

**Department of Veterans Affairs
M-8, Part II
Veterans Health Services and**

**Research Administration
January 26, 1990
Washington, DC 20420**

1. Transmitted is revised Veterans Health Services and Research Administration Manual M-8, "Academic Affairs," Part II, "VHS&RA Education Programs." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. **Chapter 1, Appendix 1B:** Appendix 1B has been added and contains reporting instructions for the allocation and funding of residents and specialized Fellow positions.

b. **Paragraph 2.16:** Gives the authority for VA facilities to establish an Associated Health Professions Student Review Committee.

c. **Chapter 2, Paragraph 2.47:** Incorporates the funding provisions for summer traineeships for Associated Health Professions students (RCS 10-0147).

d. **Chapter 4, Appendix 4A:** Information concerning VA Fellowship Programs in Research Training in Psychiatry, Schizophrenia Research, Ambulatory Care, and Clinical Pharmacology has been added.

e. Other chapters have had only minor editorial changes.

3. Filing Instructions

**Remove pages
Insert pages**

Cover through ix
Cover through iv

1-1 through 6-3
1-1 through 6-3

4. **RESCISSIONS:** M-8, part II, changes 1 through 14 and 16 through 17; VHS&RA Circulars 10-88-92 and 10-89-33.

John A. Gronvall, M.D.

Chief Medical Director

Distribution: **RPC: 1307**
FD

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Department of
Veterans Affairs

ACADEMIC AFFAIRS
VHS&RA EDUCATION PROGRAMS

M-8, Part II Veterans Health
Services and
January 26, 1990 Research
Administration
 Washington, DC 20420

M-8, Part II Department of Veterans Affairs
Veterans Health Services and
Research Administration
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Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-8, "Academic Affairs," Part II, "VHS&RA Education Programs," is published for the compliance of all concerned.

John A. Gronvall, M.D.
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RESCISSIONS

The following material is rescinded:

COMPLETE RESCISSIONS

a. **Manuals**

M-3, part II, Chapters 2, 5, 6, and 7

M-8, part II, changes 9, 11, 12 and 13

M-8, part II, changes 1 through 14, 16 and 17

b. **Interim Issues**

II 10-362

II 10-65-11

II 10-66-40

II 10-66-46

II 10-67-19

II 10-70-21

II 10-73-9

II 10-77-32

II 10-80-28

II 10-81-38

II 10-82-15

II 10-84-30

II 10-88-13

c. **VHS&RA Circulars**

10-78-39

10-78-110

10-79-46

10-79-53

10-79-187

10-79-242

10-79-278

10-80-180

10-82-156

10-83-15

10-85-177

10-88-92

10-89-33

d. **Program Guide**

G-1, M-3, part II

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4. FELLOWSHIP PROGRAMS FOR PHYSICIANS AND DENTISTS
5. HOUSE STAFF DISBURSEMENT AGREEMENTS
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CHAPTER 1. RESIDENTS (HOUSE STAFF), STUDENTS, AND RELATED ACTIVITIES

1.01 PURPOSE

The purpose of this chapter is to outline policies relating to the establishment and administration of residency and clinical clerkship training programs in medicine and dentistry in VA facilities, including those with Disbursement Agreements.

1.02 AUTHORITY

The basic authority for the conduct of residency and clinical clerkship training programs is contained in 38 U.S.C. ch. 73.

1.03 DEFINITIONS

a. **Medical Residents.** Medical residents (also referred to as house staff and as interns in their first year of training) are physicians serving on the professional staff of the facility as residents in an accredited program approved by the ACGME (Accreditation Council for Graduate Medical Education) and the respective specialty Residency Review Committee; or as interns or residents in programs approved by the Board of Trustees of the AOA (American Osteopathic Association) on the recommendation of its Committee on Postdoctoral Training.

b. **Dental Residents.** Dental residents are dentists serving as residents in programs accredited by the Council on Dental Education, Commission on Dental Accreditation, ADA (American Dental Association).

c. **Clinical Clerks.** Clinical clerks are medical (including osteopathic) and dental students assigned to a VA facility during the clinical phase of their education. They must be under the direct supervision of an appropriate staff physician or dentist. They do not have either the responsibility or the authority for providing independent patient care. Clinical clerks will be assigned by an official of the medical or dental school with which the VA facility is affiliated (see pt. I, ch. 2). This official will assume responsibility for the clinical clerk's training while at the VA facility. That responsibility may be delegated to other members of the VA professional staff.

1.04 POLICIES

a. **General.** All residency (including osteopathic internship) training programs will be conducted under the supervision of members of the VA facility professional staff and staff members of affiliated institution(s) according to the affiliation agreements and arrangements of the Deans Committee and subject to all pertinent regulations and policies of Veterans Health Services and Research Administration.

b. **Affiliations.** Affiliations involving residency, internship, or clinical clerk training will be established only with Chief Medical Director approval as specified in part I, chapter 2.

c. **Establishment of Residency and Clinical Clerkship Programs**

(1) Establishment of a new residency program(s) within an approved medical or dental affiliation agreement requires a written request by the facility Director to the ACMD for

Academic Affairs (141) for consideration. Such requests must contain documentation of approval by the ACGME (medical programs) or the ADA (dental programs) and the Deans Committee.

(2) Clinical clerkship programs may be established in VA facilities affiliated with a medical or dental school. Approval for such programs must be given by the Deans Committee. Medical and dental students may be assigned as clinical clerks WOC (without compensation) under authority of 38 U.S.C. 4114(a)(1)(A), in accordance with VHS&RA Supplement, MP-5, part II, chapter 2, to further their medical, osteopathic, or dental studies. VA facility services to which clinical clerks are formally assigned by the affiliated medical or dental school will maintain a record of the names, duration, and location of assignments.

d. Conduct of Residency Programs

(1) **Allopathic Medical Residency Training Programs.** The basic conduct of medical residency training programs will be set forth in the "Essentials of Accredited Residencies." The "Essentials" are contained in the "Directory of Residency Training Programs" published annually by the ACGME, American Medical Association, 535 North Dearborn Street, Chicago, IL 60610.

(2) **Osteopathic Internship and Residency Training Programs.** The basic conduct of osteopathic internship and residency programs will be as set forth in the most recent "Requirements and Interpretative Guide for Hospitals Accredited and Approved for Intern and/or Residency Training by the AOA" and the pertinent "Basic Documents for Specialty Training." These publications may be obtained from the Committee on Postdoctoral Training, AOA, 212 East Ohio Street, Chicago, IL 60611.

(3) **Dental Residency Training Programs.** The basic conduct of dental residency training programs will be as prescribed by the Council on Dental Education, Commission on Dental Accreditation, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611.

e. Program Supervision. Residency training programs will be supervised by the Chief of Staff, Associate Chief of Staff for Education, the appropriate service chief, and Department/Division Chairperson at the University, and the Deans Committee or Medical Advisory Committee, as applicable.

1.05 PROGRAM EVALUATION

a. All medical residency training programs are evaluated regularly by the ACGME through their Residency Review Committees. All osteopathic training programs are evaluated regularly by the Committee on Residencies or the Committee on Internship of the Committee on Postdoctoral Training, AOA. All dental residency training programs are evaluated regularly by the Council on Dental Education, Commission on Dental Accreditation, American Dental Association, and the various program review bodies of that commission. Programs failing to maintain accreditation will be discontinued.

b. When the survey report of an accreditation site visit to any of the above programs recommends improvements, cites shortcomings, or contains other negative findings, the program director will notify the ACMD for Academic Affairs (141) of

the steps to be taken to correct the weaknesses cited or present evidence that the criticisms are not justified. Requests for assistance in resolving the problems with the Accreditation

Committee will be directed to the ACMD for Academic Affairs (141). When improvements, etc., are recommended, copies of all correspondence, progress reports relating to evaluation, the survey visit reports and the accreditation notification letters will be forwarded immediately to the ACMD for Academic Affairs (141).

c. Office of Academic Affairs Evaluation Guidelines. As appropriate, the Office of Academic Affairs (141) in consultation with the Office of Clinical Affairs, Dentistry, Geriatrics and Extended Care, or other involved programmatic or operational offices, will conduct its own appraisal and evaluation. These are based in part on the evaluations by the allopathic, osteopathic, and dental accrediting bodies referred to above. In addition, the following general items are considered to be important in determining the continuation of a program and the level of support.

