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**CHAPTER 5. ADVANCEMENTS AND CASH AND HONOR AWARDS**

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**CONTENTS****CHAPTER 5. ADVANCEMENTS AND CASH AND HONOR AWARDS****1. SCOPE**

This chapter establishes the basic policies and requirements for advancement of physicians, dentists, podiatrists, optometrists, registered nurses, nurse anesthetists, physician assistants and expanded-function dental auxiliaries appointed under authority of 38 U.S.C. 7401(1) or 7405(a)(1)(A); pharmacists, physical therapists, occupational therapists, certified respiratory therapy technicians, registered respiratory therapists, and licensed practical or vocational nurses appointed under authority of 38 U.S.C. 7401(3) or 7405(a)(1)(B). The advancement system provides both advancement in grade and advancement within the grade.

**2. REFERENCES**

38 U.S.C. 7403 and 7405.

**3. POLICY**

a. The advancement system shall provide advancement opportunities for employees, predicated upon the recognition of quality service rendered, additional experience and professional attainment as determined by an examination of the employee's individual record. Advancement opportunities shall include:

(1) Promotion. Advancement to a higher grade in recognition of substantially greater service to the patient and the VA.

(2) Grade Assignments

(a) Advancement

1. Advancement to Director grade for assumption of responsibilities of a Director of a medical center, medical and regional office center, domiciliary, or independent outpatient clinic and to Executive grade for assumption of responsibilities of Chief of Staff at a medical center, medical and regional office center, domiciliary, independent outpatient clinic, or comparable position.

2. Advancement to Grade IV or Grade V (including movement from Level 1 to Level 2) of the Nurse Schedule, for assignment to positions of nurse anesthetist, Chief, Nursing Service or other key nursing positions. Key nursing personnel refers to registered nurses (other than Chiefs, Nursing Service) at Nurse IV and above whose grade is based on both their personal qualifications and responsibilities of their assignment. The grades of Chiefs, Nursing Service are based on the Chief, Nursing Service complexity levels as established by the Under Secretary for Health. Advancement (including movement from Level 1 to Level 2) of other registered nurses and nurse anesthetists to these grades will be based on the VA Qualifications Standards for

Nurses and Nurse Anesthetists and promotion criteria which cover the complexity and responsibility involved in the specific assignment.

(b) Change to Lower Grade Level. (See subparagraphs 1 through 3 below for policy regarding specific occupations.) As provided by 38 U.S.C. 7403, the grade level and salary of an employee changed from a level of assignment where the grade is based on both the nature of the assignment and personal qualifications, may be adjusted to the grade and salary otherwise appropriate. Such action may be taken by the Secretary, upon recommendation of the Under Secretary for Health, on any physician or dentist in Director grade; by the Under Secretary for Health on any physician or dentist in Executive grade; by the Under Secretary for Health or designee for pharmacists in centralized positions and of all occupational therapists and pharmacists in assignments at GS-13 and above, except for Assistant Chiefs of Pharmacy Service; by the facility director for occupational therapists and pharmacists in noncentralized assignments below GS-13 and Assistant Chiefs of Pharmacy Service at GS-13, and for registered respiratory therapists, certified respiratory therapy technicians, physical therapists, and licensed practical or vocational nurses. Facility Directors may delegate their authority to Chiefs of Staff for occupational therapists, registered respiratory therapists, certified respiratory therapy technicians, and physical therapists, to Chiefs of Pharmacy Service for pharmacists and to Chiefs, Nursing Service for licensed practical or vocational nurses.

1. Key nursing personnel (registered nurses other than Chiefs, Nursing Service) and nurse anesthetists in Nurse IV and above whose grade is based on both their personal qualifications and responsibilities of their assignment.

a. Placement in a lower grade for the good of the VA. An employee placed in a lower grade for reasons other than cause or at the employee's request will have his or her pay set at the lowest step of the lower grade which equals or exceeds his or her existing rate of basic pay. If there is no such step, the employee is entitled to pay retention.

b. Voluntary changes to a lower grade. Employees who take a voluntary change to a lower grade may have their pay set at any step of the grade which does not exceed their highest previous rate. However, the employee is not eligible for pay retention, and, if the employee changes facilities, the pay rates of the gaining facility shall be applicable. The employee must submit a written request, through channels, for the employment change. The employee's signed request is to be filed on the right side of the employee's Official Personnel Folder.

c. Review of assignments. Facility Directors or officials in Headquarters may request review of an assignment if they believe it no longer warrants the current grade or level; the assignment cannot be restructured within the requesting official's scope of responsibilities; and the employee will not voluntarily accept a change to a lower grade. Reviews are initiated if there has been a significant change in the assignment or an accretion or erosion of responsibilities results in the assignment being more appropriately placed at a different grade or level. Recommendations related to nurse assignments will be sent to the Headquarters Nurse Professional Standards Board and the Assistant Under Secretary for Health (051/118). Those related to nurse anesthetist assignments will be sent to the Headquarters Nurse Anesthetist Professional Standards Board and the Chief, Office of Patient Care Services (051/11). If it is determined that the grade or level is inappropriate, the correct grade or level will be identified and the following action will be taken:

A. Any promotion or advancement will be effected on the first day of the first pay period following the approving official's determination.

B. If the Headquarters program official determines that the current grade or level is no longer warranted:

1. The facility's request is forwarded to the Chief Network Officer (10N). This office will attempt voluntary or involuntary placement of the employee in a more appropriate assignment. If no placement opportunities are available, the request will be returned to the facility.

2. The requesting official shall reduce the employee to the appropriate grade or level. Such employees are eligible for pay retention.

NOTE: Directed transfers or reductions in grade approved under this paragraph will not be considered adverse actions under 38 U.S.C. 7461, provided they are not based on charges related to conduct or performance. The actions are, however, grievable under the provisions of MP-5, part II, chapter 8.

2. Physical Therapists, Certified Respiratory Therapy Technicians, Registered Respiratory Therapists, and Licensed Practical or Vocational Nurses appointed under authority of 38 U.S.C. 7401(3) are entitled to the following grade and pay retention provisions. Those appointed under 38 U.S.C. 7405(a)(1)(B) are not entitled to the following grade and pay retention provisions.

a. Erroneously Graded Assignments. If an employee's grade is based on both the nature of assignment and personal qualifications and the assignment does not meet the requirements for the employee's grade, the employee shall be eligible for grade and pay retention if he/she has been in grade for at least 1 year. If the employee has been in grade for less than 1 year, the employee shall be eligible for pay retention, and pay shall be set in accordance with 5 Code of Federal Regulations, Part 536.

b. Change in Assignment. If the duties and responsibilities of an employee's assignment change sufficiently, either through gradual erosion or planned management action, so that it no longer warrants the grade level of the incumbent, the incumbent shall be eligible for grade and pay retention provided he/she has been in grade for at least 52 weeks. If the employee has been in grade for less than 52 weeks, the employee shall be eligible for pay retention, and pay shall be set in accordance with 5 Code of Federal Regulations, Part 536.

c. Assignment Change. If an employee is voluntarily placed in a different assignment which does not warrant his/her current grade level, the employee will not be eligible for grade retention. The employee's entitlement to pay retention will be determined in accordance with MP-5, part I, chapter 536.

3. Occupational Therapists and Pharmacists who are not on time-limited appointments are entitled to the following grade and pay retention provisions.

a. Erroneously Graded Assignment. If the employee's grade is based on both the nature of assignment and personal qualifications, and the assignment does not meet the requirements for

the employee's grade, the employee shall be eligible for grade and pay retention if he/she has been in grade for at least 1 year. If the employee has been in grade for less than 1 year, the employee shall be eligible for pay retention, and his/her pay shall be set under 5 CFR, Part 536.

