLN-accredited program, or a master's degree in a field related to nursing and a baccalaureate degree in nursing from an NLN-accredited program.

c. **Experience.** Professional practice in progressively more responsible leadership assignments in clinical, administrative, educational and/or research areas. This practice has been characterized by *all* of the following behaviors:

1. Establishes effective relationships within the service, and with administration and other services.

2. Establishes effective collegial relationships with other leaders in the larger health community.

3. Accepts substantial and continuing responsibility and accountability for planning, organizing, directing and controlling an integrated program.
4. Makes decisions which reflect the distinctive and contributory role of nursing within the local institution and the total health care system.
5. Forecasts requirements necessary to long range program planning and model development for effective delivery of health services.
6. Facilitates the delivery of patient care in collaboration with health professionals, health managers and other health care personnel.
7. Assures implementation and maintenance of standards for professional practice within the authority of the position.

d. Scope and Complexity of Assignment

1. **Chief, Nursing Service.** In addition to this qualification standard, see MP-5, part II, chapter 3, section A and its VHA supplement.

2. **Other Nurse Assignments.** Indicated below are the types of assignments which may justify assignment to Nurse IV or Nurse V grade..

(a) Assignments are typically, but not exclusively, located in organizations with a high rate of activity or organizations with a broad program mission involving a great variety of specialty/subspecialty care. Usually this occurs at medical centers in which the complexity level is I or II, at VISN organization levels, and in Headquarters.

(b) Examples of positions which may justify these grade levels include Associate or Assistant Chief, Nursing Service; Associate Chief, Nursing Service for Education; Supervisor, Nursing Home Care Unit; Associate Chief, Nursing Service for Nursing Home Care; Employee Medical Education Center nurses; VISN nurse assignments; and Headquarters nursing positions.

3. **Complexity Determinations.** Factors to be considered in evaluating the scope and complexity of an assignment are as follows:

(a) Administrative Assignments

- (1) Manages and supervises total patient care program; and
- (2) Plans, organizes, directs, controls and evaluates programs and follow-up actions required by internal and external review organizations and/or accrediting bodies; and
- (3) Gives daily attention to complex personnel management problems; and
- (4) Participates in executive-level decision-making deliberations; and

(5) Performs a full range of administrative duties.

(b) **Educational Assignments**

(1) Develops broad education and training programs involving a variety of specialties in widely diversified activities; and

(2) Provides personnel with the vital link between education and practice; and

(3) Coordinates and maintains close relationships with affiliated schools, professional organizations, certifying bodies, and program directors of students of nursing and other disciplines who rate through the medical facility; and

(4) Serves on education and training committees, advisory groups, and special task forces concerned with managing education and career development activities.

(c) **Research Assignments**

(1) Conducts merit-reviewed, approved research projects; performs independent research or serves as a primary contributing member of a research team; formulates research proposal and protocol submissions to Headquarters for merit review; and publishes in appropriate professional journals or speak to peer groups; *or*

(2) Effectively researches problems of major scope; directs independent research of considerable interest and value, where the research contribution is highly productive and of such quality and originality as to have marked the nurse scientist as a significant contributor to advances in patient care.

(d) **Nursing Home Care Supervisor Assignments**

(1) Has responsibility for supervising a large Nursing Home Care Unit; and

(2) Shows a high degree of interdisciplinary involvement; and

(3) Makes significant efforts in rehabilitation and outplacement; and

(4) Is active in nursing home care program planning, organizing, directing, controlling and evaluating activities; and

(5) Has significant personnel management responsibilities along with a full range of administrative duties.

. (e) **Specific Criteria for Grade or Level**

(1) **Nurse IV, Level I** is for positions of Chief, Nursing Service, in those organizational settings where the limited numbers of programs and degree of affiliation restrict the kinds and

volume of administrative activity (i.e., Complexity Level IV facilities); and for positions of Assistant and Associate Chief, Nursing Service, and certain other administrators, clinicians, educators and scientists in organizational settings where the intensity of care, rate of activity and broad program mission generate demands equal to those placed on a Chief, Nursing Service, in less complex organizational settings. These assignments require a broad array of capabilities to provide effective leadership, to discharge the responsibilities of the position, and to make a significant contribution to the total program.

(2) **Nurse IV, Level 2** is for positions of Chief, Nursing Service, in those organizational settings where the variety of programs of affiliation, and activity level of services require significant planning and decision making on how to manage resources (i.e., Complexity Level III facilities). These assignments are in settings where leadership ability to coordinate and manage a wide range of programs is required, and where the responsibilities of the position have a clear impact on the facility's overall health care program.

(3) **Nurse V, Level I** is for positions of Chief, Nursing Service, in those organizational settings where the complexity and diversity of programs, high degree of affiliation, and intensity of services requires sophisticated planning and decision making (i.e., Complexity Level II facilities). These assignments are in settings where leadership ability to direct diverse and complex programs is required and where the responsibilities inherent in the position have a major impact on the health care program.

(4) **Nurse V, Level 2** is for selected position of top program officials in Headquarters, and for positions of Chief, Nursing Service, in the largest and most complex medical center where the intensity of care, activity and broad program mission generate numerous and complex problems which require the Chief, Nursing Service, to have outstanding skills in planning, organizing, directing and controlling programs (i.e., Complexity Level I facilities). The high level of expertise in administration required by these positions contributes to and has an impact on the VA Nursing Service, the nursing profession and the health care delivery system.

SECTION C. DEVIATIONS

a. **Headquarters** The Under Secretary for Health or designee may authorize a waiver of experience and/or the degree requirement for nurses whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. Such waivers may not be made for the educational requirements found under Section A- Basic Requirements.

b. **Facility Director**

(1) **Waiver of Degree Requirement for Nurse III.** The facility Director may authorize a waiver of the Nurse III grade requirement for a baccalaureate or higher degree in nursing provided the candidate has a degree in a related field and the candidate's qualifications warrant such consideration.

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(2) **NLN Accreditation.** The facility Director may authorize a waiver of the requirement for NLN-accreditation of the baccalaureate or master's degree in nursing provided the college or university has regional accreditation and the composite qualifications of the applicant warrant such consideration. (Degrees as specified shall be from colleges or universities with basic degree programs for graduate nurses fully accredited by the National League for Nursing at the time the degree was granted, or temporarily or provisionally accredited during the period such accreditation was offered.)

Authority: 38 U.S.C. 7304; 7402.

NURSE ANESTHETIST QUALIFICATION STANDARD
Veterans Health Administration

1. COVERAGE

Following are the overall requirements for appointment as a nurse anesthetist in VHA.

2. SECTION A. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

b. **Education.** Graduate of a school of professional nursing approved by the appropriate State accrediting agency at the time the program was completed by the applicant; and graduate of a school of anesthesia approved by the American Association of Nurse Anesthetists. Lists of approved schools of nursing have been compiled by the National League for Nursing (formerly National League of Nursing Education) since 1931 and by the American Nurses' Association prior to 1931. These lists may be obtained from the National League for Nursing, 61 Broadway 33rd Floor, New York, New York 10006. In cases of graduates of foreign schools of professional nursing, possession of a current and active registration (see basic requirement 3) will meet the requirements of graduation from an approved school of professional nursing. The American Association of Nurse Anesthetist has compiled current listings of approved training institutions which are published annually in the December issue of the "American Association of Nurse Anesthetist Journal." Listings of approved training institutions are also published annually in August by the American Hospital Association in their "Guide to the Health Care Field"

c. **Registration.**

(1) **Condition of Employment.** Current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States or the District of Columbia. The facility Director may waive this requirement if the nurse anesthetist is to serve in a country other than the United States and has resignation in that country.

(2) **Headquarters Approval Required for Certain Appointments.** A nurse anesthetist who has, or has ever had, any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

d. **Certification.** On and after the effective date of this Qualification Standard, certification by the Council on Certification of Nurse Anesthetists is a requirement for employment. This requirement does not apply to non-certified nurse anesthetists on VA rolls as of the effective date of this qualification standard.

e. **Physical Standard.** See MP-5, part II, chapter 10.

f. **English Language Proficiency.** Nurses appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7407(d).

3. SECTION B. GRADE REQUIREMENTS

a. General

(1) **Recency and Quality of Experience.** Recency or quality of training and experience in anesthetic techniques should be carefully reviewed when determining the appropriate grade. To be creditable, experience must demonstrate possession of knowledges, skills and abilities related to the current practice of nurse anesthesia. The importance of specific types of experience or training may vary according to the intended assignment.

(2) **Part-Time Experience.** For the purpose of crediting experience for appointment, part-time experience will be credited according to the relationship it bears to a full workweek. (For example, a nurse anesthetist who worked 20 hours a week on a half-time basis would receive one full-time workweek credit for 2 weeks of such service.)

(3) **Level Within a Grade.** Nurse I grade of the Locality Pay System recognizes employees with higher qualifications. The qualification requirements for attainment of a higher level within the Nurse I grade are contained in paragraph 2 below.

b. Grade Determination. In addition to the basic requirements stated above, the following qualification criteria must be met in determining the appropriate grade assignment of candidates.

(1) Nurse I

(a) **Nurse I, Level 1.** None beyond basic requirements.

(b) **Nurse I, Level 2.** Experience in the administration of anesthetics which has demonstrated the applicant's ability to participate in team programs which are exceptionally difficult or responsible, i.e., extra corporeal circulation, hypothermia, shock, emergency obstetrical, and surgical intensive care unit facilities. Generally, these abilities can be demonstrated after approximately 2 years of nurse anesthesia practice.

(2) **Nurse II.** In addition to meeting the requirements for Nurse I, the candidate has had progressively responsible experience in the administration of anesthetics which include demonstrated accomplishments in upgrading services to patients or has involved program type responsibilities such as indicated below. Generally, these abilities can be demonstrated after approximately 4 years of nursing anesthesia practice.

(a) Experience or aptitude for teaching in the nurse anesthetist field.

(b) Special recognition in the profession.

- (c) Patient care which is abreast of changing concepts and advancements in the profession.
- (d) Direction of professional and nonprofessional personnel in providing patient treatment.
- (e) Administration of an effective nurse anesthetist education program.
- (f) Guidance and instruction in preparing others for positions of leadership.
- (g) Demonstrated ability to work effectively with other disciplines for the improvement of services to patients.
- (h) In addition, the nurse anesthetist must have shown recognition of responsibility for continuing development of self and others with the aim of providing improved services to patients.

(3) **Nurse III.** The candidate will typically have had approximately 6 years of progressively responsible experience in the administration of anesthetics which included demonstrated accomplishments in upgrading services to patients or involved program responsibilities as specified for Nurse II. Generally, about 1 year of this experience must reflect, in addition, the ability to plan, organize, direct, coordinate and evaluate a program of nurse anesthesia care, requiring expert knowledge of anesthetizing location, methods, equipment and procedures. Assignments in which these knowledges and abilities may be demonstrated are as follows:

NOTE: The use of Nurse III is restricted to individuals occupying one of the assignments indicated below.