(1) The degree to which VA staff members are directly supervising the education process for residents as compared with the degree to which such teaching responsibilities are left to consulting and attending physicians who spend a minor part of their time in VA employment;

(2) The degree to which service responsibilities of the residents are used as the basis to achieve educational objectives under the continuing close supervision of VA staff;

(3) The degree to which programs are integrated with the programs of their affiliated institution.

1.06 VA FACILITY RESIDENCY REVIEW COMMITTEE

a. **Purpose.** The VA facility Residency Review Committee provides a mechanism through which the VA facility, with the Deans Committee, evaluates, reviews, and makes recommendations with respect to professional performance, educational achievement, discipline, and termination of residents. Recommendations of the committee will be submitted through the Deans Committee to the facility Director for action.

b. **Organization.** A VA Residency Review Committee chaired by either the Chief of Staff or ACOS for Education will be established each academic year at each VA facility having a residency training program. This committee will be composed of at least five members as follows, except as noted in subparagraph (3):

(1) At least three of the following physicians or dentists: Chief of Staff; Associate Chief of Staff for Education; one physician or dentist member of the Deans Committee; and one or more chiefs of the facility's clinical services in which residency programs exist,

(2) At least two senior residents (PG2 or higher) of the facility provided there are nine or more such residents assigned at any given time. (Only residents who spend 3 or more months at the VA facility shall be eligible for appointment.)

(3) At the discretion of the facility Director, a physician or dentist who serves in consulting or attending status may be appointed as a nonvoting ex officio member.

c. Duties

(1) The VA facility Residency Review Committee will evaluate the performance and educational accomplishments of residents. It will review and recommend approval or disapproval of the appointment and grade of applicants for resident positions. It will also recommend necessary action with respect to continuation, advancement, and termination as provided in MP-5, part II, and VHS&RA supplement thereto.

(2) The committee will meet at regular and frequent intervals and will keep accurate and complete minutes of its meetings. Members who may have a conflict of interest regarding a resident(s) may be present during the discussion but should be absent during the vote on that resident(s).

(3) The committee will forward a copy of its minutes to the Deans Committee.

1.07 APPOINTMENT AND PAY OF RESIDENTS

The minimal qualifications for the appointment and pay of medical and dental residents are referenced below. Specific requirements of the ACMD for Academic Affairs are given in paragraph 1.09.

Reference/Topic

a. Title 38, United States Code

(1) Temporary full-time, part-time, and without compensation appointments; residents and interns. (Sec. 4114)

(2) Defense of certain malpractice and negligence suits. (Sec. 4116)

b. MP-5, part II, chapter 2 and its VHS&RA Supplement

(1) Appointment of Medical and Dental Residents under 38 U.S.C. 4114(b).

(2) Physician and Dentist Qualification Standards including licensure requirements.

c. MP-5, part II, chapter 3 and its VHS&RA Supplement

(1) Compensation of noncareer residents serving under 38 U.S.C. 4114.

(2) Use of house staff as admitting physicians.

d. VHS&RA Supplement, MP-5, Part II, Chapter 5, Advancement of Residents.

e. **VHS&RA Supplement, MP-5, Part II, Chapter 7**, Duty and Leave for Noncareer Residents Including Pooled Leave.

f. **VA Manual M-1, Part I, Chapter 2**

(1) Housing for WOC residents.

(2) Meals furnished to noncareer medical and dental residents based on locality practice.

(3) Meals furnished without charge for services rendered.

g. **VA Manual M-2, Part I, Chapter 26**, Supervision of Physician Residents.

1.08 ELIGIBILITY OF NONCITIZENS FOR APPOINTMENT

When it is impossible to recruit qualified U.S. (United States) citizens, persons with visas permitting the earning of a salary may be appointed as residents in accordance with applicable instructions given in paragraphs 1.07 and 1.09.

1.09

PROCEDURES AND SPECIFIC REQUIREMENTS FOR VARIOUS RESIDENT APPOINTMENTS

a. The appointment of all residents under any arrangement with or without compensation, is to be made by the facility Director after review of the recommendation of the Deans Committee, and after review of the completed and signed application form.

b. Additional documentation is also needed, but the specific requirements for medical residents are a function of whether the prospective resident is a U.S. citizen or an alien, and whether or not the applicant is a graduate of a medical school accredited by the LCME (Liaison Committee on Medical Education) or AOA. The specific requirements for medical residents are two: meeting the eligibility requirements for entering an ACGME or AOA approved medical education program, and satisfying Federal immigration and naturalization laws.

c. In order to obtain unrestricted eligibility for graduate medical education, the prospective resident must satisfy one of the following conditions:

(1) Be a graduate from an institution in the U.S. or Canada whose program is accredited by the LCME; or

(2) Be a graduate from an institution in the U.S. accredited by the AOA; or

(3) Have a valid ECFMG Certificate; or

(4) Have a full and unrestricted license to practice medicine in a U.S. jurisdiction providing such license; or

(5) Have successfully completed the licensure examination in a United States jurisdiction in which the law or regulations provide that a full and unrestricted license to practice will be granted without further examination after the successful completion of a specified period of graduate medical education; or

(6) Have a Fifth Pathway Certificate (or Letter), have completed clinical clerkships (see par. e(2)), and passed FMGEMS (Foreign Medical Graduate Examination in the Medical Sciences). For further information on these qualifications, see the Essentials of Accredited Residencies or contact the

Accreditation Council for Graduate Medical Education, 535 North Dearborn Street, Chicago, IL 60610 (telephone (312) 645-4955), or the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, PA 19104 (telephone (215) 386-5900).

d. In order to satisfy Federal law regarding ability to work in an accredited residency training program, the prospective resident must satisfy one of the following conditions.

(1) Be a U.S. citizen, or

(2) Have a visa permitting the earning of a salary while in training. Among visas that qualify under present law are

(a) Valid J (exchange visitor) visa,

(b) Valid permanent (immigrant) resident visa,

(c) Valid documentation of refugee status pending permanent resident visa. For further information, and for particular changes in the law and/or regulations, contact the Immigration and Naturalization Service.

e. Documentation submitted by all FMG's will be confirmed by appointing officials within the VA facility as follows:

(1) Verify the current validity of the ECFMG certificate by calling the Educational Council for Foreign Medical Graduates (telephone (215) 386-5900).

(2) If U.S. clinical clerkships are used by a non-LCME medical school for the granting of the medical degree, view relevant documentation and then call each U.S. health care facility identified as having provided such training experiences. In seeking verification of the training experience the VA official should, as far as possible, seek verification from an individual other than the person signing the clerkship documentation produced by the FMG. All clerkships on medicine, surgery and psychiatry must be verified. **(NOTE: This verification procedure is especially important for FMG's who have received part or all of their medical school training in Mexico or the Caribbean Basin because of episodes in which fraudulent or insufficient credentials have been presented.)**

(3) Should any potential problems occur during the above verification process, the ACMD for Academic Affairs (141) will decide under what conditions, if any, appointment of the FMG may be made.

f. Requirements for the appointment of dental house staff, with or without compensation (citizen and noncitizen, U.S. and foreign dental school graduates), are listed in paragraphs 1.07 and 1.08 above and in the MP-5, part II, chapter 2 and its VHS&RA Supplement.

g. **Matching Plan for Medical Residencies.** The matching plan for medical first year graduate training appointments has been endorsed and adopted by the VA. The plan is administered by the NRMP (National Resident Matching Program), One American Plaza, Evanston, IL 60201, (telephone (312) 328-3441). Some residencies are matched by a separate matching program in San Francisco (e.g., ophthalmology, neurology, ENT, and neurosurgery). Appointments will be given only to medical graduates participating in the NRMP or recognized specialty match and to participants who applied to these programs but remained unmatched and were available for appointment immediately following the announcement of the NRMP and other recognized specialty match results. An exception to this requirement is allowed for the appointment of graduates of U.S., Canadian, or foreign medical

schools whose date of graduation or arrival in this country did not permit their enrollment and matching through NRMP. For other than first-year positions, VA policy strongly encourages use of the NRMP for matching.

h. Period of Appointment. An individual may be appointed as a resident in a given specialty or subspecialty only for the minimal number of years of residency training required by the relevant board. Only boards recognized by the ABMS (American Board of Medical Specialties) or the AOA are acceptable. Generally only training in ACGME-accredited programs may be counted toward the minimal years of training required in a specialty (see subpar. j). This required training does not include time allotted to meeting the requirements described as "practice of profession" or statements of similar intent. Continuation of training beyond the minimal Board requirements may be permitted by the ACMD for Academic Affairs (141) in special circumstances.