**b.** Change in Assignment. If the duties and responsibilities of an employee's assignment change sufficiently, either through gradual erosion or planned management action, so that it no longer warrants the grade level of the incumbent, the incumbent shall be eligible for grade and pay retention provided he/she has been in grade for at least 52 weeks. If the employee has been in grade for less than 52 weeks, the employee is eligible for pay retention, and his/her pay is to be set under 5 CFR, Part 536. The affected employee will be notified promptly once a decision is made; for bargaining unit employees, the union will be notified at the same time as the employee.

**c.** Assignment Change for Cause or at the Employee's Request. If an employee is changed to an assignment which does not warrant his or her current grade level for cause or at his or her request, the employee is not eligible for grade or pay retention.

(3) Special Advancements for Achievement. Advancement within the grade of:

(a) **Physicians, dentists, podiatrists, and optometrists** in Chief grade and below; **physician assistants** in Senior grade and below; and, **expanded-function dental auxiliaries** in Full grade and below in recognition of outstanding achievement.

(b) **Certified respiratory therapy technicians and registered respiratory therapists** as outlined in paragraph 7e of this chapter, and appendix 5E of the VHA Supplement to this part.

(c) **Physical therapists** for professional achievement provided they have performed excellently and show potential for assumption of greater responsibility.

(d) **Licensed practical or vocational nurses** provided they have excellence in performance and show potential for assumption of greater responsibility.

(e) **Pharmacists, and occupational therapists** for professional achievement provided they have exhibited a high level of performance (highly satisfactory or above) and show potential for assumption of greater responsibilities.

(f) **Registered nurses and nurse anesthetists in Nurse V and below.**

(4) Special Advancement for Performance. Advancement within the grade of:

(a) **Physicians, dentists, podiatrists, and optometrists** in Chief grade and below; and, **physician assistants and expanded-function dental auxiliaries** in recognition of exceptional performance.

(b) **Pharmacists, occupational therapists, physical therapists, certified respiratory therapy technicians, registered respiratory therapists, and licensed practical or vocational nurses.**

(c) **Registered nurses and nurse anesthetists in Nurse V and below** when there has been a demonstrated sustained high level of performance and ability over and above that normally expected of employees in the particular grade and profession.

(5) Cash and Honor Awards for Full Time, Part Time, and Intermittent Registered Nurses and Nurse Anesthetists appointed under 38 U.S.C. 7306, 7401(1) and 7405.

(6) Quality Increase. Advancement within the grade of physicians and dentists in Executive and Director grades in recognition of high level performance. Medical Center Directors and Chiefs of Staff may not receive quality increases under the provisions of MP-5, part II, chapter 3 and this chapter.

(7) Periodic Step Increases. Advancement within the grade of employees appointed under authority of 38 U.S.C. 7401(1) and 7401(3). Part-time and intermittent employees appointed under authority of 38 U.S.C. 7405(a)(1)(A) and (B), for additional experience and for additional service rendered to the patient and the VA. (See ch. 3, this part.) NOTE: Chiefs of Pharmacy, Chiefs of Nursing Service and Chiefs of Staff are not eligible for periodic step increases.

(8) Rate Adjustments. Advancement within the grade of temporary full-time physicians, dentists, podiatrists, optometrists, nurses, physician assistants, and expanded-function dental auxiliaries appointed under authority of 38 U.S.C. 7405(a)(1)(A), for additional experience and for additional service rendered to the patient and the VA. (See ch. 3, this part).

*NOTE: Employees may also be considered for special achievement awards in accordance with the provisions of VA Directive 5451 and Handbook.*

b. Equal Employment Opportunity. Advancement actions will be taken without discrimination for such reasons as race, color, religion, sex, national origin, lawful partisan political affiliation, marital status, physical or mental disability when the employee is qualified to do the work, age or membership or nonmembership in a labor organization, or any other irrelevant factor.

c. Restrictions on Employment of Relatives. Advancement actions will conform to the restrictions governing the employment of relatives (MP-5, part I, chapter 300).

**Authority: 38 U.S.C. 501(a), 501(b), 7403, 7421, and 7423**

#### **4. PERSONS AUTHORIZED TO APPROVE ADVANCEMENTS**

a. The Secretary shall approve grade assignments of physicians and dentists to Director grade and quality increases for physicians and dentists in Director grade. Medical Center Directors may not receive quality increases under the provisions of MP-5, part II, chapter 3 and this chapter.

b. The Under Secretary for Health shall approve quality increases for physicians and dentists in Executive grade. Chiefs of Staff may not receive quality increases under the provisions of MP-5, part II, chapter 3 and this chapter.

c. The Under Secretary for Health, or a designee, shall approve all other advancements of employees.

**Authority: 38 U.S.C. 501(a), 501(b), 7403, 7421, and 7423**

## **5. PROFESSIONAL STANDARDS BOARDS AND STANDARDS BOARDS**

(See ch. 2, paragraphs 5 and 6 this part)

## **6. PROMOTION**

a. Consideration. Full-time, part-time, and intermittent employees, having attained eligibility for initial appointment on the basis of appropriate qualification standards, shall be considered periodically for promotion in their particular profession. Eligibility for such promotion considerations shall be based upon a full meeting of prescribed administrative requirements.

b. Advancement in Grade. Promotion shall be limited to advancements of one grade at a time, except that pharmacists, physical therapists, occupational therapists, certified respiratory therapy technicians, and registered respiratory therapists may be advanced one or two grades to GS-11 and below. In addition, when an employee enters a special program where the grade of the employee is restricted by the program (such as career residents who enter that program prior to July 1, 1979), appropriate grade adjustments may be made upon completion of the required period for the special program. The employee may be promoted to the grade and step for which qualified for appointment, provided the administrative requirements for promotion consideration, except for time-in-grade, have been met.

c. Promotion and advancement of registered nurses and nurse anesthetists under the Locality Pay System. Registered nurses and nurse anesthetists considered for promotion or for advancement to a higher level within the grade based on possession of additional qualifications and/or placement in an enhanced assignment must meet the applicable qualification requirements. They must also meet the administrative requirements in the VHA Supplement to this chapter. Except as provided in paragraphs (1), (2), (3) and (4) below, employees promoted shall receive basic pay at the lowest rate of the higher grade which exceeds the employee's existing rate of basic pay by not less than 2 step increments of the grade from which promoted, unless pay retention rules apply.

(1) Promotion Simultaneous with Reassignment or Transfer to Another VA Facility. Employees promoted effective the same date they are reassigned or transferred to another VA facility shall have their promotion calculated using the pay schedule of the losing location.

(2) Head Nurses

(a) A head nurse promoted to a non-head nurse assignment receives the lowest step in the higher grade that equals or exceeds his or her existing rate of basic pay (excluding head nurse pay) by not less than 2 steps of the grade from which promoted. For example, a head nurse at Nurse II, step 7 (which includes the 2 additional steps for being a head nurse) would first have

the 2 steps removed, then receive a two step promotion and be placed on the lowest step in Nurse III that equals or exceeds Nurse II, step 7.

(b) The entitlement of head nurses promoted while remaining in a head nurse assignment shall be determined as follows:

1. Remove the additional 2 steps for the head nurse assignment. (These steps will be returned to the employee after calculating the promotion.)

2. Find the lowest step of the higher grade that exceeds the employee's rate of pay (excluding head nurse pay) by not less than 2 steps of the grade from which promoted.

3. To the step in paragraph b above, add 2 additional step increments in the higher grade, to recognize the employee remaining in the head nurse assignment.

