

## STAFFING

**1. REASON FOR ISSUE:** To revise the Department of Veterans Affairs (VA) qualification standard for the appointment of Physicians, GS-0602, in VA.

**2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains mandatory procedures on staffing. The pages in this handbook replace the existing Physician Qualification Standard in VA Handbook 5005, Part II, Appendix G2, in its entirety. Additionally, Appendix G1 is rescinded. The new standards are effective on the date of issuance of this handbook. These changes will be incorporated into the electronic version of VA Handbook 5005, Staffing, that is maintained on the [Office of Human Resources Management Web site](#). Significant changes include:

a. Clarifies basic physician requirements including education, licensure and registration, impaired licensure, and waiver of licensure.

b. Removes all content regarding residents with the exception of residency training requirements. Qualification requirements and staffing guidance regarding residents may be found in Veterans Health Administration publications.

c. Revises physician staff requirements to eliminate grades and define roles and responsibilities for staff physician and leader/manager positions.

**3. RESPONSIBLE OFFICE:** The Recruitment and Placement Policy Service (059), Office of the Deputy Assistant Secretary for Human Resources Management.

**4. RELATED DIRECTIVE:** VA Directive 5005

**5. RESCISSIONS:** VA Handbook 5005, Part II, Appendix G2, dated April 15, 2002, and VA Handbook 5005, Part II, Appendix G1, dated April 15, 2002.

**CERTIFIED BY:**

/s/  
LaVerne H. Council  
Assistant Secretary for Information and Technology  
and Chief Information Officer

**BY DIRECTION OF THE SECRETARY  
OF VETERANS AFFAIRS**

/s/  
Gina S. Farrisee  
Assistant Secretary for  
Human Resources and Administration

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[APPENDIX G2. PHYSICIAN QUALIFICATION STANDARD  
Veterans Health Administration

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

2. **BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with section A, chapter 3, paragraph 3g, this part.)

b. **Education.** Degree of doctor of medicine or an equivalent degree resulting from a course of education in allopathic medicine or osteopathic medicine. The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed. Approved schools are:

(1) Schools of medicine accredited by the Liaison Committee on Medical Education (LCME) for the year in which the degree was granted, or

(2) Schools of osteopathic medicine approved by the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association for the year in which the degree was granted.

(3) For foreign medical graduates not covered in (1) or (2) above, facility officials must verify with the Educational Commission for Foreign Medical Graduates (ECFMG) that the applicant has met requirements for certification, and must obtain a copy of the ECFMG certificate, if claimed by the applicant.

**NOTE:** *The Under Secretary of Health or designee in Central Office 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, academic, or administrative 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.*

c. **Licensure and Registration.** Physicians must possess a 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.

(1) **Impaired Licensure.** A physician who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 14 of this part.

(2) **Waiver of Licensure.** Licensure requirements may be waived by the Under Secretary for Health or designee in Central Office for individuals in research, academic, or administrative

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assignments involving no direct patient care responsibilities in accordance with current regulations. In addition, 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. (See section B, chapter 3, paragraph 14 of this part, on waiver of licensure provisions.)

**NOTE:** *Individuals who have or have had multiple licenses and had any such license revoked for professional misconduct, professional incompetence or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the State for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position unless such revoked or surrendered license is fully restored (38 U.S.C. § 7402(f)). This requirement does not apply to licensed physicians on VA rolls as of November 30, 1999, provided they maintain continuous appointment and are not disqualified for employment by any subsequent revocations or voluntary surrenders of State license, registration or certification.*

**d. Residency Training.** Physicians must have completed residency training or its equivalent, approved by the Secretary of Veterans Affairs in an accredited core specialty training program leading to eligibility for board certification. (**NOTE:** *VA Physicians involved in academic training programs may be required to be board certified for faculty status.*) Approved residencies are:

(1) Those approved by the accrediting bodies for graduate medical education, the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA), in the list published for the year the residency was completed, or

(2) Other residencies or their equivalents which the local Professional Standards Board determines to have provided an applicant with appropriate professional training.

**e. Physical Requirements.** See VA Directive and Handbook 5019.

**f. English Language Proficiency.** Physicians 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).

### **3. PHYSICIAN STAFF REQUIREMENTS**

**a. Staff Physician.** None beyond the basic requirements. The individual must qualify to perform duties as a physician, have completed an accredited residency and/or possess experience which has qualified the individual to perform general duties and some specialized functions and procedures without supervision. Staff physicians may also include attendings who train physician residents assigned in facilities with residency training programs, and consultants who are capable of giving authoritative views and opinions on subjects in their field of medicine.

**b. Leadership/Manager Positions.** Physician leadership and manager positions may be Chief of Staff, Directors (i.e., medical center and Veterans Integrated Service Network (VISN)); selected positions in Central Office; Distinguished Physicians; and Service Chiefs or Service Line Managers.

Positions are approved for these levels based on the scope and complexity of the assignment and the level of responsibility.

(1) **Chief of Staff.** A Chief of Staff must serve on a full-time basis and must be a doctor of medicine. The Chief of Staff develops and maintains currently accepted management practices throughout the clinical services. The Chief of Staff develops and presents the budgetary requirements of the clinical services and assists in the formulation of the annual budget program. The Chief of Staff is fully responsible to the Medical Center Director for programs of patient care and for the educational and research activities of the clinical services. To carry out these responsibilities, the Chief of Staff:

- (a) Formulates and recommends plans for a comprehensive program of medical care,
- (b) Develops the requirements of staff, facilities, equipment and supplies needed to carry forward such an integrated program, utilizing necessary reviews and controls, and
- (c) Appraises the effectiveness of the various medical programs in meeting the needs of patient care.

(2) **Medical Center Director/VISN Director.** Physicians appointed as Directors of Medical Centers (including facility and Regional Office Center Directors, Directors of Outpatient Clinics (Independent) and Domiciliaries) or VISNs must meet the requirements specified in 38 U.S.C. § 7306. The individual assigned at this level will be a qualified doctor of medicine with demonstrated leadership ability.

(a) The Medical Facility Director (includes Directors of outpatient clinics (independent) and domiciliaries) 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) The VISN or 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 operations 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.

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(3) **Distinguished Physician.** A Distinguished Physician will be nationally and internationally recognized for scientific, academic and administrative medicine expertise. (See M-2, pt. 1).

(4) **Service Chief or Line Manager.** A Service Chief or Line Manager physician must demonstrate the following:

(a) Outstanding professional ability in the practice of medicine or a medical specialty;

(b) Ability to guide the development and implementation of programs within their respective domain. These programs would include, but are not limited to medical practice, professional standards, personnel issues, quality and performance improvement.

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