i. Level of Training. The level of training to which each resident is appointed will be determined by the number of prior years of Board required training already completed in the particular specialty in accordance with applicable instructions. Where the acceptability of prior training is questionable, e.g., foreign training, the applicant will be advised to obtain a written statement from the appropriate Board appraising the training and indicating any additional requirements. Such inquiry will be made in writing by the applicant, personally, and not by another acting on their behalf. A copy of the Board's reply will be forwarded to the VA facility for determination of the level of appointment for that resident. Payroll adjustments based on Board letters that grant credit for prior training can be made retroactively only when the VA facility erred in failing to require that appropriate inquiry be made by requesting a letter from the Board.

j. Subspecialty Training. Residents who have completed their primary specialty Board requirements may be appointed to a subspecialty residency for the minimal period of time required by the subspecialty Board. In the case of dual recognition by a specialty and its related subspecialty where there is an option of separate certification in each area (e.g., certificate of special or added competence), or where combined certification requiring a shorter period of training is offered by the Boards, the duration of training will conform to the option elected by the resident.

k. Pay Level. The amount of remuneration must correlate with the VA approved level of training achieved by the appointee. These levels are designated for purposes of determining the per annum rate of pay and do not necessarily bear relationship to the professional assignment, responsibility, or service title in the residency training program.

l. Chief Residents. (See also VHS&RA Supp., MP-5, pt. II, chs. 2 and 3.)

(1) The facility Director may establish a position of Chief Resident in accordance with established criteria. The request will be endorsed by the appropriate service chief and the Deans Committee. Appointments will be made only to approved positions and when there is an established rate letter for Chief Resident appointment at the relevant PG (postgraduate) level.

(2) A Chief Resident may be designated for each specialty having an approved residency training program (e.g., internal medicine, general surgery, neurology, psychiatry, radiology) and a minimum of nine residents at the VA facility (including the Chief resident and subspecialty residents) throughout the year. With approval of Academic Affairs (141) more than one Chief resident may be designated for each specialty. The Chief Resident designation discussed in this

subparagraph does not pertain to titles used to describe residents at particular training levels (e.g., general surgery).

(3) Appointment as Chief Resident will be for a period of 1-year and may be made to residents who have completed or are completing the minimum residency training requirements in order to be eligible to take a specialty Board's certifying examination. In most instances, the position of Chief Resident should be filled by the same individual for the entire training year, but with approval from the ACMD for Academic Affairs (141) the assignment may be rotated to two or more residents.

m. **Residents as Admitting Physicians.** Residents may be appointed to serve as admitting physicians in accordance with the provisions of VHS&RA Supplement, MP-5, part II, chapters 2 and 3.

n. **Duty Basis for Appointments.** Residents are considered to be available and responsible for the care, treatment, and welfare of their patients 24 hours a day, 7 days a week. Residents will normally be appointed on a full-time duty status. In exceptional circumstances an intermittent duty basis appointment may be acceptable. Since residents are paid on a daily basis (regardless of whether they hold full-time or intermittent appointment) they will be scheduled for full calendar days in a pay status. If it should become necessary for a particular resident to work less than every day or less than full days (e.g., family practice, shared-schedule, and reduced-schedule residencies), the modified training program will be approved by the appropriate Residency Review Committee, ACGME, and/or American Specialty Board. After such approval, appointments and the establishment of a special stipend rate will be approved by Central Office (141 and 052B) based upon the average workweek for a resident in that program.

1.10 EDUCATIONAL DETAILS AND EXCHANGE PROGRAM

a. Definitions

(1) **Educational Detail.** VA support of one or more residents in excess of the residents actually on-duty and present in each individual residency program at the VA facility.

(2) **"Fully Integrated" Program.** A residency training program accredited in the name of an academic affiliate ("affiliated program"), or a community-based teaching hospital. For medical programs, a common pool of residents is recruited to the program, using a single National Resident Matching Program number, and each resident is equally likely to receive the same rotational experience. The VA facility-supported residents are indistinguishable from other residents supported from other sources in the total program.

(3) **"Two-Track (Multiple-Track) Integrated" Program.** A residency training program accredited in the name of an academic affiliate ("affiliated program"), or a community-based teaching hospital, but where rotational assignments are tailored to two or more subgroups of residents. Residency programs may use one or more National Resident Matching Program numbers, and each resident commonly spends a larger block of time in one institution than in the others in the affiliated program. This may include a virtually full-time assignment at a VA facility.

(4) **"Independent" Program.** A residency training program accredited in the name of a VA facility. While a Deans Committee of the affiliated medical school or

dental school has certain responsibilities in advising the VA facility in the
conduct of these residency

programs, they tend to operate as free-standing programs. It is recognized that some "independent" programs, because of multiple medical school affiliations, actually operate as if they were fully integrated. Accreditation of the program only in the name of a VA facility in these instances is more a matter of local convenience.

(5) **Didactic Sessions.** Didactic sessions are formal, structured meetings for exchange of medical/dental information. These include lectures and Grand Rounds, but not clinical assignments. As far as possible, they should take place equally among the participating member facilities of the affiliation. One indication of an equal partnership between a VA facility and its affiliate is the general recognition of this principle. Didactic sessions located at the VA site will help improve the general clinical and research ambience for staff and trainees of that hospital. This enhancement of the intellectual milieu occurs not only in the specialty having the didactic session, but for everyone. Attendance by a VA-paid resident or a WOC exchange at such sessions away from the VA facility is permissible so long as there is sufficient coverage of the residents' clinical responsibilities at the facility during the session.

(6) **Part-Time Positions.** Part-time assignments may be approved. (See par. 1.09n.) They can be used to accommodate shared schedules, clinic obligations, and special requirements of a program such as family practice where residents are required to rotate away from the VA facility to a family practice center several times a week. If training requirements cause residents to be away from the VA on a regular or intermittent basis, e.g., one afternoon a week for an outside clinic, such a schedule is permissible provided an appropriate prorated share of the total clinical training takes place at the VA facility. In situations where this condition cannot be met, the resident who has clinical responsibilities for nonveterans can be given a part-time assignment at the VA. The VA can only support that percentage of the total workweek for a resident's training program that takes place at the VA facility, unless there is comparable replacement. The base to be used for computing the degree of part-time is the average total duty time for a resident in the program for which the schedule is reduced.

(7) **WOC Exchange Program.** WOC exchange occurs when a VA paid resident rotates to a non-VA setting and is replaced at the VA by a comparable WOC resident. See VHS&RA Supplement, MP-5 part II, chapters 2 and 3.

b. **Criteria for Educational Detail.** The following educational detail may be used only under certain conditions which are outlined. Educational details occur when, for any residency program, the aggregated resident time paid for by the VA for the academic year is greater than the aggregated time of resident physical presence at the VA. If individual residents are present at the VA less than a week (assignment less than 7 consecutive days), credited time may be prorated to that of a full-time schedule, utilizing as the base the average total duty time for a resident in the program in a week (see app. 1A). Didactic sessions need not be counted as educational detail. The facility should record, in the Chief of Staffs office, prospective use of the educational detail provided the conditions below are met, or that a waiver is granted by the ACMD for Academic Affairs (141) prior to submission of RCS 10-0145, House Staff Positions, Funds and FTEE for the Academic Year, in late spring. This will allow appropriate planning of educational experiences within residency programs before the onset of the academic year on July 1. All programs that either receive local approval as outlined below or an ACMD for Academic Affairs (141) waiver for use of the educational detail are to be identified on the next submitted RCS 10-0144, Allocation of Residency Positions: Academic Year. (See also VHS&RA Supp. MP-5, pt. II, ch. 2.)

(1) **Authority for Educational Details of Integrated Programs.** Use of the educational detail for single-track fully integrated programs may be locally approved by the Chief of Staff provided all five of the following conditions are met for the specialty. The Chief of Staff must certify and document in the facility records that all five elements are satisfied. (A suggested format is in app. 1A.) This supporting documentation may be requested by VA Central Office, or by site visitors, including SERP. If one or more of the following conditions cannot be satisfied, a waiver must be requested from the ACMD for Academic Affairs (141) to use an educational detail.