4. Example 1: A head nurse is at Nurse II, step 6, which includes the 2 additional steps for being a head nurse. To promote the head nurse to Nurse III, remove the additional 2 steps (step 4) and promote the head nurse to the step in Nurse III that exceeds the employee's step without head nurse pay by two steps of Nurse II (step 6). Then, add 2 steps onto that step in Nurse III. If for example, Nurse III, step 2 is the lowest step of Nurse III that equals or exceeds Nurse II, step 6, the employee is promoted to Nurse III, step 4.

5. Example 2: A head nurse is on pay retention at Nurse II. The employee is receiving the dollar equivalent of two additional steps beyond their retained rate of pay for being a head nurse. To promote the head nurse to Nurse III, find the lowest step in Nurse III that exceeds the maximum authorized step rate for Nurse II plus two steps (this will be the rate for step rate 14 unless the rate range for Nurse II has been extended beyond the normal 12 steps). If the resulting rate is higher than the employee's retained rate (excluding head nurse pay), the employee is removed from pay retention and placed at that step. Then, add two steps onto that step in Nurse III for head nurse pay. If, for example, Nurse II, step 14 is \$42,000 and lowest step in Nurse III that exceeds that rate is step 9, \$42,800 (which also exceeds the employee's retained rate), the employee is removed from pay retention and placed at Nurse III, step 11. If the resulting rate is less than the employee's retained rate, the employee is placed at the first step of the grade that exceeds their retained rate (excluding head nurse pay). Then add two steps onto that step for head nurse pay. If there is no rate in the higher grade that exceeds the employee's retained rate (excluding head nurse pay), the employee remains on pay retention in the higher grade. The amount of the head nurse pay, however, must be adjusted to reflect the dollar equivalent of two additional steps in the higher grade.

(3) Registered Nurses and Nurses with specialized skills.

(a) Promotion While Remaining in an Assignment Requiring Specialized Skills. An employee promoted while remaining in an assignment requiring specialized skills receives the lowest step of the higher grade that equals or exceeds the employee's existing rate of basic pay (including the higher rate based on specialized skills) by not less than 2 step rates of the grade from which promoted. If the rate in the higher grade is less than the entry rate for specialized skills, the employee shall be advanced to the specialized skills entry rate in the higher grade.

Example: An employee at Nurse II, step 5 based on possession of specialized skills shall receive the lowest step in Nurse III that equals or exceeds Nurse II, step 7.

(b) Assignments Not Requiring Specialized Skills and Simultaneous Promotion. An employee receiving a higher rate of basic pay for specialized skills, who accepts an assignment which does not require specialized skills and who is simultaneously promoted, shall receive the lowest step in the higher grade which equals or exceeds the employee's existing rate of basic pay (including the higher rate based on specialized skills) by not less than 1 step increment within the grade from which promoted. Example: An employee at Nurse I, step 5 based on possession of specialized skills receives the lowest step of Nurse II that equals or exceeds Nurse I, step 6. *Note: This paragraph also applies to Chiefs of Nursing Service, key nursing personnel, and nurse anesthetists in Nurse IV and Nurse V who are employed at a VA medical center and are appointed on a full- or part-time basis under 38 U.S.C. 7401(1) or 7405(a)(1); however, for these employees, the appropriate Professional Standards Board may set a higher step based on the complexity of the employee's assignment.*

(c) Employees Promoted to Level 1 of Nurse IV or V. Employees promoted to Level 1 of Nurse IV or V may not exceed the maximum step authorized for the level unless the maximum rate for the level is lower than their existing rate of pay. In this event, the employee would be placed above the maximum rate for the level at the first step that equals or exceeds their existing rate of pay (not to exceed the maximum rate for the grade), and would be restricted from receiving future step adjustments for as long as the employee's step remains above the maximum step authorized for the level.

d. Effective Date. The effective date of a promotion is the 1st day of the pay period following administrative approval by the appropriate authority, but not earlier than the date on which all administrative requirements for consideration have been met.

e. Notification of Eligibility. Human Resource Management Officers are responsible for assuring that appropriate officials are notified approximately 60 days in advance of the date employees meet the administrative requirements for promotion, except that for podiatrists and optometrists in Associate or Full grade physician assistants in Associate grade and expanded-function dental auxiliaries in Junior grade, notification of consideration for promotion will be made approximately 60 days in advance of the anniversary date of grade. If the employee is not promoted, these notifications shall continue to be made annually approximately 60 days prior to the anniversary date of grade until a change in grade occurs. A longer period for consideration, not to exceed 3 years, may be established by the approving authority when a nurse or expanded-function dental auxiliary does not meet the qualification standard requirements of education or required experience.

*NOTE: Upon completion of the degree requirement, a registered nurse or nurse anesthetist may be considered for promotion if the administrative requirements specified below are met. This is the only time a registered nurse or nurse anesthetist may be considered for promotion other than on the anniversary date of grade*

f. Administrative Requirements for Consideration

(1) A current proficiency rating of "Satisfactory".

(2) Time-in-grade as follows (in years, except where indicated; see next page for explanation of the asterisks):

<b>Grade:</b>	<b>Junior</b>	<b>Associate</b>	<b>Full</b>	<b>Intermed.</b>	<b>Senior</b>
Physicians	--	1	1	3	4
Dentists	--	1	1	3	4
Podiatrists	--	2*	2*	3	4
Optometrists	--	2*	2*	3	4
Physician Assistants	--	2*	2	2	--
Expanded-Function Dental Auxiliaries	2*	2	--	--	--

	<b>Nurse I</b>			<b>Nurse II</b>	<b>Nurse III</b>	<b>Nurse IV</b>		<b>Nurse V</b>	
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>			<b>Level 1</b>	<b>Level 2</b>	<b>Level 1</b>	<b>Level 2</b>
<b>Registered Nurse</b>	1**	1**	1**	1**	No TIG Requirement	No TIG Requirement		No TIG Requirement	
<b>Nurse Anesthetist</b>	1**	1**	--	2**	2**	No TIG Requirement		No TIG Requirement	

<b>Grade: GS-</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
Pharmacists	--	--	--	--	--	--	1*	--	1	1	1	1
Physical Therapists	--	--	--	--	1*	--	1*	1*	1	1	1	--
Occupational Therapists	--	--	--	--	1*	--	1*	1*	1	1	1	--
Certified Respiratory Therapists	--	--	1*	1*						--	--	--
Registered Respiratory Therapists	--	--			1*	1*	1*	1*		--	--	--
Licensed Practical/Vocational Nurses	6 mo.	1 yr.	1 yr.		--	--	--	--	-	--	--	--

\*The time-in-grade requirement will be 1 year for (physician assistants in Associate grade and 1 year for expanded-function dental auxiliaries in Junior grade, who meet the requirements set forth in VA Qualification Standards. The time-in-grade requirement will be 1 year for podiatrists and optometrists in Associate grade and in Full grade if they meet the requirements set forth in the VA Qualification Standards. Pharmacists, physical therapists, occupational therapists, and registered respiratory therapists may be advanced 1 or 2 grades to GS-11 and below. Both time-in-grade and the one-grade promotion requirements are waived for promotion consideration of certified respiratory therapy technicians and registered respiratory therapists whenever they become registered.

\*\*The time in grade requirement for registered nurses will be as follows: one year for each level in Nurse I before advancement to the next higher level (total of three years before advancement to Nurse II) and one year in Nurse II before advancement to Nurse III. The time in grade requirement for nurse anesthetists is two years for advancement to Nurse II, Nurse III and Nurse IV.