(a) **Independent Nurse Anesthetist.** The position of independence nurse anesthetists may exist there are three or fewer nurse anesthetists, and generally there is no full-time VA anesthesiologist assigned to the facility. In this situation, the independent nurse anesthetist assumes an extraordinary degree of professional authority and accountability for the administration of the anesthesia care program for the facility. Typically, duties will include:

1. Evaluation of patient's physical and mental condition and determination of the course of anesthesia care, including nature of the anesthetic agent to be used and method of administration, in conjunction with the surgeon, dentist, or podiatrist and consistent with the person's scope of practice.

2. Delivers anesthesia for a broad range of procedures.

3. Participates in the development of anesthesia patient care audit processes involving in depth review and analysis of anesthesia records. Develops new anesthesia methods and techniques, as well as protocols of practice for anesthesia care, for approval by the appropriate authority. Administers and evaluates new drugs. Assumes responsibility for all techniques, drugs and equipment used in the administration of anesthesia to all patients undergoing any and all forms of surgical and/or diagnostic procedures.

4. Provides advice and assistance to other nurse anesthetists in unusually difficult or complex cases. Conducts in-service educational programs for nurse anesthetists and other health care personnel at the facility.

5. May assist in or conduct approved research projects relative to anesthesia care.

(b) **Senior Nurse Anesthetist.** The position of senior nurse anesthetist may exist at health care facilities where anesthesia care must regularly be provided in the most complex types of surgical procedures. Typically, duties will include:

1. Regularly provides anesthesia care in unusually extensive and complex surgical procedures which are of prolonged duration and involve high risk patients, including development of individualized programs of post anesthesia care

2.. Participates in the audit of anesthesia care, recommending changes where indicated.

3.. Assists in correlating a teaching program for providing anesthesia care, maintaining close relationships with residents and students who rotate through the health care facility. Participates as instructor in the facility's program of in-service education.

4.. May assist in or conduct approved research projects relative to anesthetist care.

(4) **Nurse IV**

(a) **General**

1. Assignment of this grade generally requires a minimum of 6 years of progressively responsible leadership assignments in clinical, administrative, educational and/or research related to nurse anesthesia; and

2. The individual's professional practice must be characterized by all of the following behaviors:

a. Establishes effective relationships with nurse anesthesia staff;

b. Accepts substantial and continuing responsibility and accountability for planning, organizing directing, and controlling an integrated program:

c. Makes decisions that reflect the distinctive and contributory role of nurse anesthesia within the local institution and the total health care system.

d. Forecasts requirements necessary for long range program planning;

e. Facilitates the delivery of nurse anesthesia services in collaboration with health professionals, health managers and other health care personnel.

f. Sets standards for clinical practice, administration, education and research in nurse anesthesia, and assures their maintenance.

(b) **Specific Assignments.** In addition to meeting the qualification requirements specified above the assignment of Nurse IV is restricted to the following assignments:

1. **Chief, Nurse Anesthetist Section (or Unit).** As a first level supervisor, assumes full Supervisory responsibility over a minimum of three experienced nurse anesthetists. Typically, duties will include:

a. Assignment of duties and responsibilities of the nurse anesthetist staff relative to anesthesia care of patients to insure adequate work coverage at all times. Selective consideration is given relative to difficulty of assignment and capabilities of subordinates.

b. Interviews candidates for subordinate positions in the section or unit. Makes recommendations for appointment, advancement, and when appropriate, disciplinary action. Evaluates performance of the staff and identifies continuing education and training needs.

c. Assists in correlating a teaching program for providing anesthesia care, maintaining close relationships with residents and students who rotate through the health care facility. Participates as instructor in the facility's program of in-service education.

d. Delivers anesthesia care as needed in the more complex anesthetic procedures and to poor risk patients such as those in the older age group. Participates in the audit of anesthesia care, recommending changes where indicated.

e. May assist in or conduct approved research projects relative to anesthesia care.

2. **Director, School of Nurse Anesthesia.** As Director of a VA approved school of nurse anesthesia, has administrative and technical responsibility for the school, including responsibility for the development of, and modification to, curricula, testing procedures, and evaluation criteria.

May participate as instructor in the school. When there is a small school involved, these duties may be performed with those of a Chief, Nurse Anesthetist Section (or Unit). In the case of a large school (15 or more students), the preponderance of work will involve duties connected with administration of the school.

(5) **Nurse V.** For highly qualified candidates with program responsibilities which significantly exceed the minimum scope and complexity of those described for Nurse IV, the Under Secretary for Health or designee may approve assignment of Nurse V. Typically, this assignment will be restricted to individuals who are responsible for managing a program with 15 or more subordinate nurse anesthetists.

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4. SECTION C. DEVIATIONS

In cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize deviations from the established requirements.

Authority: 38 U.S.C. 7304; 7402.

PHYSICIAN ASSISTANT QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as a Physician Assistant (PA) in Veterans Health Administration (VHA).

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.

2. **Education or Training.** The candidate must meet one of the following:

a. A bachelor's degree from a PA training program which is certified by the Commission on Accreditation of Allied Health Education Programs (CAAHEP); or

b. Graduation from a PA training program of at least 12 months duration which is certified by the CAAHEP and a bachelor's degree in a health care occupation or a health-related science; or

c. Graduation from a PA training program of at least 12 months duration which is certified by the CAAHEP and a period of progressively responsible health care experience such as an independent duty medical corpsman, licensed practical nurse, registered nurse, medical technologist, or medical technician. The duration of approved academic training and health care experience must total at least 5 years.

3. **Certification.** On and after the effective date of this qualification standard (March 12, 1993), certification by the National Commission on Certification of Physician's Assistants (NCCPA) is a requirement for employment. This requirement does not apply to non-certified PAs on VA rolls as of the effective date of this qualification standard.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** PAs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

6. **Restriction:** Under no circumstances may this occupation be used to employ physicians or other health care providers who do not meet the applicable qualification standards for their occupation. All physician assistants must meet the requirements in paragraphs 1 through 5 above.

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Associate Grade. None beyond basic requirements.

Full Grade. Completion of one of the requirements in the following paragraphs (i.e. 1,2,3 or 4 below):

1. Successful practice as a PA which demonstrates the abilities in subparagraphs a and b below. Generally, individuals meeting the education requirements in paragraph 2c of section A can demonstrate these skills approximately 2 years of practice as a PA. The complexity of diagnostic and therapeutic procedures which the candidate is capable of performing as a result of experience as a PA have expanded significantly beyond those required of employees meeting the minimum requirements for entry into the occupation.

a. Ability to work effectively with patients, families or significant others, with professional and supportive personnel who provide patient care, and with members of other services; *and*

b. Ability to provide effective care to patients; i.e. assesses, plans, implements, documents, evaluates patient care; manages care for assigned patients; initiates effective actions in emergencies.

or

2. A bachelor's degree from a PA training program which is certified by the CAAHEP *and* practice as a PA which demonstrates abilities such as those described in paragraph 1 above. Generally, individuals attaining the education level specified in this subparagraph can demonstrate the abilities described in subparagraphs a and b above after approximately 1 year of practice as a PA;

or

3. Master's degree in a health care occupation or a health-related science and a baccalaureate degree from a PA training program which is certified by the CAAHEP;

or

4. Master's degree from a PA training program which is certified by the CAAHEP.

Intermediate Grade. Completion of requirements in *one* of the following paragraph (i.e., 1,2,3,4 or 5 below):

1. PA practice characterized by leadership in improving patient care; demonstrated ability to work effectively with others; and proficiency in *one* of the following four groups of behaviors (subparagraphs a, b, c, or d below). The PA is able to perform more complex diagnostic and therapeutic procedures than PAs at Full grade and seeks guidance from the supervising physician less frequently than PAs at lower grade levels and more readily identifies complex patient care situations where referral to the supervising physician is required. Generally, individuals meeting the education requirements in paragraph 2c of section A can successfully demonstrate *one* of these groups of behaviors after approximately 4 years of practice.

a. **Clinical Skills:** Uses sound judgment in assessing, planning, implementing, documenting and evaluating patient care; applies current concepts and findings from research and/or studies to practice; shares clinical expertise with professional and supportive personnel; accurately documents and reports care; identifies, analyzes and resolves patient care problems whose resolution results in the significant improvement of care to patients; demonstrates such expertise in patient care so as to be recognized by others.

b. **Managerial Skills:** Assesses, plans, implements and evaluates the delivery of patient care; applies current concepts and findings from research and/or studies to practice; uses sound judgment in making decisions; is timely and accurate in corresponding and reporting; analyzes and resolves problems that impede the delivery of patient care and services.

c. **Instructional Skills:** Assesses, plans, implements, documents and evaluates educational activities; applies current concepts and findings from research and/or studies to practice; uses effective and creative teaching methods; encourages active participation of learners in meeting their own needs.

d. **Research Skills:** Under supervisory guidance of the managing physician, accepts professional responsibility for a scientific investigation expected to result in a publishable addition to scientific knowledge; resolves problems ordinarily entailed in the accomplishment of a project; interprets findings; prepares reports and papers.

or

2. A bachelor's degree from a PA training program which is certified by the CAAHEP *and* practice as a PA which demonstrates behaviors such as those described in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these behaviors after approximately 3 years of practice as a PA:

or

3. Master's degree in a health care occupation or a health-related science and a baccalaureate degree from a PA training program which is certified by the CAAHEP; *and* practice as a PA which demonstrates behaviors such as those described in paragraph 1 above. Generally, an individual with the education described in this paragraph can demonstrate these behaviors after approximately 2 years of practice as a PA.

or

4. Master's degree from a PA training program which is certified by the CAAHEP; *and* practice as a PA which demonstrates behaviors such as those described in paragraph 1 above. Generally, an individual with the education described in this paragraph can demonstrate these behaviors after approximately 2 years of practice as a PA;

or

5. Doctoral degree in a health care occupation or a health-related science and a baccalaureate or masters degree from a PA training program which is certified by the CAAHEP.

Senior Grade. Completion of the requirements in *one* of the following paragraphs (i.e., 1, 2, 3, 4 or 5 below):

1. Practice as a PA which demonstrates the behaviors described below. Generally, individuals with the education in paragraph 2c of section A can demonstrate these behaviors after approximately 6 years of practice as a PA.

a. Working effectively with others on a consistent basis and establishing relationships with professional and/or other health care related groups in the community, *and*

b. Significant and sustained contributions to the PA profession which may include publication or publishable works, membership on task forces, intramural or extramural committees, consulting, development of educational media, scientific inquiry, or use of creative approaches to enhance quality of patient care and productivity of providers, *and*

c. Practice as a PA characterized by leadership and accomplishments in developing and implementing programs to improve the delivery of patient care, and by proficiency in *one* of the following areas (i.e. subparagraphs (1), (2), (3), or (4) below):

(1) **Clinical Practice:** Systematically evaluates current clinical practice; initiates change in clinical practice based on current concepts and findings from research and/or studies; demonstrates such expertise in patient care that advice is sought by others. PAs involved in surgical procedures perform as first or second assistant to the surgeon in charge. Assesses, plans, implements and evaluates patient care programs;

(2) **Administration:** Initiates changes in the system for delivering patient care based on current concepts and findings from research and/or studies; uses sound judgment in making decisions; manages staff; develops staff for patient care leadership assignments.