(a) A specific experience is required for accreditation of the program as stated either in the AMA published "Specialty Requirements" and/or in the accrediting letter from the ACGME for medical programs. For dental programs, the specific experience must conform to requirements published by the ADA Commission on Dental Accreditation for Dental General Practice, or for Advanced Dental Specialty Education programs,

(b) Due to their case mix and/or absolute number of cases, neither the VA facility nor any of the other ACGME listed participating facilities in the integrated program can provide all the required experiences for all the residents in the program,

(c) The proportion of VA support for any educational detail in facilities that are not participants in the ACGME approved institutional list is no greater than the proportion of its support of the total program,

(d) Clinical needs of the VA as determined by local management are covered while the resident is gone, and

(e) The time spent in educational detail is no greater than 1/6th of the time funded by VA in the specialty/subspecialty for the academic year (July-June).

(2) **Authority for Educational Detail of Two-Track or Independent Programs.** Any use of the educational detail by two-track (multiple-track), or independent programs requires approval by the ACMD for Academic Affairs (141). (A suggested format is in app. 1A.) The following information for each medical and dental program will be submitted to the ACMD for Academic Affairs (141):

(a) The evidence of fulfilling the five conditions outlined,

(b) The effort and progress to date to convert the program to one that is fully integrated, and

(c) The effort to obtain other funding sources for the educational detail.

1.11 MEDICO-LEGAL RESPONSIBILITIES OF HOUSE STAFF

Under the Federal Tort Claims Act, the Government is liable for the malpractice of its employees acting within the scope of their employment. For purposes of this

act, residents are considered to be employees and 38 U.S.C. 4116 applies. However, because of the variety of conditions and situations which exist, the local District Counsel will be consulted in any situation respecting the adequacy or applicability of malpractice coverage for residents who may be rotated to non-Federal institutions. The following administrative precautions will be exercised (see also 38 U.S.C. 4116):

a. Residency members must be informed that they are not protected by the Federal Government in the event of malpractice, negligence, or any other claims against them in consequence of their activities during a period of assignment to non-VA institutions. This notification will be made a matter of record and placed on the left side of each residency member's official personnel folder.

b. Non-VA institutions to which residency members may be assigned will be notified that actions against such residency members do not fall within the protection afforded Federal employees under the Tort Claims Act. This notification also will be officially documented.

c. Any non-VA medical facility hosting resident rotations will have to make its own provisions for insurance coverage for the residents on these rotations. (Residents can be required to purchase personal malpractice insurance.)

1.12 MEDICAL AND DENTAL STUDENTS

a. **Training.** Medical (including osteopathic) and dental students may receive elective or clerkship training within a VA health care facility. The student must be enrolled in the affiliated medical, osteopathic, or dental school. Any VA facility without an affiliation agreement (see pt. I, ch. 2) may not offer elective or clerkship training to medical or dental students.

b. **Employment.** Medical (including osteopathic) and dental students may be employed at VA health care facilities to provide services of a technical nature not related to their curriculum assignments. When so employed, the students will not be designated as clinical clerks and will not be reported as such. The assignments of nonmedical care duties to such persons remains the responsibility of VA professional staff (see also par. 1.04c(2) and VHS&RA Supp. MP-5, pt. II, chs. 2 and 3).

c. Special Situations

(1) The VA will collaborate with affiliated medical schools that have Fifth Pathway training programs recognized by the State in which the medical school exists. Medical students in such programs will be appointed WOC under the authority of 38 U.S.C. 4114(b) provided all other statutory requirements are met.

(2) Medical students from domestic or foreign medical schools other than the affiliated medical school may receive elective or clerkship training within a VA health care facility. However, this training may only be given if the affiliated medical school sponsors the medical student(s) and takes full responsibility for their education while at the VA. Sponsorship must be evidenced either by the Deans Committee minutes or a letter to the VA facility from the Dean, or appropriate Department Chairperson of the affiliated medical school.

1.13 DISCIPLINARY ACTIONS AND TERMINATIONS

The policies and procedures for admonishment, reprimand, and termination of residents are contained in MP-5, part II, chapter 9 and its VHS&RA Supplement.

**SUGGESTED FORMAT
REQUEST FOR USE OF EDUCATIONAL DETAIL
OR
RECORD OF LOCALLY APPROVED EDUCATIONAL DETAIL**

FACILITY: _____
(VA Facility, City, State)

PROGRAM: _____
(Specialty/Subspecialty)

**SIGNATURE OF
APPROVING OFFICIAL:** _____
(Name and VA Title)

INSTRUCTIONS: Integrated programs should answer only part A. Independent and two-track (multiple-track) programs answer both parts A and B.

PART A. FIVE CONDITIONS FOR USE OF EDUCATIONAL DETAIL

1. **Specific Experience Required.** Give the type of training, its origin of requirement, and its duration.

- a. Specific requirements.
- b. Where requirement explicitly stated

Give time in months

		Letter from: LCGME/ACGME/ADA	Specialty requirement or ADA equivalent
Female	3 months	Specifically stated	Number of months given in "Green Book"
Pediatrics	2 months		
Other			
Total	5 months		

2. **Need for Non-VA Experience.** State briefly why experience needs to be obtained at a non-VA facility.

Neither pediatric nor female patients available at VA facility.

3. **Calculation of the VA's Share of the Educational Detail**

a. Month required for each resident for educational detail as outlined in paragraph 1.a.	b. Total months required for each resident to complete program	c. Total months of VA-supported residents in the specialty/subspecialty by AY _____	d. VA's pro rata share in months in AY _____
5	36	72	(5) _____ (36) 72 = 10 months

4. **Clinical Needs.** Describe how clinical needs at the VA facility are satisfied while the resident is on detail.

During the day there is appropriate coverage, and at night coverage is provided by University residents as AOD

5. **Application**

a. Total months of VA-supported residents in specialty/ subspecialty for AY _____	b. Theoretical maximal available VA supported "man-months" for educational detail in AY _____
72 months	<u>1</u> 6(72) = 12 months

Since all the above criteria have to be met, the number of months permissible for Educational detail for the AY under consideration is the smaller one of the figures derived in paragraphs 3 and 5 above.

10 months, not 12 months

PART B. OTHER CONSIDERATIONS

1. **Effort To Fully Integrate.** Describe effort and progress to date to fully integrate the program.

In AY_____ there will be exchange with residents in the University program for electives. In AY_____ the schedule for PG levels 1 and 2 will be a fully integrated one and in AY_____ there will be one match number.

2. **Other Funds.** Describe effort to obtain other funding resources.

Negotiations are under way with (_____) to have them pay for the residents when on rotation, but the major push is toward integration where considerable preliminary work has been done between the VA Chief of Staff and the school department heads.

**REPORTING REQUIREMENTS FOR THE ALLOCATION AND FUNDING OF
MEDICAL AND DENTAL RESIDENCY POSITIONS, AND SPECIALIZED FELLOWS**

The allocation and support of residency positions is an annual two-phase process.

NOTE: *Positions, FTEE, and funds allocated for these programs may not be used for other programs.*

1. The Office of Academic Affairs (141) allocates residency positions in response to requests from affiliated VA health care facilities within available resources and according to the appropriateness of educational opportunities offered through the clinical and academic activities of the affiliated institution (RCS 10-0144, Allocation of Residency Positions: Academic Year).

2. Funds and FTEE for adjustments to the fourth quarter of the current fiscal year and all four quarters of the upcoming fiscal year are provided to support positions filled against the fiscal year allocation (RCS 10-0145, Academic Year Resident Positions, Funds and FTEE).

3. Specialized Fellow positions are approved on an individual name basis at selected fellowship sites. Notification of approval is by individual TWX, citing name, begin and end dates, and salary/stipend. Support may be provided at time of approval or via the RCS 10-0145, VA Form 10-7938.

4. Due dates for these reports are established annually and will be announced separately by the Office of Academic Affairs. Applicable VA forms will be distributed at that time.

a. RCS 10-0144, Allocation of Residency Positions: Academic Year.

VA Form 10-5340, Allocation of Residency Positions, will be used to provide the estimated resident requirements for the upcoming academic year.