(3) Podiatrists, optometrists, physician assistants, and expanded-functional dental auxiliaries must also meet the same experience and education requirements as set forth in VA Qualification Standards. Registered nurses, nurse anesthetists, pharmacists, physical therapists, occupational therapists, certified respiratory therapy technicians, registered respiratory therapists, and licensed practical or vocational nurses must meet the same grade requirements for promotion as for appointment and also meet the general promotion criteria in the VHA Supplement to this chapter.

(4) Service Which May Be Credited Toward Meeting Time-In-Grade Requirements—Promotion

(a) Continuous full-time, part-time and intermittent paid employment rendered under 38 U.S.C. 7401(1) and 7405(a)(1), or under 38 U.S.C. 7406 as a career medical or dental resident (1-year program or 2-year program). For employees appointed under 38 U.S.C. 7401(3) or its section 7405(a) counterpart, prior VA service in the same occupation at the next lower level is creditable.

(b) All leave with pay.

(c) Full-time, part-time and intermittent paid employment under authority of 38 U.S.C. ch. 73 or 74 which is:

1. Rendered prior to a separation other than for cause, provided such period of separation was not in excess of 3 years.

2. Rendered prior to a period of approved LWOP irrespective of the length of such period.

(d) Continuous temporary full-time and part-time paid employment under 38 U.S.C. 7405(a)(1) as a graduate nurse (formerly, graduate nurse technician) or graduate nurse anesthetist rendered prior to appointment under 38 U.S.C. 7401(1) or 7405(a)(1), without a break in service for more than 3 calendar days.

(e) LWOP approved for educational purposes which has been granted on the premise that it will ultimately be to the advantage of the VA.

(f) LWOP for pharmacists and occupational therapists is creditable towards meeting time-in-grade requirements.

(g) LWOP granted for other than educational purposes not to exceed 30 calendar days for full-time physicians, dentists, podiatrists, and optometrists, and 22 days for those who are part-time, for each year of time-in-grade required, up to a maximum of 120 calendar days or 88 workdays, respectively. LWOP granted for other than educational purposes not exceed 176 hours (22 workdays) for full and part time registered nurses and nurse anesthetists for each year of time-in-grade required, up to a maximum of 528 hours (66 workdays). LWOP granted for other than educational purposes not to exceed 176 hours (22 workdays) for physician assistants and expanded-functional dental auxiliaries for each year of time-in-grade required, up to a maximum of 352 hours (44 workdays). The maximum amount of LWOP for other than educational purposes which may be granted toward meeting the time-in-grade requirements is 176 hours (22 workdays) for physical therapists, certified respiratory therapy technicians, registered respiratory therapists, and licensed practical or vocational nurses. LWOP in excess of such amounts requires employees to serve an additional number of days or hours equal to such excess.

(h) Active military duty when otherwise creditable service was interrupted thereby and the employee exercises statutory restoration rights.

(i) Service not to exceed 120 calendar days between discharge or termination from the Armed Forces and reemployment under mandatory provisions of any statute or regulation.

(j) All time during which an employee receives benefits under the Federal Employees' Compensation Act, provided sufficient service has been performed so that the candidate can be properly evaluated.

g. Examination. As prescribed by the Under Secretary for Health, Professional Standards Boards and Standards Boards shall administer professional examinations appropriate in character and scope for the specialty and profession of the examinee. Such examinations will comprise discussions of professional and/or administrative subjects appropriate to the proposed grade, specialty, experience and assignment of the examinee and shall be sufficiently comprehensive to indicate the capability of such examinee. Examinations ordinarily will be oral but may be in written form at the discretion of the board.

h. Promotion Grade Adjustment. The Under Secretary for Health or a designee may direct that the grade of an employee be adjusted if it is determined upon review that an employee has not been promoted in accordance with the promotion requirements.

i. Promotion Reconsideration and Review

(1) Physicians, dentists, podiatrists, optometrists, registered nurses, nurse anesthetists, physician assistants, and expanded-function dental auxiliaries appointed under 38 U.S.C. 7401(1).

(a) **Informal Discussion.** If an employee serving on a probational appointment or who has acquired permanent status believes that the action taken to deny a promotion not requiring a waiver by the Under Secretary for Health or designee was improper, the employee may discuss the dissatisfaction with the appropriate service chief or a designee. If the employee feels that such official's explanation is not satisfactory, the employee may then discuss the action with the Chief of Staff . Through the entire informal stage of reconsideration, constructive effort will be made by the officials concerned to satisfactorily resolve the dissatisfaction. If after discussion with the Chief of Staff the employee is still not satisfied, the employee will be advised that a formal request for reconsideration may be submitted to the health care facility Director.

(b) **Employee's Request.** The request for reconsideration must be submitted in writing within 10 calendar days after the discussion with the Chief of Staff. It will cite the specific facts and circumstances which make the employee believe that the action was not proper; indicate the corrective action desired; and include a brief summary of the results of the informal attempts to obtain a satisfactory decision. If the request for reconsideration does not provide the information specified above, the Director will require the employee to furnish the necessary information.

(c) **Action by Promotion Approving Authority**

1. **Health Care Facility Director as Promotion Approving Authority.** On review of the promotion file and the information provided in the employee's request for reconsideration, the Director will decide whether to refer the employee's request for reconsideration to the appropriate Professional Standards Board. The Regional Nurse Professional Standards Board will be the appropriate board for nurses if this is the board that initially considered the nurse for promotion.

a. If after referral to the Professional Standards Board for reconsideration the Director agrees with the board's recommendation that the employee should be promoted, the Director will authorize the adjustment of the employee's grade.

b. If after referral to the board for reconsideration the Director agrees with the board's recommendation that the employee should not be promoted, the employee will be advised that a review of the decision by the Under Secretary for Health may be requested. The request will be made in writing through the health care facility Director and administration channels within 15 calendar days after the employee is advised of the decision. The complete promotion file, including the employee's official personnel folder, will be forwarded by the Director.

c. If after referral to the board for reconsideration the Director disagrees with the board recommendation, the complete promotion file, including the employee's official personnel folder, with the Director's comments will be forwarded to the Under Secretary for Health for action as outlined in subparagraph (d) below.

d. If after review of the promotion file and the information provided in the employee's request for reconsideration the Director still agrees with the board's initial recommendation that the employee should not be promoted and decides not to refer the employee's request for reconsideration to the board, the employee will be advised that a review of the decision by the Under Secretary for Health may be requested as indicated in subparagraph b above.

2 Under Secretary for Health or Designee as Promotion Approving Authority. When the Under Secretary for Health or a designee is the promotion approving authority, the health care facility Director, a designee, or both, will discuss the disapproval decision with the employee. If the employee is still not satisfied, the employee will be advised that a review of the decision by the Under Secretary for Health may be requested as indicated in subparagraph 1.b. above. The complete file, including the employee's official personnel folder with the Director's comments and the comments of the Professional Standards Board, will be forwarded through channels to the Under Secretary for Health for review.

(d) Action by Under Secretary for Health. On receipt of the promotion file in accordance with subparagraphs (c) 1.b., c., or d. above.

1. If it is determined that the employee should be promoted, the Under Secretary for Health will direct that the grade of the employee be adjusted.

2. If it is determined that the employee should not be promoted, the employee will be advised in writing of this decision, which will be final.

(e) Effective Date. If upon promotion review it is determined that the employee should be promoted, the grade of the employee will be adjusted effective as of the beginning of the next pay period.