(3) **Education:** Assesses, plans, implements, coordinates and evaluates educational programs and activities; initiates change in education programs based on current concepts and findings from research and/or studies; teaches effectively and creatively; provides guidance to others involved in the delivery of the education program.

(4) **Research:** Demonstrates thorough grounding in research methodology; designs and conducts scientific inquiry; promotes and assists others in the application of findings from research and/or studies; guides and directs others in research activity; contributes through conducting scientifically meritorious inquiry and publishable findings.

or

2. A bachelor's degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates behaviors such as those in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these behaviors after approximately 5 years of practice as a PA;

or

3. Master's degree in a health care occupation or a health-related science and a bachelor's degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates the behaviors such as those in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these after approximately 4 years of practice as a PA;

or

4. Master's degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates the behaviors such as those in paragraph 1 above. Generally, an individual with the education described in this paragraph can demonstrate these behaviors after approximately 4 years of practice as a PA;

or

5. Doctoral degree in a health care occupation or a health-related science and a bachelor's or masters degree from a PA training program certified by the CAAHP; *and* successful practice as a PA which demonstrates the behaviors such as those in paragraph 1 above. Generally, an individual with the education in this paragraph can demonstrate these behaviors after approximately 2 years of practice as a PA.

Chief Grade

1. **General.** Chief grade is restricted to selected leadership positions. The individual's qualifications as well as the scope and complexity of the assignment are considered. *Note: The prior approval of the Chief Patient Care Service Officer or designee (11) is required for all appointments at or advancements to the Chief grade.*

2. **Education.** The preferred minimum education for this grade is a master's degree from a PA training program certified by the CAAHEP *or* a master's degree in a health care occupation or a health-related science and a baccalaureate degree from a PA training program certified by the CAAHEP. However, experience as a PA may be substituted for the master's degree where

the individual has an equivalent knowledge of the profession and has successfully undertaken difficult or complex clinical, administrative, research and/or educational assignments which have required an unusual degree of leadership and competence.

3. **Experience:** Professional practice characterized by progressively more responsible leadership assignments in clinical, administrative, educational and/or research areas. An individual can demonstrate these abilities after approximately 8 years of practice as a PA. Practice must have consistently demonstrated all of the following behaviors (if applicable to the assignment):

- a. Establishes and maintains relationships within the service, with facility management and other services that result in improved patient care.
- b. Accepts substantial and continuing responsibility and accountability for planning, organizing, coordinating and controlling a complex integrated health care program.
- c. Makes decisions which serve to enhance the distinctive and contributory role of PAs within the local institution and the total health care system.
- d. Participates in long range program planning and model development for effective delivery of health services.
- e. Facilitates the delivery of patient care in collaboration with health professionals, health managers and other health care personnel.
- f. Assures implementation, maintenance and compliance with standards of professional practice of all health care personnel within the program.

4. **Scope and Complexity of Assignment:**

a. **PA Assignments.** Examples of assignments which may justify Chief grade include coordinators or others in leadership roles in such areas as quality assurance, ambulatory care, nursing home care, domiciliary, cardiac catheterization, organ transplant, surgery, or spinal cord injury. These assignments are typically located in settings requiring extensive coordination with a wide variety of specialties/subspecialties and other special programs. The complexity of the assignment must also be such that leadership and an exceptional degree of competence are required.

b. **Complexity Determinations.** Factors to be considered in evaluating the scope and complexity of an assignment in one or more of the following areas are as follows:

(1) **Clinical Practice**

- (a) Systematically evaluates patient care program; and

(b) Exhibits leadership in initiating changes in patient care programs based on current concepts and findings from research and/or studies; and,

(c) Successfully integrates the activities of the employee's assignment with other patient care programs at the facility and with similar programs on a broader geographic basis; and

(d) Consistently demonstrates expertise in diagnosing and treating seriously ill multi-symptomatic patients.

(2) Administrative Assignments

(a) Plans, organizes, coordinates, controls and evaluates complex medical programs, including follow-up actions required by internal and external review organizations and/or accrediting bodies; and

(b) Participates in executive-level decision-making deliberations; and

(c) Performs a full range of administrative duties.

(3) Educational Assignments

(a) Develops and implements broad education and training programs involving a variety of specialties in widely diversified activities; and

(b) Provides personnel with the vital link between education and practice; and

(c) Coordinates and maintains close relationships with affiliated schools, professional organizations, certifying bodies, and program directors of students of the PA program and other disciplines who rotate through the medical facility; and

(d) Serves on education and training committees, advisory groups, and special task forces concerned with managing education and career development activities.

(4) Research Assignments

(a) Conducts merit-reviewed, approved research projects; performs independent research, serves as a primary contributing member of a research team or serves as co-chair of a research committee; formulates research proposals and protocol submissions to Headquarters for merit review; and develops publishable material for appropriate professional journals or speaks to peer groups;

or

(b) Effectively researches problems of major scope; directs independent research of considerable interest and value, where the research contribution is highly productive and of such

quality and originality as to have marked the PA as a significant contributor to advances in patient care and services.

SECTION C. DEVIATIONS

1. The Under Secretary for Health or designee, may authorize a waiver of the grade requirements for PAs whose accomplishments, performance and qualifications warrant such consideration based on demonstrated competence to meet the requirements of the proposed grade.

2. Only for the employment of graduates of surgical assistant programs certified by the CAAHEP, the Under Secretary for Health or designee may waive the requirement in section A that an individual be a graduate of a CAAHEP-certified PA program, provided guidelines for their utilization have been approved by the Under Secretary for Health or designee in Headquarters.

Authority: 38 U.S.C. 7304, 7402.

**EXPANDED-FUNCTION DENTAL AUXILIARY QUALIFICATION STANDARD
Veterans Health Administration**

COVERAGE

Following are the overall requirements for appointment as an EFDA (Expanded-Function Dental Auxiliary) in VHA.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Graduate of a dental auxiliary education program that included education and training in expanded functions acceptable to the appropriate VA Professional Standards Board. The program, such as a dental assistant or dental hygiene education program, must be accredited by the Council on Dental Education of the ADA (American Dental Association) and approved by the appropriate State accrediting agency at the time the program was completed.

3. **Licensure of Certification.** Individuals employed as EFDAs must possess active, current, full and unrestricted licensure as a dental hygienist from a State, Territory or Commonwealth, (i.e. Puerto Rico) of the United States or the District of Columbia; or evidence of certification from the American Dental Assistants Association as a CDA (Certified Dental Assistant). EFDAs who have, or have ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** EFDAs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

In addition to the basic requirements specified above in section A, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

Junior Grade. The candidate must meet *one* of the following:

1. For candidates who are licensed dental hygienists, none beyond basic requirements.

2. Candidates who are CDAs (certified dental assistants) must possess *one* of the following:

- a. One year of progressively responsible experience in expanded functions or 2 years of progressively responsible experience as a dental assistant that did not include expanded functions.
- b. One year of experience as an instructor in an ADA-accredited dental auxiliary education program which included instruction in expanded functions.
- c. Two years of progressively responsible experience in a related health care occupation such as licensed practical nurse, health technician, independent medical corpsman, medical technician, or radiology technician.
- d. Bachelor's degree in a related health care occupation such as nursing, physician assistant, medical technology, or physical therapy; or a bachelor's degree in a related health science such as physiology, biology, or biochemistry.

Associate Grade

1. The candidate must meet *one* of the following:
 - a. Bachelor's degree in dental hygiene, or its equivalent.
 - b. Bachelor's degree in a related health care occupation as defined above, or a bachelor's degree in a related health science as defined above, and 1 year of progressively responsible experience in expanded functions or as an instructor in an ADA-accredited dental auxiliary education program which included instruction in expanded functions.
 - c. Completion of an ADA-accredited 2-year dental hygiene education program and 2 years of progressively responsible experience in expanded functions.
 - d. Completion of an ADA-accredited 1 year dental assistant education program and 3 years of progressively responsible experience in expanded functions.
2. The required experience for Associate grade must have included:
 - a. Demonstrated competence in performance of expanded functions which are exceptionally difficult or responsible, *and*
 - b. Demonstrated skill in observing and identifying patients' physical needs and in providing emotional support to patients, *or*
 - c. Experience in a dental facility that delivers full comprehensive dental care including services in dental specialties.

Full Grade. See section C below.

SECTION C. DEVIATIONS

1. The Under Secretary for Health or designee, may authorize a waiver of the grade requirements for Junior or Associate grade for EFDA's whose accomplishments, performance, and qualifications warrant such consideration based on demonstrated competence to meet the requirements of the proposed grade.

2. Under unusual circumstances, the Under Secretary for Health or designee, may authorize appointment of an EFDA at Full grade when it is determined that the scope and complexity of the assignment and level of responsibility warrants this grade. The candidate's qualifications and accomplishments must exceed the requirements for Associate grade and meet the qualification requirements established by the Secretary.

Authority: 38 U.S.C. 7304; 7402.

**CERTIFIED RESPIRATORY THERAPY TECHNICIAN
QUALIFICATION STANDARD
Veterans Health Administration**

COVERAGE

The following are the overall requirements for appointment of a CRTT (certified respiratory therapy technician) in VHA who performs or supervises technical work concerned with administering respiratory care and life support to patient with cardiopulmonary deficiencies and abnormalities.

NOTE: Chapters 73 and 74, title 38, United States Code refers to “certified or registered respiratory therapists.” Since the National Board for Respiratory Care, the certifying body for respiratory therapists, distinguishes between “certified respiratory therapy technicians” and “registered respiratory therapists,” we are adopting these titles for agency use.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Certified Respiratory Therapy Technician.** Has been issued a certificate as a CRTT by the NBRC (National Board for Respiratory Care) or a certificate from another body which the NBRC recognizes as its credentialing equivalent. This included certification based on either:

a. Having successfully completed a respiratory therapy technician (1 year) or respiratory therapy program accredited by the Joint Committee for Respiratory Therapy Education and having passed the entry level examination administered by the NBRC since 1983, *or*

b. Having a certificate as a respiratory or inhalation therapy technician based on passing an entrance examination administered by the (1) National Board for Respiratory Therapy from 1975 through 1982; (2) Technician Certification Board of the American Association for Respiratory Therapy from 1972 through 1974; or (3) Technician Certification Board of the American Association for Inhalation Therapy from 1969 through 1971.

3. **Physical Standards.** See MP-5, part II, chapter 10.

4. **English Language Proficiency.** CRTTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. PART-TIME CREDIT

Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g. a CRTT who worked 20 hours a week, i.e., half-time, would receive one full-time workweek of credit for each 2 weeks of service).

SECTION C. GRADE REQUIREMENTS

In addition to meeting the basic requirements stated above, the following qualifications criteria must be met in determining appropriate grade assignments.

GS-5. None beyond the basic requirements.