RESIDENCY ASSIGNMENTS - Page 1 (Medical) and Page 3 (Dental)

Specialty/Subspecialty. All positions should be listed under the "parent" discipline. For instance, if one of the residents from general surgery routinely rotates each month to thoracic surgery, the resident should be counted under general surgery. This concept also applies whenever there is an agreement between service chiefs or department heads that a position is to be used to fulfill the board requirements in general internal medicine training for such specialties as psychiatry, neurology, or anesthesiology.

Column 1. List the base allocation for the current academic year. Do not include any temporary adjustments which have been approved by the Office of Academic Affairs.

Column 2. List the actual distribution of positions during the current academic year, INCLUDING ALL TEMPORARY ADJUSTMENTS.

Column 3. Show the preferred redistribution of positions for the upcoming academic year, assuming that the total base allocation will remain unchanged from that made for the current academic year. The total for Column 3 must, therefore, equal the total for Column 1.

Column 4. Indicate the number of positions in each specialty to be assigned for rotation through a specified environment (to be identified by Academic Affairs when VA Form 10-5340 is distributed for the current report cycle).

Column 5. Indicate the total number of resident months of Educational Detail (see M-8, pt. II, par. 1.10) to be utilized by each specialty.

Column 6. The chief of each service must initial the appropriate line(s) to indicate that the data reported has been reviewed.

INCREASE/DECREASE LIST - Page 2 (Medical) and Page 4 (Dental)

INCREASE LIST

Preferred Position. (Complete Column 3 on Pages 1 and 3 before attempting to complete this section.) Assume that the redistribution, shown in Column 3, is approved and list in priority order additional positions which could legitimately be used during the upcoming academic year.

Specialty/Subspecialty. Self-explanatory.

Justification. Specific approval by Academic Affairs (141) is required for VA involvement in establishing new medical and dental residency training programs (M-8, Part II, Chapter 1). Positions for new programs cannot be funded without ACGME/ADA/AOA accreditation and Deans Committee approval

Review by Service Chief. Service Chiefs should initial appropriate line(s).

DECREASE LIST

Preferred Position. Enter the positions in descending order from least difficult to most difficult to lose. Decisions to reduce the total allocation to facilities will not be influenced by the completion or non-completion of the Decrease List. However, if a decision is made to reduce the total allocation to a facility, it may be to the facility's advantage to have completed the Decrease list to reflect local priorities.

Specialty/Subspecialty. Self-explanatory.

Justification. Self-explanatory.

Review by Service Chief. Service Chief should initial appropriate line(s). Completion of the Decrease List for medical and dental resident positions is optional.

Approximately 30 days following submission of RCS 10-0144, VA facilities will be notified of the initial allocation of resident positions for the academic year beginning July 1. Distribution of these positions among designated categories will be included in the notification. Internal reallocation within each category (but not between categories) is permissible as long as the total allocation for the category is not exceeded.

Academic Affairs should be kept apprised of all reallocations within categories. Changes in allocations between designated categories require prior written approval by the ACMD for Academic Affairs (141).

b. RCS 10-0145, Academic Year Resident Positions, Funds, and FTEE.

VA Forms 10-7934 through 10-7937 will be used to provide information on all residents recruited for the VA component of the academic year program. Funds and FTEE for adjustments for the fourth quarter of the current fiscal year and all four quarters of the upcoming fiscal year are to be requested on this report. VA Form 10-7938 will be used for the Specialized Fellowship Programs.

1. VA Form 10-7934, Medical Resident Positions by Specialty, and VA Form 10-7935, Dental Resident Positions by Specialty.

Column 1. Specialty/Subspecialty. Self-explanatory.

Column 2. Positions Allocated: List all positions authorized by Academic Affairs for the academic year beginning July 1 (initial allocation +/- all adjustments received through the date specified for Column 3). Include "temporary" positions allocated for the full academic year; do not include positions authorized for just the fourth quarter of the current fiscal year.

Column 3. House Staff Recruited for VA Component of Program as of (date to be specified by Academic Affairs when report forms are distributed). A position is considered recruited when the program director has an unequivocal verbal or written agreement with a named individual to be a member of the resident program beginning July 1, enabling the program director to guarantee filling one position in the program full-time at the VA for the academic year. If the position can be "filled" full-time for only part of the academic year, the appropriate fractional position should be reported, e.g., for six months, 0.5 position. "Filled" positions are to be listed by PG level.

Column 4. Difference Between Positions Allocated and Recruited (UNFILLED POSITIONS). Enter the difference between the number of positions allocated and the number recruited. There may be some specialties/subspecialties that appear to be returning positions and others requiring more than the initial/adjusted allocation. This is permissible as long as the total allocation for the designated category is not exceeded. Unfilled positions reflected on this report may not be filled without written approval by the ACMD for Academic Affairs (141).

2. VA Form 10-7937, Medical Resident Funds and FTEE, and VA Form 10-7936, Dental Resident Funds and FTEE.

Line 1 - Rate Letter in Effect. In the space provided, enter the date of the rate letter/disbursement agreement in effect as of the date of this report; enter the stipend (\$) by PG level.

Line 2 - FICA and Fringe Benefits. Medical and dental residents appointed full-time are eligible for the following benefits:

Benefit

Authority

Annual and Sick Leave
5 U.S.C. Chapter 63

Social Security
26 U.S.C. Chapter 80, and

Circular E, Employers Tax

Guide, IRS

Benefit--Continued
Authority--Continued

Life Insurance
5 U.S.C. Chapter 87, and

(appointments exceeding 1 year)
Federal Personnel Manual

Supplement 870-1

Health Insurance
5 U.S.C. Chapter 89, and

(appointments exceeding 1 year)
Federal Personnel Manual

Supplement 890-1

Enter the estimate of funds required for fringe benefits by PG level; enter the corresponding percentage of the base stipend in the space provided. WHERE APPLICABLE, VA FACILITIES MUST DISTINGUISH BETWEEN FUNDS REQUIRED FOR BENEFITS UNDER A DISBURSEMENT AGREEMENT AND ANY FUNDS REQUIRED FOR LEAVE AND SOCIAL SECURITY.

Line 3 - Total Cost/Position. Self-explanatory.

Line 4 - Number of residents for VA Component of Program.

Enter the number of residents recruited by PG level. Line 4 must agree with the number reflected on the Line 7, VA Form 10-7934, and Line 9, VA Form 10-7935.

Line 5 - Total Annual Cost. Self-explanatory.

Line 6 - Total Annual FTEE. Self-explanatory. Facilities under full disbursement agreements will reflect no FTEE.

NOTE: *The calculations in the Total column on Lines 4, 5, and 6, will appear on the facility's Target Allowance for the next fiscal year.*

Line 7 - Requirement for Last Quarter of Current Fiscal Year. Self-explanatory.

Line 8 - Allocation Received for Last Quarter of Current Fiscal Year. Funds and FTEE for the fourth quarter of the current fiscal year were allocated on the facility Target Allowance and adjusted throughout the year. Enter the estimated balances available to be applied to the fourth quarter requirement (Line 7).

Line 9 - Adjustment Required for Last Quarter of Current Fiscal Year. Self-explanatory. Adjustments, if any, reflected on this report will be automatically processed by Academic Affairs (144) early in the fourth quarter of the current fiscal year.

3. VA Form 10-7938, Specialized Fellows Positions, Funds, and FTEE.

NOTE: *This Form will be completed, in part, by the Office of Academic Affairs at the time of distribution.*

a. 1st Year Fellows:

(1) Position. Number of positions earmarked for allocation to Fellowship Site.

(2) FTEE. One FTEE for each 1st year Fellowship position.

(3) Funds. Salary/stipend for individual(s) approved for appointment.

b. 2nd Year Fellows:

(1) Positions. Enter the actual number of Fellows currently on board who will begin the 2nd Fellowship year.

(2) FTEE: Calculate FTEE required (no. of positions x .75).

(3) Funds. Calculate funds required (salary x .75).

c. 3rd Year Fellows:

(1) Positions. Number of individuals approved by Academic Affairs to continue in the program for a 3rd year.

(2) FTEE. One FTEE for each 3rd year position.

(3) Funds. Salary/stipend for individual(s) approved for a 3rd year.

d. Complete lines E and F as indicated.

e. Any adjustments for fourth quarter of current fiscal year will be determined by Academic Affairs based on information entered on line G.

f. Changes may be required for appointments approved in the interim between distribution of Form 10-7938 and report due date. However, use the form provided; pen and ink changes are preferred over retyping.