(2) Pharmacists and occupational therapists appointed under 38 U.S.C. 7401(3). (The following provisions do not apply to those appointed under 38 U.S.C. 7405(a)(1)(B))

(a) If a full-time, permanent occupational therapist or pharmacist believes denial of a permanent promotion not involving a waiver was improper, the employee must first informally discuss the action as outlined in paragraph i(1)(a) above. Prior to the informal decision, a bargaining unit employee will be afforded the opportunity to have a union representative present at the informal discussion stage, if the employee so desires. (Note: The only exception to this procedure being that the second stage of any informal discussions should take place between the employee and the Assistant or Associate Director, where organizationally appropriate.) If still not satisfied, the employee may submit a formal request for reconsideration to the approving official. If, after review of the reconsideration request by the approving official, the employee is still not promoted, the employee may request reconsideration by the appropriate Regional Board or its alternate. The request, the Board Action, the employee's OPF, and the facility Director's comments will be forwarded to the appropriate Regional Board for review. (If the facility Director has delegated approval authority, the approving official's comments will also be forwarded.) The Regional Board will document its findings and recommendations on the Board Action and forward the case to the appropriate VISN Director (10N\_/051) for final decision. (If the Regional Board made the initial promotion recommendation, the facility Director will send the reconsideration to the Headquarters Board (10N\_/051), which will document its findings and recommendations and send the action to the appropriate VISN Director for final decision.)

(b) Promotion Review. If the approving official disagrees with the recommendation of a Board, the facility Director's comments, the Board Action, the employee's OPF, and related papers will be sent to the appropriate Regional Board for review. (If the facility Director has

delegated approval authority, the approving official's comments will also be forwarded.) The Regional Board will document its findings and recommendations on the Board Action, and forward the case to the appropriate VISN Director (10N\_/051) for final decision. (Note: Requests for promotion review are to be sent to Headquarters Standards Board (10N\_/051) if the Regional Board made the original recommendation.)

(3) Physical therapists, certified respiratory therapy technicians, registered respiratory therapists, and licensed practical or vocational nurses appointed under 38 U.S.C. 7401(3). (The following provisions do not apply to those appointed under 38 U.S.C. 7405(a)(1)(B).)

(a) If a physical therapist, certified respiratory therapy technician, registered respiratory therapist, or licensed practical or vocational nurse believes that a promotion denial not involving a waiver was improper, the employee must first informally discuss the action as described in paragraph i(1)(a) above. If still not satisfied, the employee may submit a formal request for reconsideration to the approving official. If, after local review of the reconsideration request, the employee is still not promoted, the employee may request consideration by the appropriate Regional Board. The request, the Board Action, the employee's OPF, and the facility Director's comments will be forwarded to the appropriate Regional Board for review. (If the facility Director has delegated approval authority, the approving official's comments will also be forwarded.) The Regional Board will document its findings and recommendations on the Board Action and forward the case to the appropriate VISN Director (10N\_/051) for final decision. (If the Regional Board made an initial promotion review under subparagraph (2) below or because a facility Board was not available, the facility Director will send the reconsideration request to the Regional Board. If the employee is still not promoted, the employee may request consideration by the Headquarters Board. The material mentioned above will be forwarded to the Headquarters Board (10N\_/051), which will document its findings and recommendations and send the case to the Chief, Office of Patient Care Services for final decision.)

(b) Promotion Review. If the approving official disagrees with the recommendation of a Board, the facility Director's comments, the Board Action, the employee's OPF, and related papers will be sent to the appropriate Regional Board for review. (If the facility Director has delegated approval authority, the approving official's comments will also be forwarded.) The Regional Board will document its findings and recommendations on the Board Action, and forward the case to the appropriate VISN Director (10N\_/051) for final decision.

**Authority: 38 U.S.C. 501(a), 501(b), 7403, 7421, and 7423**

## **7. SPECIAL ADVANCEMENT FOR ACHIEVEMENT**

a. Full-time, part-time, and intermittent **physicians, dentists, podiatrists, and optometrists** in Chief grade and below; **\*physician assistants** in Senior grade and below; and **expanded-function dental auxiliaries** in Full grade and below who have achieved exceptional and recognized professional attainment may be considered for advancement within the grade. The advancement may be from one to five steps for physicians, dentists, podiatrists, and optometrists and from one to three steps for physician assistants and expanded-function dental auxiliaries.

(1) Recommendations shall be made by appropriate officials to the Professional Standards Board when an employee has attained sufficient professional achievement under established criteria to warrant consideration for this type advancement.

(2) Approval of such advancement shall be based on the finding and recommendation of the Professional Standards Board that the employee meets criteria established by the Under Secretary for Health.

(3) The effective date of special advancements for achievement is the 1<sup>st</sup> day of the pay period following administrative approval by the appropriate authority.

(4) Such an advancement shall not be regarded as an equivalent increase in compensation for pay purposes.

**b. Nurse anesthetists and registered nurses in Nurse V and below.**

(1) Advancements of up to 5 steps within the grade may be approved based on the recommendation of the appropriate Professional Standards Board and using the criteria for special advancements for achievement for registered nurses and nurse anesthetists in the VHA Supplement to this chapter.

(2) Number of Steps. The relationship between the number of steps to be granted and the size of the pay range should be considered when granting special advancements under this paragraph. For example, if an employee is in a grade with a 133 percent pay range, a 5-step advancement should only be granted in extremely unusual situations where there is a clearly documented history of truly exceptional achievement.

(3) Registered Nurses. The VISN Nurse Professional Standards Board within each VISN will consider recommendations for Special Advancements for Achievement for nurses in Nurse IV and Nurse V. The Chairperson of the VISN Nurse Professional Standards Board will designate members on an ad hoc basis to serve on the board to consider recommendations for advancement. The Chairperson and members of the board must be at or above the grade and, where appropriate, the level in the grade for which the employee is being considered. Recommendations of the board will be forwarded to the facility Director where the nurse is assigned.

(4) Nurse Anesthetists. Nurse anesthetists appointed on or after May 4, 1993, may not be given a Special Advancement for Achievement based on certification by the Council on Certification of Nurse Anesthetists. Certification is a condition of employment and may not be used as a basis for a Special Advancement for Achievement.

**c. Occupational Therapists and Pharmacists.**

(1) VHA Supplement to MP-5, part II, chapter 5, appendix 5E governs special advancements for achievement for occupational therapists and pharmacists. Pharmacists and occupational therapists may be advanced within their grade from 1 to 5 steps for professional achievement provided they have exhibited a high level of performance (highly satisfactory or above) and show potential for assumption of greater responsibilities. To the extent possible, all employees

should be encouraged to seek developmental opportunities that could enhance their personal qualifications and be afforded fair and equitable opportunity to accomplish such achievements. Examples of such achievements include:

(a) Professional or Academic Awards. A professional or academic organization award which is generally recognized as indicative of exceptional competence as an occupational therapist or pharmacist. This includes board certification, provided that same board certification is not used as a basis for qualifying an individual for appointment or promotion.

(b) Related Postgraduate Degrees. Completion of a postgraduate degree or other advanced educational programs (e.g., certificates of advanced studies, Ed.D., Ph.D.) which will enhance the individual's ability to function as an occupational therapist or pharmacist.

(c) Research and Publication. Research or other contributions to the advancement of occupational therapy or pharmacy and patient care worthy of publication in a recognized professional journal.

(d.) Other Reasons. Examples include appointment to a State licensing board, election to an office in a national professional organization, or appointment to a national certifying or accrediting body relating to the practice of occupational therapy or pharmacy.

(2) Request for Information from Union. Upon specific written request, and on a quarterly basis, the union will be provided with the names of bargaining unit occupational therapists and pharmacists who receive special advancements for achievement and the number of steps advanced.

