

January 11, 2001

BOARD CERTIFICATION REQUIREMENT FOR EMPLOYMENT OF PHYSICIANS

1. PURPOSE: This Veteran Health Administration (VHA) Directive clarifies national policy concerning the use of physician board certification as a qualification for employment in VHA health care facilities. *NOTE: VHA Notice 2000-01, rescinds the previous guidance set forth in the VHA Supplement to MP-5, Part II, Chapter 2, Appendix 2M, dated October 30, 1998.*

2. BACKGROUND

a. Information Letter 10-97-031 contained guidance on hiring of physicians who are assigned to patient care duties. When board-certified physicians were not available, the Information Letter prescribed a method for hiring through a review by and approval of the Chief Patient Care Services Officer. These policies were published in the VHA Supplement, MP-5, Part II, Chapter 2, as Appendix 2M, on October 30, 1998.

b. On February 25, 2000, the Office of General Counsel issued a legal opinion (VAOPGCADV 2-2000), which raised a number of legal and technical concerns about the board-certification requirement. Consequently, the issuance of this Directive is necessary to bring VHA into compliance with the concerns articulated by the General Counsel.

c. A review of waivers approved since 1997 indicates they fall into two general groups. One group includes physicians who intend to become certified within a specified time and may have already begun the process. The other group includes physicians who, for various reasons, do not meet eligibility criteria to become certified, but possess alternative skills, experience, and credentials that make them suitable candidates for appointment. In summary, it appears that facilities are recruiting widely and obtaining the services of physicians whom, if not board-certified, are otherwise well qualified.

d. In addition, as the Department of Veterans Affairs' (VA) health care delivery system evolves and access continues to expand, the need for acquiring physician services increases, both through employment and contractual relationships in a wider variety of settings, urban and rural, academic and non-academic, and VA- and community-based. Further, competition from other employers, salary structure, and changing patterns in physician employment and practice arrangements throughout American health care, make recruitment of well-qualified physicians a continuing challenge. VHA continues to believe that board certification adds an additional objective indication of clinical skill and measure of quality in the delivery of patient care.

3. POLICY: It is VHA policy that VA health care facilities may hire non-board certified physicians without a waiver from the Chief Patient Care Services Officer. However, the facility Director and Chief of Staff will ensure that any non-board certified physician, or physician not eligible for board certification, is otherwise well qualified and fully capable of providing high quality care for veteran patients.

THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2006

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4. ACTION: Recruitment actions for physicians must include:

a. Advertising employment opportunities widely, both internally and externally, using appropriate advertising media.

b. Applying existing credentialing and privileging policies and procedures to ensure that physicians are fully qualified and trained for the services they will be providing.

c. Requiring that qualifications equivalent to the level expected for appointment to a VA staff position be used when obtaining physicians services by contract.

d. Using mechanisms such as interviews, peer reviews, and professional standards boards to ensure the appointment of the best qualified individuals available, given the nature and location of the assignment, and the training and experience of the available candidates.

5. REFERENCE: VHA Supplement to MP-5, Part II, Chapter 2, Appendix 2M.

6. FOLLOW-UP RESPONSIBILITY: The Chief Patient Care Services Officer (11), Management and Administrative Support Office (10A2B), and the Office of Human Resources Management (051) are responsible for the contents of this Directive. Questions may be directed to the Chief Consultant, Forensic Medicine (11F) at 202-273-6277.

7. RESCISSIONS: This VHA Directive expires January 31, 2006.

S/ Tom Sanders for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

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