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CHAPTER 2. ASSOCIATED HEALTH PROFESSIONS

2.01 PURPOSE

The purpose of this chapter is to promulgate policies and procedures for the establishment and maintenance of clinical education activities affiliated with undergraduate and graduate educational programs for trainees in associated health care professions

2.02 AUTHORITY

The authority for the conduct of associated health training programs is contained in 38 U.S.C. ch. 73. (See M-8, pt. I, ch. 1.)

2.03 RELATIONSHIPS WITH ACADEMIC INSTITUTIONS

The policies applicable to the establishment and maintenance of relationships with academic institutions and related agencies are contained in M-8, part I, chapter 2.

2.04 DEFINITIONS

a. **Associated Health Professions.** Affiliated nationally recognized health care professions with entry level training at the post secondary level, other than medicine and dentistry.

b. **Clinical Education.** The portion of education or training that takes place at the site of clinical care rather than at the college. For purposes of this chapter, clinical education does not include activities which are: shorter than 40 hours per year; only observational with no patient contact; for laboratory research purposes only; and on-the-job training only. (Students who meet these latter qualifications may be appointed by the facility Director on a WOC (without compensation) basis, as explained in VHS&RA Supplement, MP-5, pt. II, ch. 2.). Persons involved in research must meet all requirements of the local Research and Development Committee and of the ACMD for Research and Development.

c. **Undergraduate and Graduate Educational Programs.** Educational activities which take place following secondary education for which a recognized degree or certificate is awarded.

d. **Students.** Persons enrolled in undergraduate, graduate and post-graduate educational programs who participate in clinical education activities at the VA health care facility for more than 40 hours per year (or less, if involved in direct patient care), and who may be appointed on either a paid or WOC basis.

e. **Affiliated.** Linked by a formal Memorandum of Affiliation (See M-8, pt. I, ch. 2). Affiliations shall exist only with accredited institutions of post-secondary education. For purposes of this chapter, use of the noun "institution" should be accepted in its broadest sense to mean any school, regardless of the level of certificate or degree awarded.

2.05 GOALS

The goals for education and training in the associated health professions in the VA are as follows:

- a. Attract and retain health care personnel qualified to provide quality health care for veterans.
- b. Enhance the professional development of VA personnel as a result of the student-teacher relationship.
- c. Utilize VHS&RA professional resources and clinical facilities to assist in providing an adequate supply of health care personnel for VA and the Nation.

2.06 OBJECTIVES

In order to meet the goals for affiliated education, the Office of Academic Affairs' objectives are as follows:

a. Provide guidance to VA health care facilities for establishing affiliated education programs. This includes decentralized and centralized programs, accreditation and regulatory requirements, educational principles, and specific professional standards.

b. Review proposals for centralized affiliated educational programs submitted by VA health care facilities to assure that the proposed programs meet all standards and requirements. Review of educational proposals will be limited to:

(1) All funded discipline programs;

(2) All discipline programs without nationally recognized accrediting bodies;

(3) Special Funded programs; and

(4) Special Policy Exceptions, i.e., physical therapy, occupational therapy and baccalaureate social work.

See appendix 2A and 2B for a comprehensive listing of associated health disciplines relating to subparagraphs (1), (2), (3), and (4).

c. Explore all possible approaches in the existing health care professions before approving programs for new categories of students.

d. Collaborate with other agencies, public and private, to devise and promote standards of quality and effectiveness in affiliated education programs.

2.07 REQUIREMENTS FOR THE CONDUCT OF EDUCATIONAL PROGRAMS

a. The VA health care facility will provide adequate support for educational programs as follows:

(1) Analyzing the affiliating institution's educational programs, curricular goals, and clinical education objectives prior to establishing an affiliation to assure that they appropriately relate to the goals of the VA health care facility. If an affiliation is established, a written statement of its goals for the clinical education program shall be prepared by the VA health care facility.

(2) Obtaining and reviewing accreditation credentials and approval standards for education in each relevant health care progression to determine requirements for clinical education.

(3) Reviewing established clinical education programs in all associated health professions on a periodic and regular basis (but no less than 5 years) to assure continued relevance to the VA health care facility's goals.

(4) Assuring that the clinical and academic faculty involved in clinical educational programs at the VA health care facility are competent in both patient care and clinical teaching. Responsibility for general oversight of clinical education in the VA health care facility resides with the Associate Chief of Staff for Education or the Allied Health Coordinator. If neither position exists, the responsibility falls to the Chief of Staff. The chief of each appropriate service or section is responsible for all professional and administrative aspects of that discipline's training program(s). Clinical educators with direct supervisory responsibilities may either be VA staff members or faculty from the affiliated institution and must:

(a) Be graduates of educational programs which are accredited by nationally recognized accrediting agencies in the appropriate disciplines, where such accreditation exists;

(b) Meet licensure/certification requirements;

(c) Have a minimum of 1-year's clinical experience in the area to be supervised;

(d) Demonstrate interest in and show ability to teach through prior education and/or experience;

(e) Maintain knowledge and skills in clinical practice through continued education, specialty certification, and/or participation in special projects or research; and

(f) Demonstrate effective interpersonal skills as evidenced in supervisory evaluations, references, or reports from previous students. Those clinical educators who have intermittent contact with students should meet criteria (4)(a) through (f). In some training programs, it is required that an instructor from the affiliating institution be provided in accordance with a recommended student/teacher ratio. (See individual discipline criteria (beginning with par. 2.18) for this information.)

(5) A consultant may be utilized to assist the training program(s). The consultants should have a high degree of expertise in their specialty. Consultants are frequently appointed in a specialty area that is not represented in the medical center staff. Consultants are appointed on either a paid or WOC basis by the focal VA facility, upon the request and recommendation of the chief of the requesting service. Whenever feasible, reciprocal arrangements should be made between consultants appointed from a cooperating institution and VA staff appointments to that institution for a coordinated training program.

(6) Providing comprehensive learning resources necessary for clinical education which include the following:

(a) Appropriate numbers and types of patients for the learning objectives of the affiliates.

(b) Adequate numbers and types of personnel at the facility to support the proposed and ongoing affiliations.

(c) Opportunities for personnel and students to participate in in-service education and interdisciplinary conferences on a regular basis.

(d) Access to educational materials and media available from the facility, district, and region.

(e) Adequate space for patient care service, student-supervisor interaction, and individual study.

(f) Adequate equipment and supplies to meet service and educational goals.

(g) Opportunities for students to participate in all relevant aspects of delivery of care at the facility and in special projects, including research, as they occur.

(7) Assuring that an appropriate system for planning, implementing, and evaluating clinical education programs is in place at the VA health care facility. This system shall include the following:

(a) Written, measurable outcome objectives for the educational program.

(b) A written, organized plan for the educational activities in which students will engage at the VA health care facility. The plan will include identification of activities which will include time sequence, and relationships to the desired outcomes for each.

(c) Evaluation of the affiliate's clinical supervisor (when one is utilized), the VA health care facility clinical supervisor(s), and the clinical education program by the student; and evaluation of the student, the clinical supervisor(s), the institution's curriculum, and the clinical education program by the VA health care facility. These evaluations shall be of two types: evaluation during the course of the program designed to improve the educational activity for both the student and the supervisor (formative); and evaluation at the conclusion of the program designed to assess the success of the student and the program in meeting the predefined objectives (summative).

b. The affiliating institution will support the clinical educational program as follows:

(1) Compiling the information necessary for the VA health care facility to review for appropriateness of the program as specified in paragraph a(1).

(2) Developing a mechanism to involve VA health care facility clinical educators in the curriculum development process. When possible these persons should receive appropriate academic faculty appointments.

(3) Providing, where necessary, clinical instructors on a WOC basis to supplement the VA facility staff.

(4) Designating, where appropriate, a senior college official (e.g., Dean, School of Allied Health) to serve on the Deans Committee or Medical Advisory Committee at the VA facility (see M-8, pt. I, ch. 3, par. 3.02).

(5) Providing opportunities for the clinical staff to improve teaching, clinical, and research skills without cost whenever possible.

(6) Arranging for the clinical staff to have access to any relevant educational materials, activities, or programs.