**d. Physical Therapists.** VHA Supplement to MP-5, part II, chapter 5, appendix 5e governs special advancements for achievement for physical therapists. Physical therapists may be advanced within the grade from one to five steps for professional achievement provided they have performed excellently and show potential for assumption of greater responsibility. Examples of such achievements are:

(1) A professional or academic organization award which is generally recognized as indicative of exceptional competence as a physical therapist.

(2) Completion of a postgraduate degree in a related health care field.

(3) Election to an office in a national professional society.

(4) Research or other contributions to the advancement of physical therapy and patient care worthy of publication in a recognized professional journal.

**e. Certified respiratory therapy technicians and registered respiratory therapists.**

(1) The special advancement for achievement provisions of subparagraph a above, appendix 5E of the VHA Supplement to this chapter, and the following criteria which permit advancements from one to three steps, will apply to employees in these occupations]:

(2) Full-time, part-time, and intermittent certified respiratory therapy technicians and registered respiratory therapists may be advanced from one to three steps on the basis of professional achievement, provided they have demonstrated excellence in performance and potential for assumption of greater responsibility. Such achievements may be evidenced by:

(a) Completion of significant research in either the biomedical or health care delivery area and publication of these results in a recognized journal.

(b) Recognition of outstanding and exceptional achievement by receipt of an official award from a professional or academic organization.

(c) Academic achievement by completion of a postgraduate degree in a related health field.

f. **Licensed Practical or Vocational Nurses.** VHA Supplement to MP-5, part II, chapter 5, appendix 5E governs special advancements for achievement for Licensed Practical or Vocational Nurses. Licensed practical or vocational nurses may be advanced within the grade one step provided they have excellence in performance and show potential for assumption of greater responsibility. Examples of such achievement are:

(1) An outstanding achievement or award which results from significant contribution(s) to the delivery of patient care and recognizes exceptional competence as a practical or vocational nurse.

(2) Completion of an academic degree, normally in a related health care field, which would enhance the employee's ability to provide better patient care.

(3) Election to an office in a national practical/vocational nursing society.

**Authority: 38 U.S.C. 501(a), 501(b), 7403, 7421, and 7423.**

## **8. SPECIAL ADVANCEMENT FOR PERFORMANCE**

a. Full-time, part-time, and intermittent **physicians, dentists, podiatrists, and optometrists** in Chief grade and below; **physician assistants; registered nurses and nurse anesthetists** in Nurse V and below; and **expanded-function dental auxiliaries** who have demonstrated a sustained high level of performance and professional competence over and above that normally expected of employees in the particular grade and profession, or who have made noted contributions in some phase of their profession, may be considered for a special advancement for performance. *NOTE: These employees may also be eligible for special achievement awards in accordance with the provisions of VA Directive 5451 and Handbook.*

b. Pharmacists, occupational therapists, physical therapists, certified respiratory therapy technicians, registered respiratory therapists, and licensed practical or vocational nurses may also be considered for a special advancement for performance. The quality increase provisions of VA Directive 5451 and Handbook will be used to grant 1-step special advancements for performance for employees in these occupations. However, the recommendations of supervisory officials will be referred to the appropriate Standards Board for review

c. Approval of such advancement shall be based on the findings and recommendations of the Professional Standards Board or Standards Board, as applicable, that employees meet criteria established by the Under Secretary for Health.

d. For physicians, dentists, podiatrists, and optometrists, the following provisions will apply:

(1) An advancement of three steps, not to exceed the maximum of the grade, may be granted in lieu of and on the same due date established for a periodic step increase. Human Resource Management Officers shall assure that appropriate officials will be notified in anticipation of eligibility.

*NOTE: Two steps may be granted when employee is at eighth step of the grade*

(2) The advancement shall be regarded as an equivalent increase.

(3) No two such advancements may be granted in succession within the grade.

e. For registered nurses, nurse, physician assistants and expanded function dental auxiliaries the following provisions will apply:

(1) An advancement of one step, not to exceed the maximum of the grade, may be granted at any appropriate time within any period of 52 weeks.

(2) The advancement shall not be regarded as an equivalent increase or in lieu of a periodic step increase.

(3) No more than one such advancement may be granted within any single 52-week period.

(4) For registered nurses and nurse anesthetists in Nurse V and below. Facility Directors are the approval authority for Special Advancements for Performance. Such awards for registered nurses and nurse anesthetists at Nurse IV and V will be considered by the VISN Nurse Professional Standards Board for approval by the facility Director where the nurse is assigned.

*NOTE: Chiefs of Nursing Service, Chiefs of Staff and Chiefs of Pharmacy Service will continue to be considered for step increases through the annual step rate review process and are not eligible for Special Advancements for Performance.*

**Authority: 38 U.S.C. 501(a), 501(b), 7403, 7421, and 7423.**

## **9. QUALITY INCREASE**

a. Physicians and dentists in Executive and Director grades who have demonstrated a high level of performance may be considered for quality increases of one step within the grade and assigned complexity level.

b. In granting quality increases, the following provisions apply:

(1) Only one quality increase may be granted within any single period of 52 weeks.

(2) A quality increase shall not be regarded as an equivalent increase in compensation for pay purposes or in lieu of a periodic step increase.

c. Quality increases will be granted and processed in accordance with the requirements prescribed in VA Directive 5451 and Handbook.

**Authority: 38 U.S.C. 501(a), 501(b), 7403, 7421, and 7423.**

## **10. Annual Step Rate Reviews**

a. **Chiefs of Pharmacy Service** will receive consideration for a step rate increase on the anniversary date of their assignment to their current position. The performance of service chiefs is to be rated under VA Handbook 5430.1. The Headquarters Standards Board reviews the step rate of the employee and shall recommend that the service chief receive no step rate increase, a 1-step increase or a 2-step increase. Personnel at or above the established maximum step rate for their assignment (i.e., those at Level III facilities) will generally not realize further step rate increases, except as indicated in subparagraph (2) below.

(1) Criteria for a 1-Step Increase. Level of performance which demonstrates:

(a) Creative management to provide the most effective pharmacy service within available resources;

(b) Maintaining open lines of communication, accessibility, and visibility with Pharmacy Service personnel;

(c) Taking steps to improve recruitment, retention and morale for Pharmacy Service personnel through well-planned programs;

(d) Contributing to the short and long range planning which facilitates the facility's health care mission;

(e) Demonstrating initiative and perseverance in overcoming obstacles to achieve organizational objectives;

(f) Establishing and maintaining cooperative relationships within the facility and with community groups and educational institutions; and

(g) The Chief of Pharmacy Service's most recent performance appraisal at the time of consideration must be rated fully successful or higher.

(2) Criteria for a 2-Step Increase or for a 1-Step Increase Above the Maximum Rate at Level III Facilities. Level of performance which demonstrates:

(a) Effectively managing the changes required to accommodate facility needs and programs;

(b) Working collaboratively, creatively and productively with management to accomplish the mission of the facility;

(c) Demonstrating commitment to clinical practice, administration, education and research in pharmacy;

(d) Developing qualified personnel for the assumption of key positions for the facility and for the system;

(e) Putting into place mechanisms for improving morale such as programs to recognize and reward staff for performance and achievement;

(f) Receiving personal recognition for leadership from within and without the facility; and

(g) The Chief of Pharmacy Service's most recent performance appraisal at the time of consideration must be outstanding.

(3) Processing Step Rate Determinations

(a) Notification. Approximately 120 days prior to the anniversary date of the individual's most recent assignment, the facility will receive a VA Form 5-97, Notice of Pending Personnel Action. The servicing personnel office will forward the VA Form 5-97 to the immediate supervisor of the Chief of Pharmacy Service who will, in turn, forward the form, with a recommendation concerning the increase, through the facility Director to the Chief Consultant, Pharmacy Benefits Management Strategic Health Group (119) for endorsement. (Note: If the rating of record does not accurately reflect the performance of the Chief of Pharmacy Service, a special rating of record is to be prepared.