GS-6. Successful completion of *one* of the following:

1. A minimum 2-year accredited educational program of study in respiratory therapy.
2. At least 1 year of experience related to respiratory therapy at the GS-5 level or equivalent. Experience at this level is work which included duties such as: administering oxygen and aerosols containing prescribed medications to patients involving the use of a variety of standard respiratory equipment; drawing and analyzing blood samples from patients; collecting sputum specimens using aerosol administration and tracheal suctioning; performing chest physical therapy using techniques such as clapping, vibrating, and postural drainage to facilitate the removal of secretions; calibrating equipment such as oxygen regulators and blood gas analyzers; and setting up and monitoring the operation of compressors, nebulizers, non-breathing masks, and co-oximeters. This experience must have provided the candidates with a wide knowledge of commonly used respiratory equipment, procedures and techniques, including an understanding of the basic medical sciences such as anatomy, physiology, chemistry, and physics and how they relate to the respiratory and cardiovascular systems of the human body; knowledge of the various respiratory diseases such as bronchitis, asthma, and emphysema, including the appropriate methods of treatment; and knowledge of commonly used respiratory drugs such as bronchodilators.

GS-7. Candidates must have successfully completed at least *one* of the following:

1. A 4-year or more accredited program of study leading to a bachelor's or higher degree in respiratory therapy.
2. In addition to meeting the requirements for the GS-6 level, an additional year of experience related to respiratory therapy at the GS-6 level or equivalent. Experience at this level is work which includes duties such as; setting up and monitoring complex respiratory equipment such as volume and pressure ventilators; performing airway care and maintenance on intensive care patients; performing specific diagnostic studies to determine oxygen consumption/carbon dioxide production, measure respiratory compliance, tidal volume and inspiratory force; drawing and interpreting results of blood gas analysis; providing oxygen and life support to patients during emergency resuscitations; assisting physicians in placing artificial airways into patient's

trachea; and calibrating complex respiratory equipment such as pressure and volume ventilators, oximeters, and mass spectrometers. This experience must have provided the candidate with knowledge of the full range of equipment, procedures, and techniques used in respiratory therapy including the operating characteristics, capabilities, and limitations of the complex equipment (e.g. volume ventilators) used in intensive respiratory care and emergency situations. The experience must have also provided the candidate with knowledge of anatomy and physiology of the respiratory system including in-depth understanding of how the structure and function of the lungs and bronchi relate to gas exchange and ventilation; and a knowledge of caring for a wide variety of acute and chronic respiratory disorders.

SECTION D. ACCREDITED SCHOOLS

A listing of accredited educational programs in respiratory therapy may be secured from the Department of Allied Health Education and Accreditation, American Medical Association, 515 North State Street, Chicago, Illinois 60610.

SECTION E. DEVIATIONS

In cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize a deviation from these requirements. Deviations to the GS-7 grade level ceiling should be requested for GS-8 and above inhalation therapy technicians who are or become certified respiratory therapy technicians. Deviations from this ceiling may also be approved where necessary to avoid an inappropriate grade assignment, e.g., assignment of supervisory responsibilities warranting higher than the GS-7 grade to a CRTT at a facility where a registered therapist is not available.

Authority: 38 U.S.C. 7304; 7402.

REGISTERED RESPIRATORY THERAPIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment of an RRT (registered respiratory therapist) in VHA who performs or supervises work concerned with administering respiratory care and life support to patients with cardiopulmonary deficiencies and abnormalities.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Registered Respiratory Therapist.** . Has a certificate as an RRT from the NBRC (National Board for Respiratory Care) and a registry number, or a certificate from another body which the NBRC recognizes as its credentialing equivalent. This includes registration based on either:

(a) Having fulfilled the requirements and passed the registry examination administered by the NBRC since 1983, or

(b) Having fulfilled the requirements and passed the registry examination for a registered inhalation or respiratory therapist administered by the (1) National Board for Respiratory Therapy from July 1974 through 1982 or (2) American Registry of Inhalation Therapists from 1961 through June 1974.

3. **Physical Standards.** See MP-5, part II, chapter 10.

4. **English Language Proficiency.** RRTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. PART-TIME REQUIREMENTS

Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g., an RRT who worked 20 hours a week, i.e., half-time, would receive one full-time workweek of credit for each 2 weeks of service).

SECTION C. GRADE REQUIREMENTS

In addition to meeting the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

GS-7. None beyond the basic requirements.

GS-8. Candidates must have *all* of the following:

1. At least 1 year of successful experience related to respiratory therapy at the GS-7 level or equivalent. Qualifying experience at this level is work which includes duties such as: administering assisted and controlled ventilation to patients with tracheotomies and other complex medical problems requiring frequent adjustments in ventilator parameters; administering and monitoring advanced ventilator techniques such as positive end expiratory pressure and continuous positive airway pressure; developing plans for weaning patients from ventilators; assessing the respiratory status of patients using data acquired through physical observation and clinical analysis of blood gas data, chest x-rays, and electrocardiogram to determine the effectiveness of therapy being administered and to make recommendations to physicians regarding changes in treatment; performing the most difficult respiratory therapy procedures to maintain ventilation, including endotracheal intubation, tracheal lavage, and tracheotomy care; and providing in-service training to others in various specialized areas of respiratory care.

2. Demonstrated knowledge and ability needed to perform complex respiratory procedures with minimal supervision. Is able to participate with physicians and nurses and other staff in planning respiratory treatment, with great reliance on the individual's knowledge of the equipment.

3. Demonstrated knowledge and ability to provide emergency or critical respiratory care; service as a shift leader or supervisor or sole responsible respiratory therapist on a shift; and to plan and conduct training sessions with respiratory therapy students, hospital staff, patients, and family members.

NOTE: The use of the GS-9 and above grade levels is restricted to individuals performing one of the assignments indicated below for the grade.

GS-9. In addition to meeting the requirements for GS-8, candidates must have had at least 1 additional year of successful and progressively responsible experience related to respiratory therapy at the GS-8 level or equivalent. This experience must have included demonstrated accomplishments in upgrading services to patients. The candidate must have demonstrated expert knowledge of respiratory therapy methods, equipment, and procedures and the ability to assume responsibility to plan, organize, direct, coordinate, and evaluate programs involving respiratory care. Serves as:

1. **Chief of a Section (or Unit) Providing Respiratory and Related Care.** Supervises at least three employees (full-time equivalent) whose work involves providing respiratory and related care. Typically, duties and responsibilities will include:

a. Assigns duties and responsibilities to staff relative to respiratory care of patients to include adequate work coverage at all times. Selective consideration is given to relative difficulties of assignments and capabilities of subordinates.

b. Interviews candidates for subordinate positions in the section or unit. Makes recommendations for appointment, advancement, and, when appropriate, disciplinary action. Evaluates performance of the staff and identifies continuing education and training needs.

c. Participates in in-service respiratory teaching and training, maintaining a close relationship with other disciplines and students who may rotate through the health care facility.

d. Delivers respiratory care as needed in the more complex respiratory care procedures and to poor risk patients such as those in the older age group. Participates in the audit of respiratory care, recommending changes where indicated.

2. **Assistant Chief.** Serves as a full assistant to a chief of an organizational element involved in providing respiratory and related care as described below for the GS-10 grade. Occupies a position in the direct supervisory line and shares in, and assists the chief with respect to, all phases of the organizational element's work.

GS-10. In addition to meeting the requirement for GS-9, candidates must have had at least 1 additional year of successful and progressively responsible experience in which the candidate demonstrated the ability to assume supervisory duties and function in an assignment at the GS-10 level. Serves as:

1. **Chief of an Organizational Element (Typically a Section).** Has full responsibility for supervising at least seven employees (full-time equivalent) whose work involves providing respiratory and related care. Typically, duties and responsibilities will include:

a. Plans work schedules and the sequence of operations, and recommends and implements changes in organization or work assignments to improve work, services, job satisfaction, etc. Also, recommends and justifies to higher authority changes with significant budgetary impact. In addition, develops and reports to higher level supervisors changes in budget requirements based on anticipated workload and productivity capability of the section.

b. Assigns and explains work requirements relative to respiratory care for new or changed, as well as existing, programs. Resolves technical work problems, including those not covered by precedents or established policies.

c. Develops and updates guidelines and policies for nonroutine or complex assignments.

d. Keeps employees and higher level supervisors informed of matters that affect them. Has authority to prepare and follow up on actions for most supervisory personnel functions.

e. Prepares formal requests for filling vacancies for additional personnel to meet work requirements.

f. Selects or participates with significant influence in selection of employees from eligible candidates.

g. Prepares requests and recommendations for promotions, reassignments and other changes, and incentive and employee recognition awards and special advancements.

h. Formulates training and education plans for subordinates and arranges for appropriate training courses.

i. Participates in both the planning and delivery of comprehensive in-service respiratory and related care teaching and training programs for subordinates and other staff in different disciplines. Plans instruction and participates as an instructor for the facility respiratory care educational program.

j. Plans and participates in the audit of respiratory care, recommending changes where indicated.

2. **Assistant Chief.** Serves as a full assistant to a chief or an organizational element involved in providing respiratory and related care as described below for the GS-11 grade. Occupies a position in the direct supervisory line and shares in, and assists the chief with respect to, all phases of the organization element's work.

GS-11. In addition to meeting the requirements for GS-10, candidates must have demonstrated the knowledge and ability to successfully assume supervisory duties and function in an assignment at the GS-11 level. Must have the ability to assume a high level of supervision of a large section and, as necessary, provide supervision to subordinate supervisors. Serves as a chief of such an organizational element and has a high level of supervisory responsibility for at least 15 employees (full-time equivalent) whose work involves providing respiratory and related care. Typically, duties and responsibilities will include:

1. In addition to planning work schedules and operations, makes changes in the organization of work within allowable costs and established policies. Has the authority to develop plans and schedules for guidance of subordinate supervisors and other subordinates for the accomplishment of work to meet program goals, objectives, and broad priorities established by higher levels of management. This includes carrying out such responsibilities as:

a. Analyzing work requirements and determining staff and resources needed to accomplish work.

b. Reviewing and analyzing records and reports of work production, costs, and equipment and staff resources used to evaluate progress and control or reduce costs. Reports progress and resolution of problems in achieving goals and objectives to higher levels of management.

2. Assigns and explains work requirements relative to respiratory care for new requirements or changes, as well as existing progress. Resolves technical work problems not covered by precedents or established policies for nonroutine or complex procedures. Studies continuing problems on the quality and quantity of work and operating effectiveness and takes or recommends needed actions.

3. Develops and updates guidelines and policies for nonroutine or complex assignments.
4. In addition to the authority to initiate formal and follow-up actions for personnel functions, has authority to establish internal guidelines and approve, modify, or reject personnel actions of subordinate supervisors or employees. Typically the individual:
 - a. Selects or contributes significantly to the selection of key employees (e.g. subordinate supervisors).
 - b. Hears individuals or group grievances and employee complaints.
 - c. Recommends disciplinary actions involving key or other employees.
 - d. Approves, modifies, or rejects career development or training plans or requests, employee utilization requests, and similar matters.
 - e. Approves, modifies, or rejects formal requests from subordinates for promotion, reassignment, status changes, awards, , special advancements, selection, and the like.
 - f. Prepares formal evaluations of the performance of key employees or other subordinates and reviews evaluations prepared by subordinates.
 - g. Where applicable, deals with union stewards and others on personnel matters.
5. Has substantial responsibility for planning and implementing educational programs for in-service and other personnel and respiratory therapy students who rotate through the health care facility.
6. Is responsible for auditing respiratory care and initiating or recommending changes where indicated.
7. May assist in or participate in approved research activities involving respiratory care.