2.08

POLICIES GOVERNING APPROVAL OF CENTRALIZED AND DECENTRALIZED PROGRAMS

M-8, part I, chapter 1, requires that all academic institutions seeking to affiliate with VA facilities for an associated health education program have, or be actively seeking approval for, national accreditation by an accrediting body (where such bodies exist) officially recognized by the U. S. Department of Education for those programs. The Office of Academic Affairs recognizes these national accrediting bodies as legitimate quality assurance mechanisms that foster high standards of excellence in associated health professions. It is for this reason that all associated health education programs have been divided into two categories: centralized and decentralized.

a. Hospital Education Committee. Facilities should utilize their Hospital Education Committee to provide oversight and coordination of affiliated programs for associated health. If a Hospital Education Committee has not been established, an existing committee may, with approval of the ACMD for Academic Affairs, serve in this capacity (see M-8, pt. I, ch. 3, par. 3.05). The committee is to advise the facility Director regarding the development, conduct, and evaluation of these affiliations, and specifically recommending to the facility Director whether or not the VA facility should initiate or continue an affiliation.

b. Definition of a Decentralized Program. A decentralized program is defined as one having a nationally recognized accrediting body identified by the U.S. Department of Education and whose students receive clinical training at the VA health care facility on a WOC basis (see app. 2A). The review and approval of these programs is delegated to the VA facility Director.

c. Definition of a Centralized Program. A centralized program is defined as any associated health program that is:

(1) WOC and has no nationally recognized accrediting body, or has an educational level(s) within a specific discipline that is not accredited by that discipline's accrediting body (see app. 2B, category A).

(2) Provided student funding support by the Office Of Academic Affairs (see app. 2B, category B).

(3) An Office of Academic Affairs special funded program (see app. 2B, category C).

(4) Considered a special policy exception program (see app. 2B, category D). Although Occupational Therapy (Baccalaureate/Masters), Physical Therapy

(Baccalaureate/Masters), Physical Therapy Assistant (Certificate/Associate Degree), and Social Worker (Baccalaureate) meet criteria outlined in paragraph 2.08b, these discipline programs must be forwarded for review and approval by the ACMD for Academic Affairs for the following reasons.

(a) OT (Occupational Therapy). The American Occupational Therapy Association is changing clinical education requirements. All occupational therapy clinical training sites must guarantee several new specialized areas in order to provide clinical training.

(b) PT (Physical Therapy). The American Physical Therapy Association is in the process of changing clinical education requirements, and this changing climate is expected to continue through 1990. Some universities have already changed to a masters entry level program. Therefore, it is important that these programs be closely monitored.

(c) Staff. Many VA facilities are experiencing OT and PT staff shortages due to recruitment difficulties. There is concern that, without careful monitoring, staffing imbalances may foster use of students as substitute staff, or additional duties assigned existing staff might result in poorly supervised training experiences.

(d) Social Work. It has been the policy of the Office of Academic Affairs (143C) that any new undergraduate affiliations in social work would not be approved without appropriate justification. Previously approved affiliations were either phased-out or appropriate justification was submitted by the VA facility to continue to be submitted for review and approval.

d. Occasionally a VA facility may wish to request an affiliation for a clinical training program not appearing on the listings in appendixes 2A and 2B. Because associated health training programs focus on producing individuals who meet VA qualification standards for employment, the VA facility must furnish a written justification that proves the discipline meets these VA qualifications.

e. Because of the nature of clinical education and service, it is anticipated that sufficient changes will occur to justify periodic review by the VA facility of all approved affiliated programs (centralized or decentralized). Therefore, all programs should be reviewed by the VA facility every 5 years.

f. The Office of Academic Affairs maintains a staff of education specialists who are available as a resource to field personnel regarding affiliated programs. Questions regarding centralized and decentralized affiliated programs may be directed to the Office of Academic Affairs (143C).

g. Additions or deletions to programs in appendixes 2A and 2B will be made by the Office of Academic Affairs as necessary.

2.09 GUIDELINES FOR PREPARATION OF CENTRALIZED PROGRAMS

Centralized programs are those programs listed in appendix 2B. The policies governing these programs are outlined in paragraph 2.08. Each VA health care facility is required to submit an educational proposal containing program information as specified in this section. This information will be compiled and forwarded through appropriate channels to the ACMD for Academic Affairs (141C) for review and approval prior to entering into the affiliation.

a. Proposal(s) for centralized programs will be prepared in duplicate; one copy will be forwarded for review and one copy will be retained at the VA facility. The packet will contain the following:

(1) A transmittal letter signed by the facility Director indicating that a "properly executed Memorandum of Affiliation" (see app. 2B, agreement) is on file at the VA facility. The letter should identify the affiliating institution, the specific discipline and level, e.g., University of Utah for a doctoral level (discipline) program, and the date the

affiliation was approved by the VA facility Director. In most instances, this transmittal letter will be accompanied by the education proposal for that program. It is not necessary to submit a copy of the Memorandum of Affiliation with the proposal.

(2) A completed VA Form 10-0105a, Clinical Education Profile.

(3) A completed VA Form 10-0105b, Clinical Instructor Profile, for instructor(s) responsible for the VA portion of the curriculum. This form should be used for a VA instructor or, if applicable, the instructor from the affiliating institution, or both.

(4) A list of the learning objectives for the overall program as prepared by the affiliating institution.

(5) A catalog from the affiliating institution. It is acceptable to use the original or xerox copies of pages from the catalog showing component courses and course descriptions in lieu of the catalog.

(6) An outline of the portion of the curriculum that will be presented in the VA facility. This must include:

(a) A list of the learning objectives;

(b) A description of the types of clinical experiences designed to provide the students with the opportunity to achieve these objectives, and

(c) An evaluation plan as outlined in paragraph 2.11.

NOTE: *Program materials should not exceed 12 pages, exclusive of subparagraph a(2), (3), and (5).*

b. Any VA health care facility requesting approval for clinical education programs involving those listed in appendix 2B, category A, must provide, in addition to all materials listed in subparagraph a, evidence that the proposed clinical education program fulfills a unique and important need for the VA facility. This evidence shall include the following:

(1) Information demonstrating that the discipline fulfills a unique need for the veteran patient, utilizes specific assessment techniques that determines the veteran's need for services, and utilizes specific treatment modalities or a new technology that are not or could not be provided by another established occupation.

(2) Information demonstrating that staff members of the discipline have the specific or special competencies necessary to provide these services, and that these competencies are not held by another established occupation.

(3) Information demonstrating that the occupation is recognized and utilized in other health care settings outside of the VA and that graduates of the proposed program will have opportunities for career mobility both within and outside the VA system.

2.10 GUIDELINES FOR PREPARATION OF DECENTRALIZED PROGRAMS

Decentralized programs are those programs listed in appendix 2A. The policies governing these programs are outlined in paragraph 2.08. Each VA health care facility is

required to prepare an educational proposal as specified in this section. This information will be compiled and forwarded through the appropriate channels to the Hospital Education Committee and on to the facility Director for approval. The approved program materials must be kept on file at the VA facility for reference and inspection by site visitors, and reviewed every 5 years (see par. 2.08e).

a. Program information packets for decentralized programs shall contain the following:

(1) A completed VA Form 10-0105a, Clinical Education Profile.

(2) A completed VA Form 10-0105b, Clinical Instructor Profile, for the instructor(s) responsible for the VA portion of the curriculum. This form should be used for a VA instructor or, if applicable, the instructor from the affiliating institution, or both.

(3) An outline of the portion of the curriculum that will be presented in the VA facility. This must include:

(a) A list of the learning objectives;

(b) A description of the types of clinical experiences designed to provide the students with the opportunity to achieve these objectives; and

(c) An evaluation plan as outlined in paragraph 2.11.

b. The affiliation and program may be approved on a provisional basis if the school provides a letter stating they are in the process of applying for accreditation. Provisional approval should only be granted for the specific period of time required for full accreditation, and must be monitored closely.

2.11 EVALUATION

a. Education and training programs in all health care professions will be evaluated on a continuing basis. For the VA portion of the clinical instructional program, an evaluation plan will be designed to determine each of the following items:

(1) Appropriateness of learning objectives for meeting performance requirements in the profession or occupation.

(2) Appropriateness of the criteria for measuring the student's performance in the clinical setting.

(3) Extent to which students and graduates actually achieved the learning objectives in the VA.

(4) Appropriateness of the resources available for use in the VA portion of the curriculum.