(b) Processing Recommendations. The recommendation of the Chief Consultant, Pharmacy Benefits Management Strategic Health Group to grant or not to grant a step rate increase will be documented on a memorandum for decision by the appropriate VISN Director (10N\_). The decision and any supporting documentation will be forwarded to the Office of Human Resources Management (051), which will notify the facility of the action taken.

(c) Effective Date. Step rate increases will be effective on the first day of the first pay period following the anniversary date of the employee's most recent assignment.

(d) Field Facility Action. Upon receiving a teletype approving a step increase, the facility will issue an SF-50B, Notification of Personnel Action, effecting the action. If there is no increase, no action by the facility is required.

(e) Delayed Annual Reviews. Annual step rate reviews may only be delayed when the performance appraisal is to be delayed under the provisions of VA Handbook 5430.1. Any action taken as a result of the delayed appraisal is to be retroactive to the effective date described in paragraph C above.

(4) Applicability of Other Step Increases and Performance Awards. Chiefs of Pharmacy Service may not receive within-grade increases on or after their conversion to appointments

under 38 U.S.C. 4104(3) and are ineligible for special advancements for performance . They may receive special advancements for achievement and they may be considered for performance awards under the provisions of VA Directive 5451 and Handbook

**b. Chiefs of Nursing Service .** At the time of the anniversary date of a Chief of Nursing Service's assignment to his or her current position, the facility Chief of Staff shall review the step rate of that individual and shall recommend, with the concurrence of the facility Director, that the Chief, Nursing Service receive no step increase, a 1-step increase, or a 2-step increase. There will be no periodic step increase for employees in Chief, Nursing Service positions.

NOTE: For complexity level IV and II facilities, the Chief of Staff may not recommend any step adjustment for the Chief, Nursing Service if the employee is already at or above the maximum step authorized for the level.

(1) Criteria for Step Rate Increases

(a) 1-Step Rate Increase

1. Level of performance which demonstrates the following:

a. Uses creative management to provide the most effective nursing care within available resources;

b. Maintains open lines of communication, accessibility and visibility of self with Nursing Service personnel;

c. Has taken steps to improve recruitment, retention and morale of Nursing Service personnel through well-planned programs;

d. Contributes to the short and long range planning for the clinical program which facilitates the patient care mission;

e. Demonstrates initiative and perseverance in overcoming obstacles to achieve organizational objective;

f. Establishes and maintains cooperative relationships within the facility and with community groups and educational institutions.

2. The Chief, Nursing Service has a current Proficiency Report on which each criterion (element) is rated high satisfactory or higher.

(b) 2-step Rate Increase

1 Level of performance which demonstrates the following:

a Effectively manages changes to accommodate medical center needs and programs;

b Works collaboratively, creatively and productively with management to accomplish the mission of the medical center;

c Demonstrates commitment to clinical practice, administration, education and research in nursing;

d Develops qualified personnel for the assumption of key positions for the medical center and the system;

e Has put into place mechanism for improving morale such as programs to recognize and reward staff for performance; and

f. Has received personal recognition for leadership from within and without the medical center.

2. The Chief, Nursing Service has a current Proficiency Report on which each criterion (element) is rated high satisfactory or higher.

(2) Processing Step Rate Determinations

(a) Notification. Approximately 120 days prior to the anniversary date of the Chief, Nursing Service's most recent assignment, the facility will receive a VA Form 5-97, Notice of Pending Personnel Action. The servicing personnel office will forward the VA Form 5-97 to the Chief of Staff, who in turn will forward the VA Form 5-97 and a documented recommendation concerning the annual rate review through the facility Director for concurrence, and then through the Chief Network Officer (10N\_/118) to the Assistant Under Secretary for Health for approval. The Chief of Staff may recommend that the employee receive no step rate increase, a 1-step rate increase, or a 2-step rate increase.

(b) Processing Recommendations. Following approval by the Assistant Under Secretary for Health (118), the decision and any supporting documentation will be forwarded to the Office of Human Resources Management (051). Facilities will then be advised of the action taken for the Chief, Nursing Service. Increases will be effective on the first day of the pay period following the anniversary date of the most recent assignment. The recommendation will then be sent to Headquarters Nursing Service (118) for inclusion in the Chief, Nursing Service's Board Action Folder.

(c) Field Facility Follow-up Action. Upon receiving the teletype approving a step increase, the field facility will issue an SF 50B, Notification of Personnel Action, effecting the action. A copy of the SF-50B will be mailed to Nursing Service (118) for inclusion in the Board Action Folder. No action by the facility will be required if there is no step rate increase.

(d) Delayed Step Rate Determination. In unusual circumstances the step rate determination may be delayed up to 120 days. However, if the delay is expected to last longer than 30 days, the employee shall be notified in writing of the reasons for the delay and of when a determination may be expected. Delayed step rate determinations are to be made retroactive to the effective date outlined in paragraph 2B above.

(3) **Applicability of Other Provisions.** Chiefs of Nursing Service are not eligible for periodic step increases or special advancements for performance. They may, however, receive special advancements for achievement and other cash awards under the provisions of paragraph 11 below. The annual rate review provisions relating to Chiefs of Nursing Service are mandatory; however, Chiefs of Nursing Service may receive superior performance awards provided the superior performance award and any adjustment as a result of the annual rate review are not based on the same performance.

(4) **Field Facility Complexity Index.** See VHA Supplement, MP-5, part II, chapter 3, section A, attachment B

**c. Medical Center Directors and Chiefs of Staff.** At the time of the anniversary date of an individual's assignment to the position, the VHA Executive Resources Board or the Chief, Office of Patient Care Services (11) as appropriate, shall review the step rate of the employee and may recommend that the employee receive an increase of up to two step rates. There will be no periodic step increases for employees in facility Director or Chief of Staff positions. Also, employees at or above the established maximum step rate for their assignment will generally not realize further step rate increases, except as indicated in subparagraph (1) below. *NOTE: No review by the Professional Standards Board is required on such actions for Chiefs of Staff.*

(1) **Criteria for Step Rate Increases Above the Maximum Step Rate for the Established Facility Complexity Level.**

(a) **One Step Rate Increase**

1. Level of performance and competence over and above that normally expected in such areas as the following:

a. Successful use of resources as evidenced by improvements in work force productivity, development and recognition of employees, achievement of affirmative action goals and plans.

b. Demonstration of personal initiative and innovation in overcoming obstacles to achieve organizational objectives.

c. Improvements in quality, efficiency, or timeliness of performance.

d. Achievement of cost reductions that enable the reallocation of resources to other activities.

e. Successful cooperative efforts with other Federal agencies or governmental jurisdictions.

f. Success in development and execution of quality assurance programs which preserve and maintain high quality of care standards and facilitate program accreditation.

g. Achievement as evidenced by official recognition from a recognized national health management organization.

h. Career achievements generally recognized at the agency, national, or international level.

2. The following criteria may be considered in lieu of some of the criteria listed above for individuals serving in the combined position of Director-Chief of Staff or as the Chief of Staff.

a. Contributions to teaching and education, particularly those that enhance staff competencies in patient care.

b. Contributions to improve management of clinical programs at a particular facility.

c. Contributions to short and long range clinical program budget planning, resource utilization, allocation and reallocation which facilitates achieving the facility patient care mission.

d. Accomplishments in community relations which have a positive impact on VA relations within the medical community and on patient care in general (i.e., medical schools, allied health training institutions, and county/State medical societies).