SECTION D. DEVIATIONS

In cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize a deviation from these requirements.

Authority: 38 U.S.C. 7304; 7402

PHYSICAL THERAPIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Requirements for appointment as a physical therapist (PT) in VHA are as follows:

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education**

a. **Degree.** A baccalaureate degree in physical therapy *or* an equivalent certificate in physical therapy from an accredited college or university *and* completion of a physical therapy clinical practice program. Both the education and clinical practice program must have been approved by the committee on Accreditation of the American Physical Therapy Association (APTA) or the American Medical Association and have been completed at an accredited college or university. Verification of approved programs may be obtained from the Education Department, APTA, 1111 North Fairfax Street, Alexandria, VA 22314 (phone 703-684-2782), or from the Department of Allied Health Education and Accreditation, American Medical Association, 535 North Dearborn Street, Chicago, IL 60610 (Phone 312-645-4627).

b. **Foreign Graduates.** Graduates of foreign physical therapy programs meet the requirements in subparagraph 2a if they have a full unrestricted and current license to practice physical therapy in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or in the District of Columbia. A PT who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

3. **Licensure.** Current, full, active, and unrestricted license to practice physical therapy in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or in the District of Columbia.

4. **Physical Requirements.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Physical therapists must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

1. **Definitions**

a. **Affiliated** means affiliated for the purposes of allied health care training.

b. Creditable Experience

(1) **Knowledge of Current Professional Physical Therapy Practice.** To be creditable, experience must have demonstrated possession of the knowledges, skills, abilities and other characteristics associated with current professional physical therapy practice. The experience or education must have been gained within 3 years prior to the date of appointment. This may have been evidenced by one or more of the following during the 3-year period:

(a) The equivalent of 1 year of active professional practice. (Active professional practice means paid/non-paid employment as a professional PT as defined by APTA or the appropriate licensing board.)

(b) In addition to licensure, annually completing a minimum of 15 continuing education units (CEUs) recognized by APTA; or

(c) Academic course work leading to an advanced degree in physical therapy or a related health care field.

(2) **Quality of Experience.** Experience is only creditable if it was earned after completion of the requirements in paragraph 2 of section A. Experience as a graduate PT is creditable provided the candidate was utilized as a PT and subsequently passed the licensure examination.

(3) **Part-time Experience.** Part-time experience as a professional PT is credited according to its relationship to the full-time workweek. For example, a PT employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

c. Postgraduate Education. Graduate education and graduate degrees may be substituted for experience through the GS-11 level, but only if they are from a college or university program recognized by APTA, or from an accredited college or university in a field related to physical therapy (e.g., exercise physiology, geriatrics/gerontology, rehabilitation counseling, allied health education, health systems administration, anatomy, kinesiology, physiology or health science). Graduate education or a graduate degree in a field related to physical therapy must be from a college or university which was regionally accredited at the time the candidate completed the program. Information on accredited colleges and universities is contained in *Accredited Institutions of Post Secondary Education*, which is published annually by the American Council on Education, One Dupont Circle, Washington, DC 20036. To substitute graduate education or a graduate degree, it must have been completed *after* the individual met the basic requirements for appointment in paragraph 2 of section A.

d. Specialties. Specialized areas of physical therapy include, but are not limited to, geriatrics, spinal cord injury, musculoskeletal disorders, cardiopulmonary rehabilitation stroke/head injury and arthritis.

(2) **Grade Determination.** In addition to the basic requirements for appointment in section A, the following criteria must be used when determining the appropriate grade assignment of candidates:

GS-7. None beyond the basic requirements.

GS-9

a. **Experience.** Completion of 1 year of experience at the next lower grade level that is directly related to the position to be filled (i.e. experience which demonstrates possession of the knowledges, skills, abilities and other characteristics needed to provide physical therapy services in a therapeutic setting). These include:

- (1) Interpretation of physicians' prescriptions;
- (2) Application and interpretation of standard evaluation procedures and techniques; and
- (3) Development and implementation of physical therapy treatment programs for patients.
- (4) Working effectively with patients, families, friends, and treatment team members.

b. **Assignment.** Candidates at this grade level serve as staff physical therapists.

GS-10

a. **Experience.** Completion of 1 year of experience at the next lower grade level which demonstrates knowledges, skills, abilities and other characteristics that are directly related to the duties of the position to be filled. These include:

- (1) Use of standard and non-standard methods for evaluating and interpreting a wide variety of patient physical functional levels and providing progressive treatment.
- (2) Independently developing and implementing a physical therapy treatment program using judgment to modify treatment for changing medical conditions or because of a variety of severe physical disabilities.
- (3) Implementing treatment plans which directly affect the patient's social, economic, and functional well being.
- (4) Effectively communicating, both orally and in writing.
- (5) Working effectively with treatment team members and other health care providers in coordinating the patient's total care.

(6) Supervising the clinical training experiences of technical and professional level physical therapy interns to fulfill educational and professional requirements (where training programs exist).

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Sole PT**

(a) Individuals in this assignment serve as the sole PT at a medical center or an outpatient clinic. (NOTE: *Individuals serving as a sole PT may be graded at the GS-11 level if the complexity of their assignment is comparable to the clinical specialist or program manager.*); or

(b) There may be more than one PT at the facility; however, individuals in this assignment serve as the sole PT on a multidisciplinary treatment team. The PT independently utilizes difference and unrelated methods to evaluate and interpret special physical and psychosocial problems of patients and carries out the appropriate therapy.

(2) **Physical Therapist (Senior Staff Specialist).** Individuals in this assignment serve in a developmental capacity and may ultimately be assigned as clinical educators, clinical specialists or program managers or research specialists. In addition to meeting the requirements for GS-9, candidates for assignment as PT (senior staff therapist) must demonstrate the knowledges, skills and abilities required to perform more complex patient treatment procedures. Duties and responsibilities may include any combination of those found at the GS-11 level; however, individuals in these assignments work under closer supervision and are not given the freedom of action typically found at the higher level.

GS-11

a. **Experience.** Assignment as a clinical specialist, clinical educator, or research specialist requires the equivalent of 1 year of experience at the next lower grade level. Assignment as a GS-11 Chief or Assistant Chief of the Physical Therapy Section requires the equivalent of 1 year of experience at the GS-9 level or a combination of experience at the GS-9 and GS-10 levels. The experience must be directly related to the position to be filled.

b. Candidates at this grade level are to be in one of the following assignments:

(1) **Chief, Physical Therapy Section.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the physical therapy program at a medical center or independent outpatient clinic. They also have supervisory responsibility over a program which would require three or more PTs or at least two PTs and a physical therapy assistant (full-time equivalent). Typically, duties include:

(a) Assigning and evaluating work of subordinate staff, as well as resolving problems which may interfere with the delivery of physical therapy by staff members;

(b) Providing physical therapy in more complex cases;

- (c) Developing and initiating new treatment programs which apply current research findings;
- (d) Participating as an instructor in the facility's in-service clinical training findings;
- (e) Consulting with staff physicians through patient presentations, attendance at ward rounds, clinics and conferences; and
- (f) Interviewing candidates for positions in the section; recommending appointments, advancements, or, when appropriate, disciplinary actions; evaluating performance; identifying continuing education and training needs; etc.

(2) **Assistant Chief, Physical Therapy Section.** This assignment is restricted to individuals serving as a full assistant to a GS-12 Chief, Physical Therapy Section. Individuals in this assignment share full responsibility for managing the Physical Therapy Section.

(3) **Clinical Educator.** Candidates in this assignment spend a majority of their time administering clinical training programs for physical therapy students, physical therapy assistants, facility staff and others assigned for physical therapy training. These assignments occur at active, affiliated VA facilities where specialized physical therapy treatment programs are provided. Examples of duties include:

- (a) Establishing, negotiating, and maintaining affiliation agreement(s);
- (b) Serving as a liaison with the university in determining when students may be sent for training; the number of students to be sent, areas of training and assignments, etc.;
- (c) Designing, conducting and evaluating educational experiences for physical therapy interns, undergraduate physical therapy students, student physical therapy assistants, and other associated health trainees;
- (d) Arranging in-service training programs and serving as an instructor for these programs; and
- (e) Serving on curriculum committees of colleges and universities and having substantive input into the course content for physical therapy students. (Clinical educators typically hold an appointment as a clinical faculty member at the affiliated college or university.)

(4) **Physical Therapist (Clinical Specialist or Program Manager).** Individuals in this assignment spend a majority of their time working in a specialty or a special program area (e.g. geriatrics, spinal cord injury, musculoskeletal disorders, cardiopulmonary rehabilitation, stroke/head injury and arthritis, etc.) The assignment will generally occur at active, affiliated VA facilities where the physical therapy program has specialized patient treatment programs. An example of such an assignment would include, but would not be limited to the following:

(a) Independently solving complex problems related to physical therapy, adapting and modifying treatment plans, activities, and procedures to meet the need of patients with complex disabilities;

(b) Serving as a subject matter expert in the specialty area and as a consultant to physical therapy and other medical center staff in evaluating and treating patients in the specialty area;

(c) Serving as a mentor to other therapists evaluating and treating patients in the specialty or program area;

(d) Providing in-service and clinical training programs in the specialty or program area; and

(e) Teaching at the affiliated college or university in the specialty or program area.

(5) **Physical Therapist (Research Specialist).** Individual in this assignment spend a majority of their time designing, conducting, and publishing research in referred journals, independently or as contributing member of a research team. Assignment at this level typically involves full participation in intramural and extramural research committees. The research projects:

(a) Are generally reviewed and approved by appropriate research committees;

(b) Have a significant impact on the care and treatment of patients or the direction of health care practice; and

(c) Require considerable coordination within a facility or among multiple facilities.

GS-12

a. **Experience.** Completion of 1 year of experience comparable to the next lower grade level which is directly related to the position to be filled. Examples include:

(1) Experience in a supervisory capacity or as a clinical specialist, program manager, clinical educator, or research specialist;

(2) Experience in planning or assisting in the establishment of a completely integrated physical therapy program at a medical center or comparable facility; or

(3) Experience in the management or administration of a physical therapy or closely related program.

b. **Assignment.** Assignment to this grade level is restricted to those serving as the Chief of the Physical Therapy Section at medical facilities with comprehensive and complex physical therapy programs. Individuals in these assignments plan and direct the physical therapy program at active, affiliated medical centers or outpatient clinics and have full supervisory responsibility for a large staff of nonsupervisory personnel, including GS-11 Clinical Specialists or Program Managers. At this level, the physical therapy program typically includes a variety of specialties,

an extensive educational program, and involvement in research activities. Examples of duties include, but are not limited to, the following:

- (1) The full range of supervisory duties, including responsibility for assignment of work performed; performance evaluation; recommendations for appointment, awards, advancement, and when appropriate, disciplinary actions; identification of continuing education and training needs;
- (2) Resolving problems that interfere with the delivery of physical therapy to beneficiaries;
- (3) Serving as a consultant to other facility personnel in evaluating and planning physical therapy treatment for the most complex cases;
- (4) Participating in substantive curriculum development for physical therapy students. (Typically, personnel in this assignment hold an appointment as a clinical faculty member at one of more affiliated universities.);
- (5) Participating in research studies and/or as a consultant to others conducting research;
- (6) Frequently consulting with staff and resident physicians through patient presentation; attending ward rounds, specialty clinics and/or conferences; and
- (7) Assessing, planning, and evaluating the delivery of physical therapy care at the facility, utilizing personal experience and findings from current research and/or studies.