3. The facility Director's most recent performance rating at the time of consideration must be at least fully satisfactory. The Chief of Staff's Proficiency Report at the time of consideration must reflect an overall rating of at least satisfactory. Any "interim" rating on file for the Chief of Staff must also reflect a rating of satisfactory.

(b) Two-Step Increases or Increases Above the Maximum Step Rate for the Established Facility Complexity Level

1. Facility Directors and Chiefs of Staff must have demonstrated exceptional contributions in a number of the performance areas described in subparagraph (1)(a) above.

2. The facility Director's most recent performance rating at the time of consideration must be outstanding. The Chief of Staff's Proficiency Report at the time of consideration must reflect an overall rating of excellent. Any "interim" rating on file for the Chief of Staff must also reflect a rating of excellent.

(2) Processing Step Rate Determinations

(a) Notification. Approximately 120 prior to the anniversary date of the Director's and Chief of Staff's most recent assignment, the facility will receive a VA Form 5-97, Notice of Pending Personnel Action. The servicing human resources office will forward the VA Form 5-97 for the Director to the VHA Executive Resources Board (10A2). The VA Form 5-97 for the Chief of Staff will be forwarded to the Director, who, in turn, will forward the VA Form 5-97, and his or her documented recommendations concerning any proposed step rate increase for the Chief of Staff, through the appropriate VISN for endorsement, to the Chief, Office of Patient Care Services (11). Such officials may recommend that the employee receive no step rate increase, one step rate increase, or a two step rate increase as outlined in subparagraph (1) above.

(b) Processing Recommendations. The recommendations of the VHA Executive Resources Board or the Chief, Office of Patient Care Services (11) concerning the step rate increase of the failure to give a step rate increase will be documented on a memorandum for approval by the

Under Secretary for Health, or designee. (NOTE: All actions affecting Directors of medical and regional office centers requiring approval of the Under Secretary for Health, or designee, will also require the concurrence of the Under Secretary for Benefits, or designee.) Following approval by the Under Secretary for Health, or designee, the decision and any supporting documentation will be forwarded to the Office of Human Resources Management (051). Facilities will then be advised of the action taken for the Chief of Staff and of any action taken to change the step rate of the Director. Increases will be effective on the first day of the pay period following the anniversary date of the Director's or Chief of Staff's most recent assignment. The recommendation will then be filed on the left side of the Director's Official Personnel Folder or sent to the office of Executive Correspondence (101B) for inclusion in the Chief of Staff's Board Action Folder, as appropriate.

(c) Field Facility Followup Action. Upon receiving the teletype approving a step rate increase, the field facility will issue an SF 50-B, Notification of Personnel Action, effecting the action. The Official Personnel Folder copy of the SF-50-B for Directors will be mailed to the Office of Human Resources Management (051) for inclusion in the Official Personnel Folder; for Chiefs of Staff, a copy of the SF 50-B will be mailed to the office of Executive Correspondence (101B) for inclusion in the Board Action Folder. No action by the facility will be required is there is to be no step rate increase.

(3) Applicability of Other Step Increases. Medical Center Directors and Chiefs of Staff may not receive periodic step increases, rate adjustments, special pay adjustments, or quality increases under the provisions of MP-5, part II, chapter 3 and this chapter.

(4) Delayed Step Rate Determination. In unusual circumstances (delayed performance evaluation, etc.), the step rate determination may be delayed up to 120 days. However, if the delay is expected to last longer than 30 days, the employee shall be notified in writing of the reasons for the delay and of when a determination may be expected. Delayed step rate determinations are to be made retroactive to the effective date outlined in subparagraph (2)(b) above.

## **11. Cash and Honor Awards for Full Time, Part Time, and Intermittent Registered Nurses and Nurse Anesthetists appointed under 38 U.S.C. 7306, 7401(1) and 7405**

a. General. Cash awards under this paragraph are in addition to special advancements mentioned previously in this chapter. A registered nurse or nurse anesthetist may not receive a Special Advancement for Performance and a superior performance award based on the same performance, nor may they receive a Special Advancement for Achievement and a special achievement award for a special contribution based on the same achievement or contribution. However, when it is determined appropriate, a registered nurse or nurse anesthetist may be granted a Special Advancement for Performance or Achievement and a cash award for exemplary job performance and exemplary job achievement as outlined in paragraph (c) below.

b. Specialty Certification. Specialty certification is a mechanism for recognizing employees who have been certified by the appropriate national certifying body. For this paragraph, specialty certification includes second and subsequent certifications, but does not include recertification or renewal of previously held certifications. Certification also includes advanced

certification, provided the requirements for advanced certification are clearly in addition to basic certification.

(1) Effective April 7, 1991, the Director or designee must grant a cash award of up to \$2,000 to covered employees who become certified while on VA rolls in a specialty related to the accomplishment of VA's health care mission.

(2) Establishment of Written Policy Concerning Cash Awards for Specialty Certification.

(a) Responsibilities:

1. Facility Directors shall establish written policies for granting cash awards for certification.

2. The Human Resources Manager will be responsible for developing and coordinating these policies with appropriate facility officials prior to the facility Director's approval.

(b) The amount of the award shall be based on criteria established by the facility Director (see par. d below); however, awards may also take into consideration management and/or Professional Standards Board recommendations, including decisions concerning the relatedness of a certificate to the facility's health care mission or an employee's assignment;

(c) To the extent feasible, the policy statement should include information on specialty certification that does not establish eligibility for a cash award because it has been locally determined that the particular certification is not related to the facility's health care mission ; and

(d) The following criteria may be used when granting cash awards for certification:

1. Whether the certification is based solely on experience, or on experience and successful completion of a comprehensive examination;

2. The relationship of the certification to the employee's assignment;

3. Proration of the award based on part-time or intermittent employment;

4. Employee performance;

5. Facility recruitment or retention needs; and

6. Any other criteria considered appropriate.

(3) Cash awards for certification should be made within a reasonable time after the employee presents proof of certification (i.e., a copy of the certificate) to the appropriate facility official. A copy of the certificate is to be filed on the right side of the employee's Official Personnel Folder.

(4) Covered employees who became certified before April 7, 1991, or who become certified before becoming covered employees are not eligible for cash awards for specialty certification.

(5) Nurse anesthetists appointed or re-appointed on or after May 4, 1993 must be certified by the Council on Certification of Nurse anesthetists as a condition of employment. They are not eligible for cash awards for specialty certification.

c. Exemplary Job Performance and Exemplary Job Achievement. Facility Directors may grant a cash award of up to \$2,000 to registered nurses and nurse anesthetists who demonstrate both exemplary job performance and exemplary job achievement. To receive an award, the employee's latest Proficiency Report must be High Satisfactory or above, and the employee must meet the criteria under one of the following paragraphs:

(1) Significant and distinguished contribution(s) in some phase of health care as evidenced by original research, writings, and publications in professional media of stature (e.g., reference journals);

(2) Special recognition in the fields of teaching or professional practice;

(3) Special competence in the occupation as evidenced by service with professionally recognized committees or groups, responsible office in professional societies above the local level, or consultative services within the profession. The competence attained must be supported by achievement of renown on a regional or wider basis;

(4) Expertise in specialized treatment modalities, outstanding competence as a clinical practitioner, or significant contributions concerning some aspect of the profession; or

(5) Other appropriate evidence of professional stature.

d. Other Cash Awards Under VA Directive 5451 and Handbook.

(1) Special Contribution Awards.

(2) Honor and Non-Monetary Awards.