GS-13/14

Program specialists are responsible for the management of VISN or national initiatives having a high degree of visibility and a significant impact on Department health care. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, etc. Promotion to each of these grade levels requires an additional year of creditable experience at the next lower grade level which is directly related to the position to be filled.

SECTION C. DEVIATIONS

1. **Individual Waivers of Experience, Degree or Grade Requirements.** The Under Secretary for Health or designee, may, upon the recommendation of the Standards Board, authorize a waiver of the experience and/or the degree requirement for a PT whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. In addition, in cases where the application of the grade requirements will result in an inappropriate grade assignment, the The Under Secretary for Health or designee, may, upon the recommendation of the Standards Board, authorize deviations from the established requirements. This includes the assignment of collateral duties of a VISN or national nature by VA Headquarters.

October 30, 1998

MP-5, Part II
Chapter 2
APPENDIX L

2. **Other Waivers.** At facilities where above-minimum entrance rates or special salary rate ranges for PTs have been approved under MP-5, part II, chapter 3, section D, facility Directors may waive the experience requirement to appoint, at the GS-9 level, PTs who meet the basic requirements for appointment. The Under Secretary for health or designee, may also delegate this authority to facility Directors. NOTE: *Individuals granted waivers under this paragraph are required to have an additional year of experience in the grade to which appointed before they may be considered for advancement to the next higher grade level.*

Authority: 38 U.S.C. 7304; 7402

LICENSED PRACTICAL OR VOCATIONAL NURSE QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Following are the overall requirements for appointment as an LPN or LVN (licensed practical or vocational nurse) in VHA who engages in nursing care and practice which do not require full professional education, but require the knowledges and skills represented by licensure as an LPN or LVN.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education.** Graduate of a school of practical or vocational nursing approved by the appropriate State accrediting agency and/or the National League for Nursing at the time the program was completed by the applicant. Verification can be obtained from the State approving agency of the National League for Nursing, 61 Broadway, 33rd Floor, New York, NY 10006.

a. Health care education in the military service or training in the military service which is accepted by the licensing body in the jurisdiction in which the individual is licensed as qualifying for full LPN/LVN licensure will be accepted as meeting the education requirements for VHA employment.

b. The education requirement is waived for VHA employees who were converted to appointments under 38 U.S.C. 7401(3) in implementation of Public Law 98-160, enacted November 21, 1983, and for VHA employees converted to appointments under 38 U.S.C. 7405 in implementation of Public Law 99-576, enacted October 28, 1986; and for their future personnel actions under this authority. The waiver will not apply to persons appointed under 38 U.S.C. 7401(3) or 7405 after these conversions.

1. **Licensure.** Full, active, current and unrestricted licensure as a graduate licensed practical or vocational nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or District of Columbia. An LPN who has or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Standards.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Licensed practical or vocational nurses appointed to direct patient care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

1. Definitions

- a. Qualifying experience is successful nursing practice maintaining acceptable standards within a health care setting under the direction of a registered nurse or physician. This may include experience as a GPN (graduate practical nurse) provided the candidate was utilized as a practical or vocational nurse and passed the State licensure examination on the first attempt.
- b. To be creditable, practical nursing experience (as an LPN or LVN) must be documented on the application and verified in an employment reference or through other means.
- c. Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g., an LPN who worked 20 hours week, i.e., half-time, would receive 1 full-time workweek of credit for each 2 weeks of such service.)

2. **Grade Determination.** In addition to the basic requirements stated in section A, the following qualification criteria must be met for each grade. The candidate's qualifications must clearly demonstrate the level of competence required for the grade.

GS-3. None beyond the basic requirements.

GS-4. Six months of qualifying experience.

GS-5

- a. Completion of at least 1 year of qualifying experience at the GS-4 level or equivalent.
- b. Demonstrated knowledge and ability to provide a full range of practical nursing care to patients with a variety of physical and/or behavioral problems.
- c. Demonstrated ability to serve as a responsible member of the nursing team and interact with patients, family members, professional and supportive personnel who provide patient care, and with members of other services.

NOTE: GS-5 is a full performance level for the LPN or LVN occupation for providing practical nursing care with a variety of physical and/or behavioral problems. Assignments above this level are limited to situations demanding an exceptional degree of practical nursing knowledges and skills.

GS-6. In addition to meeting the requirements for the GS-5 level, has completed at least an additional year of qualifying experience at the GS-5 level or equivalent. Has the knowledges and skills necessary for concentrated effort and self-direction in carrying out the most complex practical nursing care assignments, including assignments for selected acute, care, long-term or ambulatory care, or psychiatric patients requiring skilled nursing care. Serves as a member of a health care team with these selected patients and provides care to them on a regular and recurring

basis. Completes assigned duties and responsibilities which involve performing nonstandard and specialized practical nursing activities at the GS-6 level, requiring broad work experience and demonstrated skill sufficient to resolve a range of nursing problems.

The GS-6 grade is restricted to individuals whose assignments include the following:

a. Practical nursing characterized by:

(1) The employee's ability to vary the order and sequence of assigned procedures based on the patient's condition; to use judgment in selecting the most appropriate application of procedures and guidelines; and to accurately report and record significant patient information. Completed work needs only a general review by a registered nurse for technical soundness; appropriateness and conformity with policy and nursing assignments.

(2) Demonstrated ability to observe, identify and respond to the patient's needs for nursing, medication, and equipment-assisted care and to recognize deviations from normal. In modifying patient care plans, the employee considers physical, emotional and social factors.

(3) Practical knowledge of human behavior, motivations and reactions to situations. Demonstrated ability to use this knowledge in working effectively with patients, family and other staff members.

(4) Demonstrated knowledge, skill and ability to recognize and respond appropriately to emergency situations.

b. Typically, duties will include:

(1) Contributes to the interdisciplinary team in the development, implementation and evaluation of the patient's treatment plan and promotes patient participation in the therapeutic community by fostering self-reliance and independence.

(2) Conducts group meetings to help patients share feelings, interact and function in accordance with the patient's treatment plan.

(3) Establishes constructive relationships with individual patients to elicit feelings and attitudes and to promote positive relationships, communication and socialization skills.

(4) Administers prescribed medications and performs more complex treatments.

(5) Performs support duties for diagnostic procedures, which includes preparing the patient, assisting in the diagnostic examination, preparing and passing instruments, and monitoring the patient's condition.

SECTION C. DEVIATIONS

1. In cases where the application of the grade requirements will result in an inappropriate grade assignment, the The Under Secretary for Health or designee, may authorize deviations from the established requirements.

2. The facility Director may authorize a waiver of the education requirement in section A to permit the appointment of a graduate of a school of professional (registered) nursing when the individual's qualifications warrant such consideration.

3. In exceptional circumstances, the facility Director may waive the experience requirement for LPNs whose accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade.

Authority: 38 U.S.C. 7304; 7402.

**OCCUPATIONAL THERAPIST QUALIFICATION STANDARD
Veterans Health Administration**

COVERAGE

The requirements for appointment as an OT (occupational therapist) in VHA are as follows.

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education**

a. **Degree or Certificate.** Graduation from a baccalaureate degree program in occupational therapy or a post-baccalaureate certificate program recognized by the American Occupational Therapy Association (AOTA) or the Committee on Allied Health, Education and Accreditation of the American Medical Association. Verification of recognized degree and certificate programs may be obtained from AOTA, Attn: Accreditation Department, P.O. Box 31220, Bethesda, Maryland 20824-1220 (phone 301-652-2682).

b. **Foreign Graduates.** Graduates of foreign occupational therapy training programs also meet the education requirement if they have graduated from a degree or equivalent program recognized by the AOTA. For information about verification of recognized programs see paragraph a above.

1. **Certification.**

a. Possession of written documentation that the individual has passed the Certification Examination for Occupational Therapists Registered OTR, which is administered by the National Board for Certification in Occupational Therapy.

b. Appointing officials may approve the appointment of candidates who have ever had their certification revoked, suspended, denied, restricted, limited, or issued/placed in a probational status provided they currently have full and unrestricted certification.

4. **Physical Requirements.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** OTs must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), 7407(d), and 8110

SECTION B. GRADE REQUIREMENTS

1. Definitions

a. Affiliated means affiliated for the purpose of allied health care training.

b. Creditable Experience

(1) **Knowledge of Current Professional Occupational Therapy Practices.** To be creditable, the experience must demonstrate possession of the knowledges, skills, abilities and other characteristics associated with current professional occupational therapy practice. The experience or education must have been gained within 3 years prior to the date of appointment. This may have been evidenced by one or more of the following during the 3-year period:

(a) The equivalent of one year of active professional practice. (Active professional practice means paid/non-paid employment as a professional OT as defined by AOTA or the appropriate licensing board.)

(b) In addition to AOTA certification, annually completing continuing education courses recognized by AOTA.

(c) Academic course work leading to an advanced degree in occupational therapy or a related health care field.

(2) **Quality of Experience.** Experience is only creditable if it was earned after completion of the education required by paragraph 2 of section A. Experience as a graduate OT is creditable provided the candidate was utilized as an OT and subsequently passed the certification examination.

(3) **Part-Time Experience.** Part-time experience as a professional OT is credited according to its relationship to the full-time workweek. For example, an OT employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

c. **Postgraduate Education.** Graduate education and graduate degrees may be substituted through the GS-11 level, but only if they are from a college or university recognized by the AOTA, or in a field related to occupational therapy (e.g., anatomy, physiology, kinesiology, nursing, physical therapy, social work, geriatrics/gerontology, exercise physiology). Graduate education or a graduate degree in a field related to occupational therapy must be from a college or university which was regionally accredited at the time the candidate completed the program. Information on accredited colleges and universities is contained in *Accredited Institutions of Post Secondary Education*, which is published annually by the American Council on Education, One Dupont Circle, Washington, DC 20036. To substitute graduate education or a graduate degree, it must have been completed *after* the individual completed the degree or certificate required for appointment in paragraph 2a of section A.

d. **Specialties.** Specialized areas of occupational therapy include, but are not limited to, spinal cord injury, treatment of the hand, traumatic, brain injury, cardiopulmonary rehabilitation, psychiatry, neurology, or geriatrics.

2. **Grade Determinations.** In addition to the basic requirements for appointment in section A, the following criteria must be used when determining the appropriate grade assignment of candidates.

GS-7. None beyond the basic requirements.

GS-9

a. **Experience.** Completion of 1 year of experience at the next lower grade level that is directly related to the position to be filled (i.e., experience which has demonstrated possession of the knowledges, skills, abilities and other characteristics needed to provide occupational therapy services in a therapeutic setting). This includes:

- (1) Ability to read and interpret written prescriptions.
- (2) Assessment and evaluation of patients referred for consultation.
- (3) Development and implementation of individualized occupational therapy treatment programs for patients.
- (4) Working effectively with patients, families, friends, and treatment team members.

b. **Assignment.** Individuals at this grade level serve as staff OTs.

GS-10

a. **Experience.** Completion of one year of experience at the next lower grade level which demonstrates knowledges, skills, abilities and other characteristics that are directly related to the duties of the position to be filled. This includes:

- (1) The use of standard and non-standard methods and techniques for evaluating and interpreting a wide variety of patient physical and psychosocial functional levels and for providing progressive treatments.
- (2) Independently developing and implementing an occupational therapy treatment program, using judgment to modify the treatment as a result of changing medical conditions or because of a variety of severe physical and mental disabilities.
- (3) Effectively communicating, both orally and in writing.
- (4) Working effectively with treatment team members and other health care providers in coordinating the patient's total care.

(5) Supervising the clinical training experiences of technical and professional level occupational therapy interns to fulfill educational and professional requirements (where training programs exist).

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Sole Occupational Therapist:**

(a) Individuals in this assignment serves as the sole OT at a medical center or an outpatient clinic (NOTE: *Individuals serving as a sole OT may be graded at the GS-11 level if the complexity of their assignment is comparable to the Clinical Specialist or Program Manager.*);
or

(b) There may be more than one OT at the facility; however, individuals in this assignment serve as the sole OT on a multidisciplinary treatment team. The OT independently utilizes different and unrelated methods to evaluate and interpret specific physical and psychosocial problems of patients and carries out the appropriate therapy necessary to teach new or compensating skills to restore patient performance.

(2) **Occupational Therapist (Senior Staff Therapist).** Individuals in this assignment serve in a development capacity and may ultimately be assigned as Clinical Educators, Clinical Specialists or Program Managers or Research Specialists. In addition to meeting the requirements for GS-9, candidates for assignment as an OT (Senior Staff Therapist) must demonstrate the knowledges, skills and abilities required to perform more complex patient treatment procedures. Duties and responsibilities may include any combination of those found at the GS-11 level; however, individuals in these assignments work under closer supervision and are not given the freedom of action typically found at the higher grade level.

GS-11

a. **Experience.** Assignment as a Clinical Specialist or Program Manager, Clinical Educator or Research Specialist requires the equivalent of 1 year of experience at the next lower grade level. Assignment as a GS-11 Chief or Assistant Chief of the Occupational Therapy Section requires the equivalent of one year of experience at the GS-9 level or a combination of experience at the GS-9 and 10 levels. The experience must be directly related to the position to be filled.

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Chief, Occupational Therapy Section.** Individuals in this assignment assume full administrative and technical/professional responsibility for planning and directing the occupational therapy program at a medical center or independent outpatient clinic. They have full supervisory responsibility over a program which require three or more OTs or at least two OTs and an occupational therapy assistant (full-time equivalent). Typically, duties include:

- (a) Assigning and evaluating work of subordinate staff, as well as resolving problems which may interfere with the delivery of occupational therapy care by staff members.
- (b) Providing occupational therapy care in more complex cases.
- (c) Developing and initiating new treatment programs which apply current research findings.
- (d) Participating as an instructor in the facility's in-service and clinical training programs.
- (e) Consulting with staff physicians through patient presentations, attendance at ward rounds, clinics and conferences.
- (f) Interviewing candidates for positions in the section, recommending appointments, advancements, or, when appropriate, disciplinary action; evaluating performance; identifying continuing and training needs; etc.

(2) **Assistant Chief, Occupational Therapy Section.** This assignment is restricted to individuals serving as a full assistant to a GS-12 Chief, Occupational Therapy Section. Individuals in this assignment share full responsibility for managing the Occupational Therapy Section.

(3) **Occupational Therapist (Clinical Educator).** Candidates in this assignment spend a majority of their time administering clinical training programs for occupational therapy students, occupational therapy assistant trainees, associated health trainees, facility staff and others assigned for occupational therapy training. These assignments occur at active, affiliated VA facilities where specialized occupational therapy treatment programs are provided. Examples of duties include:

- (a) Establishing, negotiating and maintaining affiliation agreement(s).
- (b) Serving as a liaison with the university in determining when students may be sent for training, the number of students to be sent, areas of training and assignments, etc.
- (c) Designing, conducting and evaluating educational experiences for occupational therapy students, student occupational therapy assistants, associated health trainees, and others assigned to occupational therapy for training.
- (d) Arranging and serving as an instructor for staff in-service training programs.
- (e) Serving on curriculum committees of colleges and universities and having substantive input into the course content for occupational therapy students. (Clinical Educators typically hold an appointment as a clinical faculty member at the affiliated college or university.)

(4) **Occupational Therapist (Clinical Specialist or Program Manager).** Individuals in this assignment spend a majority of their time working in a specialty or a special program area (e.g., medicine, surgery, orthopedics, psychiatry, neurology, spinal cord injury, hand, traumatic brain

injury, ambulatory care, geriatrics, vocational rehabilitation, physical disabilities, etc). The assignment will generally occur at active, affiliated VA facilities where the occupational therapy program has specialized patient treatment programs. An example of such an assignment would include, but would not be limited to, the following:

(a) Independently solving complex problems related to occupational therapy, adapting and modifying treatment plans, activities, and procedures to meet the needs of patients with complex disabilities;

(b) Serving as a subject matter expert in the specialty or program area and as a consultant to occupational therapy staff and other facility staff in evaluating and treating patients in the specialty area;

(c) Serving as a mentor to other therapists evaluating and treating patients in the specialty or program area;

(d) Providing in-service and clinical training in the specialty or program area; and

(e) Teaching at the affiliated college or university in the specialty or program area.

(5) **Occupational Therapist (Research Specialist).** Individuals in this assignment spend a majority of their time designing, conducting, and publishing research in referred journals, independently or as a contributing member of a research team. Assignment at this level typically involves full participation in intramural and extramural research committees. The research projects:

(a) Are generally reviewed and approved by appropriate research committees;

(b) Have a significant impact on the care and treatment of patients or the direction of health care practice; and

(c) Require considerable coordination within a facility or among multiple medical facilities.

GS-12

a. Experience. Completion of 1 year of experience comparable to the next lower grade level which is directly related to the position to be filled. Examples include:

(1) Experience as an Assistant Chief, Occupational Therapy Section, Clinical Educator, Clinical Specialist, Program Manager or as a Research Specialist.

(2) Experience in planning or assisting in the planning of a complete integrated occupational therapy program for a medical center or comparable facility.

(3) Experience in the management or administration of an occupational therapy or closely related program.

b. **Assignment.** Assignment at this grade level is restricted to those serving as the Chief of the Occupational Therapy Section at medical facilities with a comprehensive and complex occupational therapy program. Individuals in these assignments plan and direct the occupational therapy program at active, affiliated medical centers or outpatient clinics and have full supervisory responsibility over a large staff of nonsupervisory personnel, including GS-11 Specialists or Program Managers. At this level, the occupational therapy program typically includes a variety of specialties, an extensive educational program, and involvement in research activities. Examples of duties include, but are not limited to, all of the following.

(1) The full range of supervisory duties, including responsibility for assignment of work performed; performance evaluation; recommendations for appointment, awards, advancement, and, when appropriate, disciplinary action; identification of continuing education and training needs;

(2) Resolving problems that interfere with the delivery of occupational therapy care to beneficiaries;

(3) Serving as a consultant to other facility personnel in evaluating and planning occupational therapy treatment for the most complex cases;

(4) Participating in substantive curriculum development for occupational therapy students. (Typically, personnel in this assignment hold an appointment as a clinical faculty member at one or more affiliated universities.);

(5) Participating in research studies and/or as a consultant to others conducting research;

(6) Frequently consulting with staff and resident physicians through patient presentations, attending ward rounds, specialty clinics and/or conferences; and

(7) Assessing, planning, and evaluating the delivery of occupational therapy care at the facility, utilizing personal experience and findings from current research and/or studies.

GS-13/14

Program Specialists are responsible for the management of VISN or national initiatives having a high degree of visibility and a significant impact on Department health care. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, etc. Promotion to each of these grade levels requires an additional year of creditable experience at the next lower grade level which is directly related to the position to be filled.

SECTION C. DEVIATIONS

1. **Individual Waivers of Experience, Degree or Grade Requirements.** The Under Secretary for Health or designee, may, upon the recommendation of the Headquarters Standards Board, authorize a waiver of experience and/or the degree requirement for an OT whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. In addition, in cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may, upon the recommendation of the Headquarters Standards Board, authorize deviations from the established requirements. This includes the assignment of collateral duties of a VISN or national nature by VA Headquarters.

2. **Other Waivers.** At facilities where above-minimum entrance rates or special salary rate ranges for OTs have been approved under MP-5, part II, chapter 3, section D, facility Directors may waive the experience requirement to appoint at the GS-9 level, OTs who meet the basic requirements for appointment. The Under Secretary for Health or designee may also delegate this authority to facility Directors where above-minimum entrance rates or special salary rate ranges have not been approved, provided the authority is used to address documented recruitment or retention needs. NOTE: *Individuals granted waivers under this paragraph are required to have an additional year of experience in the grade to which appointed before they may be considered for advancement to the next higher grade level.*

Authority: 38 U.S.C. 7304; 7402.

LICENSED PHARMACIST QUALIFICATION STANDARD
Veterans Health Administration

COVERAGE

Requirements for appointment as a Licensed Pharmacist in VHA are as follows:

SECTION A. BASIC REQUIREMENTS

1. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when no qualified citizens are available in accordance with regulations issued by the Under Secretary for Health or designee.)

2. **Education:**

a. Graduate of a degree program in pharmacy from an approved college or university. The degree program must have been approved by the American Council on Pharmaceutical Education (ACPE), or prior to the establishment of ACPE, have been a member of the American Association of Colleges of Pharmacy (AACP). Verification of approved degree programs may be obtained from the American Council on Pharmaceutical Education, 311 West Superior Street, Suite 512, Chicago, Illinois 60610 Phone: (312) 664-3575).

b. Graduates of foreign pharmacy degree programs meet the educational requirement if their degree is found to be equivalent to degree programs recognized by the ACPE. This finding may be used on *any* of the following:

(1) A letter of acceptance into a U.S. graduate pharmacy program recognized by the ACPE.

(2) Written certification from the Foreign Pharmacy Graduate Examination Commission, 700 Busse Highway, Park Ridge, IL 60068 Phone (847) 698-6227, that the individual has successfully passed the Foreign Pharmacy Graduate Examination.

(3) A letter from a U.S. college or university with a pharmacy degree program recognized by ACPE stating that the individual's foreign pharmacy degree has been evaluated and found to be equivalent to its Bachelor of Pharmacy degree.

2. **Licensure.** Full, current and unrestricted license to practice pharmacy in a State, Territory, Commonwealth of the United States (i.e., Puerto Rico), or the District of Columbia. The pharmacist must maintain current registration if this is a requirement for maintaining full, current, and unrestricted licensure. A pharmacist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probational status may be appointed only in accordance with regulations issued by the Under Secretary for Health or designee.

4. **Physical Requirements.** See MP-5, part II, chapter 10.

5. **English Language Proficiency.** Pharmacists must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

SECTION B. GRADE REQUIREMENTS

1. Definitions

a. Creditable Experience

(1) **Knowledge of Current Professional Pharmacy Practices.** To be creditable, the experience must have required the use of knowledges, skills, abilities and other characteristics associated with current professional pharmacy practice. The experience or education must have been gained within 3 years prior to the date of appointment. This may be evidenced by *one or more* of the following during the 3-year period:

(a) The equivalent of 1 year of active professional practice. Active professional practice means paid/non-paid employment as a professional pharmacist as defined by the appropriate licensing board.

(b) In addition to a full, current and unrestricted license, annual completion of a minimum of 15 continuing education units (CEUs) recognized by ACPE; or

(c) Academic course work leading to an advanced degree in pharmacy or a related health care field.

(2) **Quality of Experience.** Experience is only creditable if it is post-licensure experience as a professional pharmacist directly related to the position to be filled. Qualifying experience must also be at a level comparable to pharmacy experience at the next lower level. Experience as a Graduate Pharmacist is creditable provided the candidate was used as a professional pharmacist and subsequently passed the appropriate licensure examination.

(3) **Part-time Experience.** Part-time experience as a professional pharmacist is credited according to its relationship to the full-time workweek. For example, a pharmacist employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

b. **Fellowships.** Fellowship programs are typically 2-year training programs in a specialized area of clinical practice. Applicants for these programs usually possess a Pharm. D. or an equivalent degree and have completed an accredited clinical or specialized residency (or both). Training as a fellow may substitute for creditable experience on a year-for-year basis.

c. **Residency** means a hospital residency recognized by the American Society of Hospital Pharmacists. It does not include internships which are shorter training programs designated to meet the requirements of boards of pharmacy of licensure. Hospital residencies may be substituted for experience on a year-to-year basis.

2. **Grade Determinations.** In addition to the basic requirements for employment in section A, the following criteria must be met when determining the grade of candidates.

GS-9 Staff Pharmacist. None beyond the basic requirements.

GS-11 Staff Pharmacist

a. **Experience or Education.** Completion of *one* of the following:

- (1) The equivalent of 1 year of experience at either of the next two lower grade levels; or
- (2) Completion of a 6-year Pharm. D. or formal post-baccalaureate (M.S., Pharm. D.) hospital oriented degree program recognized by ACPE.

b. **Demonstrated Knowledges, Skills, and Abilities.** In addition to the requirements in paragraph a, pharmacists at this grade level must demonstrate the following knowledges, skills, abilities and other characteristics:

- (1) Ability to read, interpret, and apply complex written instructions;
- (2) Knowledge of professional pharmacy practice;
- (3) Ability to communicate orally and in writing;
- (4) Basic knowledge of pharmaceutics, pharmacokinetics, pharmacodynamics, and pharmacotherapeutics;
- (5) Basic computer skills;
- (6) Ability to analyze drug relate medical problems;
- (7) Skill in preparing sterile products; and
- (8) Knowledge of standards related to distribution and control of scheduled and non-scheduled drugs (including research and investigational drugs.) This includes, but is not limited to, those established by the Drug Enforcement Administration (DEA), Food and Drug Administration (FDA), Department of Veterans Affairs (VA), the State, (Territory or District of Columbia, if appropriate), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

GS-12

a. **Experience.** Completion of the equivalent of 1 year of creditable experience at the next lower grade level which is directly related to the position to be filled.

b. **Assignments.** Candidates at this grade level are to be in one of the following assignments:

(1) **Clinical Pharmacist/Pharmacy Specialist.** A Clinical Pharmacist spends a majority of time practicing in a major specialty (e.g., medicine, surgery, psychiatry, neurology, spinal cord injury, ambulatory care, rehabilitation medicine, geriatrics, medical research, etc.) Pharmacy Specialists are responsible for a major program area within Pharmacy Service (e.g., ADP systems, quality assurance/utilization review, drug information, etc.) In addition to the experience required in paragraph a, pharmacists in these assignments must demonstrate the following knowledges, skills, abilities and other characteristics:

(a) In depth knowledge of a specialized area of clinical pharmacy practice or a specialty area of pharmacy such as quality assurance/utilization review, ADP systems, drug information, etc.;

(b) Advanced knowledge of pharmaceuticals, pharmacokinetics, pharmacodynamics, and pharmacotherapeutics;

(c) Skill in monitoring and assessing the outcome of drug therapies including physical assessment and interpretation of laboratory and other diagnostic parameters;

(d) Knowledge of the design, conduct, and interpretation of controlled clinical drug trials or other research related to health care;

(e) Ability to communicate orally and in writing with a wide variety of individuals. This would typically include beneficiaries, professionals in other health care disciplines, and health related groups in the community; and

(f) Knowledge of the standards related to distribution and control of scheduled and non-scheduled drugs (including research and investigational drugs.) This includes, but is not limited to, the standards established by DEA, FDA, VA, the State (Territory or District of Columbia, if appropriate), and JCAHO.

(2) **Supervisor-Inpatient/Outpatient.** The supervisor (Inpatient/Outpatient) is responsible for the professional and administrative management of an inpatient/outpatient area in a relatively large pharmacy service, or an inpatient/outpatient area as a site geographically removed from the supervisor. Such individuals typically have responsibility for supervising three or more professional pharmacists. In addition to the experience required in paragraph a, pharmacists assigned to these positions must demonstrate the knowledges, skills, abilities and other characteristics necessary to satisfactorily complete the following duties:

(a) The full range of supervisory duties. This includes responsibility for assignment of duties; development of performance standards and performance evaluation; recommendations for appointment, awards, advancement, and, when appropriate, disciplinary action; identification of continuing education and training needs; etc.

(b) Serving as a consultant within Pharmacy Service and with other facility health care staff in evaluating health care delivery to patients.

(c) Assessing, planning and evaluating the pharmacy program to ensure proper coordination between the delivery of pharmacy services and the overall delivery of health care.

(3) **Service Chief and Assistant Service Chief.** See section C.

GS-13

a. **Experience or Board Certification.** Completion of the equivalent of 1 year of experience at the next lower grade level, *or* board certification recognized by the American Pharmaceutical Association's Board of Pharmaceutical Specialties.

b. **Assignment.** Individuals in these assignments are considered Clinical Pharmacy Specialists or Pharmacy Managers because they typically have full responsibility for planning and implementing special programs characterized by one of the following areas:

(1) **Research:** Responsible for designing, conducting, and publishing research in referred journals, independently or as a contributing member of a research team. Assignment at this level typically involves full participation in intramural and/or extramural research committees. The research projects:

- (a) Are generally reviewed and approved by appropriate research committees;
- (b) Have a significant impact on the care and treatment of patients and/or the direction of health care practice; and
- (c) Require considerable coordination within a facility or among multiple medical facilities.

(2) **Education:** Responsible for developing and managing all pharmacy educational programs including: residency training programs, fellowships, clerkships, internships, management training programs, staff development programs, university affiliated programs, and interdisciplinary training programs. Assignment at this level typically includes an appointment at the affiliated university (other than a courtesy appointment) and requires considerable coordination within a facility or among multiple medical facilities

(3) **Program Management:** Individuals in these assignments coordinate a single program area or multiple programs areas to develop, organize, manage, and control complex pharmacy programs (e.g., nuclear, nutritional support services, specialized IV services, oncology, pharmacokinetic consulting, ambulatory care, psychopharmacy, drug information, quality assurance/utilization review, spinal cord injury, etc.) This should include the management of multiple program areas within a facility or a single program area at multiple facilities.

(4) **Clinical Practice (Patient Care).** Individuals in these assignments are responsible for patient care activities involving highly innovative methods of health care delivery. This assignment involves a component of both research and education as identified in (1) and (2) above, and includes the highest level of clinical privileges. Individuals in these assignments are

generally recognized by their peer as performing assignments that require an exceptional level of competence.

(5) **Service Chief and Assistant Service Chiefs.** See section C.

GS-14

a. **Experience.** Assignment at this grade level requires an additional year of creditable experience at the next lower grade level which is directly related to the position to be filled.

b. Assignments

(1) **Program Specialist.** Program Specialists are responsible for the management of national programs having a high degree of visibility and a significant impact on Department health care. Examples include initiatives in research, education, quality assurance/utilization review, drug information, etc. These programs typically include collaboration with other federal agencies (e.g., National Institutes of Health, Public Health Service, Department of Defense, FDA, Centers for Disease Control, etc.) or organizations outside the Federal health care system. Programs of this magnitude are typically directed by VA Headquarters.

(2) **Service Chief.** For service chiefs, see section C.

GS-15. The Under Secretary for Health or designee may, under unusual circumstances, approve the assignment of a pharmacist to the GS-15 level when the composite record of qualifications and scope and complexity of the assignment justify such action.

SECTION C. SERVICE CHIEFS AND ASSISTANT SERVICE CHIEFS

1. **Experience.** Individuals assigned as service chief or assistant service chief must have the equivalent of 1 year of creditable experience comparable to the next lower grade level. The experience must evidence possession of supervisory and management skills.

2. **Service Chief.** The grades and rates of basic pay for Chief or Pharmacy Service will be determined in accordance with procedures established by the Under Secretary for Health or designee.

3. **Assistant Service Chief.** Assignment as an Assistant Chief is restricted to those serving as a full assistant to the Chief of Pharmacy Service. These individuals are to share, with the Chief of Pharmacy Service, full responsibility for managing and supervising all phases of Pharmacy Service operations. In addition, the assignment must fully meet the definition of a managerial/supervisory position found in the Office of Personnel Management's Supervisory Grade Evaluation Guide. The Assistant Service Chief is to be one grade less than the appropriate grade of the Chief of Pharmacy Service.

SECTION D. DEVIATIONS

1. **Individual Waivers of Experience, Degree or Grade Requirements.** The Under Secretary for Health or designee, may authorize a waiver of experience and/or the degree requirement for a pharmacist whose professional accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade. In addition, in cases where the application of the grade requirements will result in an inappropriate grade assignment, the Under Secretary for Health or designee, may authorize deviations from the established requirements. This includes the assignment of collateral duties of a VISN or national nature by VA Headquarters.

2. **Other Waivers.** At facilities where above-minimum entrance rates or special salary rate ranges for pharmacists have been approved under MP-5, part II, chapter 3, section D, appointing officials may waive the experience requirement to appoint, at the GS-11 level, pharmacists who meet the basic requirement for appointment. The Under Secretary for Health, or designee, may also delegate this authority to facility Directors where above-minimum entrance rates or special salary rate ranges have not been approved, provided the authority is used to address documented recruitment or retention needs. NOTE: *Individuals granted waivers under this paragraph are required to have an additional year of experience in the grade to which appointed before they may be considered for advancement to the next higher grade level.*

Authority: 38 U.S.C. 7304; 7402