(5) Recommendations for improvement of the VA portion of the clinical instructional program.

b. In all affiliated programs, the design of the evaluation plan will be a joint effort of the VA facility and the sponsoring academic institution. A copy of the evaluation plan will be submitted to the ACMD For Academic Affairs (143C) for all centralized programs.

c. The VA facility is responsible for assuring the evaluation is completed for each student. Results will be reviewed with the objective of revising and improving the VA portion of the training programs as may be indicated. The evaluations and a summary of the changes made in the training program will be maintained at the VA facility for review upon request by Central Office staff and other appropriate individuals.

2.12 POLICIES REGARDING DIRECT STUDENT SUPPORT

a. The Office of Academic Affairs (143C) serves as the authorizing office for approval of paid appointments for all affiliated health students under its purview and funds for student support are allocated through the Office of Academic Affairs (143C).

b. The policies that govern the allocation process for compensation of students in associated health professions are as follows:

(1) Education and training funds will be provided only for those students where clinical experience is needed to fulfill education requirements for basic occupational preparation and to meet qualifications for VA employment.

(2) Direct student support for graduate level education will be provided for in the latter part of the training program prior to completion of eligibility for entry level employment into VA.

(3) Student support is not provided for those associated health programs which require baccalaureate level or below baccalaureate level training for entry level into the occupation. Exception: Occupational therapy students who are selected for ITTG (Interdisciplinary Team Training in Geriatrics) at VA facilities which are designated as model ITTG sites (see par. 2.46g).

(4) Direct student support will be reduced for those associated health professions where there is a national shortage of clinical placement sites. Preference will be given to provision of direct student support to those students who are unable to obtain their clinical experience within commuting distance of school or home and/or to those VA facilities that have been designated as VA special project sites in priority areas such as geriatrics, substance abuse, or spinal cord injury.

(5) Where external accrediting bodies exist, only students in those training programs that are accredited or in the process of being accredited will be considered for support.

(6) Funds allocated for associated health students by the Office of Academic Affairs (143C) will not be provided to post-Ph.D., post-D.D.S., or post-M.D. candidates. (Exceptions are optometry, podiatry, pharmacy residents, and psychology respecialization candidates.)

(7) Students who receive support are required to participate in block-type clinical education placements. That is, placements should be of at least 8

consecutive weeks in duration, for not less than 20 hours a week unless otherwise specified, e.g., clinical nurse specialist students, nursing administration practicum students (see par. 2.46b and i).

(8) An associated health student may not receive a second paid appointment in the same funded discipline once the student has completed the first paid clinical training experience. An exception is a psychology summer practicum student who may be selected in the future at another VA facility for an internship.

(9) Funding provided by the Office of Academic Affairs (143C) to support one student for a clinical experience may not be split between two students.

(10) A circular is published annually by the Office of Academic Affairs (143C) inviting student funding requests for those associated health professions which are eligible for support during a fiscal year (RCS 10-0143). Any changes to the above policies, along with a list of support-eligible professions, will be previewed in this circular.

(11) Students who are not paid must be placed on WOC appointments.

2.13 APPOINTMENTS AND COMPENSATION

a. Compensated and WOC appointments of associated health students will be made under authority of 38 U. S.C. 4114(a)(1)(A) (except as indicated in subpar. b) in accordance with the applicable program provisions in this manual and VHS&RA Supplement, MP-5, part II, chapter 2. WOC appointments of instructors will also be made in accordance with these provisions. Students from selected categories of affiliated programs are eligible for student support. Programs for which training funds are available (app. 2B, categories B and C) have been so designated through the Office of Academic Affairs policy decisions.

b. To place VA employees in the competitive service into programs in which students are paid on a per annum basis, full-time or part-time student positions will be established in the competitive service under the General Schedule and classified by application of the appropriate classification standards. The requirements of the FPM (Federal Personnel Manual) will be applied in making necessary pay adjustments, temporary promotions, reassignments, or changes to lower grades. In unusual cases, the Chief Medical Director, or designee, may authorize the conversion of agency employees to appointments under 38 U.S.C. 4114(a)(1)(A). Prior to completion of the program, students will be assisted in locating appropriate positions. When positions are not available, to the extent possible, employees should be returned to positions at the grade level they previously held. The pertinent FPM requirements will be followed when persons selected for programs in which students are paid on a stipend basis are converted to appointments under 38 U.S.C. 4114(a)(1)(A). These students should also be assisted in locating appropriate positions.

c. Students in associated health professions paid on a per annum basis in programs which are limited to 1 year or less may receive a 40-hour per week appointment. Trainees cannot be appointed on full-time basis for more than 1 year's duration. Students in programs of more than 1 year's duration or extended or renewed beyond 1 year will be restricted to the 30-hour per week appointment limitation. (See VHS&RA Supp., MP-5, pt. II, ch. 2.)

d. Paid trainees from affiliated institutions are precluded from simultaneously holding any other compensable appointment in the VA. (See VHS&RA Supp., MP-5, pt. II, ch. 2.)

e. Paid associated health students appointed under the authority of 38 U.S.C. 4114 (a)(f)(A) must be U.S. citizens. The VA facility will inform the sponsoring institution of this citizenship requirement before any students are accepted for

training. This requirement may be waived to appoint noncitizens only when qualified citizens are not available in accordance with the provisions of VHS&RA Supplement, MP-5, part II,

chapter 2. Paid appointments of noncitizen associated health students require approval by the Chief Medical Director or designee in Central Office. However, it should be noted that such appointments are not generally permitted, since citizen students are usually available at another training site even if they are not available at the first site.

f. Determination of physical fitness will be made for initial appointment of students at a VA facility in the manner prescribed under the provisions of MP-5 part I, chapters 300 and 792. Examination may be excluded in certain short-term traineeships in which the parent institution accepts responsibility.

g. Students may be paid on a stipend or a per annum training rate, as appropriate. The provisions of VHS&RA Supplement, MP-5, part II, chapter 3, will be applied in dealing with the two types of compensation available.

h. A student may be detailed, with no loss of pay, to another Government or non-Government institution to procure the necessary related supplementary education or training which is an integral part of the training for which VA has assumed responsibility. However, under no circumstances may the total time spent in non-VA institutions exceed 1/6 of the total hours a student is in a pay and training status with VA (See VHS&RA Supp., MP-5, pt. II, ch. 3.)

i. Affiliated associated health students may not be appointed as VA volunteers in order to receive clinical training to satisfy educational degree requirements.

j. Paid students are primarily responsible for seeing that they fulfill the training requirements specified for their appointment. When a student has not fulfilled the required number of supervised training hours for which funding support has been received, the student is required to make up these hours on a WOC basis. (See VHS&RA Supp., MP-5, pt. II, ch. 3.)

2.14 BENEFITS

a. Paid students, except those with intermittent appointments (such as those who receive fixed biweekly stipends), are entitled to the annual and sick leave benefits provided under 5 U.S.C. ch. 63 (see MP-5, Pt. 1, Ch. 630, "Absence and Leave"). Leave arrangements will be approved for students by responsible VA personnel in consideration of their schedule at the affiliated institution. Facilities must encourage trainees to utilize their annual leave as it accrues, so that terminal leave payments are not required.

b. All students are covered by the injury compensation provisions of 5 U.S.C. ch. 81 (see MP-5, Pt. 1, Ch. 810, "Injury Compensation") which covers compensation and other rights and benefits for injury or work-related illness incurred in the performance of their duties. Outpatient emergency medical and dental care may be furnished to students without charge during a scheduled training assignment.

c. For information about retirement and insurance coverage, see MP-5, Part I, Chapter 831, "Retirement;" Chapter 832, "Old Age, Survivors, and Disability Insurance;" "Chapter 870," "Federal Employees Group Life Insurance;" and Chapter 890, "Federal Employees Health Benefits." Generally, students who have paid appointments which are limited to 1 year or less, or who are appointed on an

intermittent basis (such as those with fixed biweekly stipends) are not covered by Civil Service retirement or Federal Employee Group Life or Health Insurance. Title 38 students, who are not covered by Civil Service

retirement, are normally covered by Social Security (Old Age Survivors and Disability Insurance).

d. Eligible students may apply for and accept veterans educational benefits authorized under 38 U.S.C. chapters 32 and 34, concurrently with their VA traineeship.

e. Uniforms or uniform allowance will not be furnished by the VA except where specifically indicated in individual program descriptions. Uniforms provided personally by the students or by the affiliating institution may be laundered by the VA at no cost to the trainees or the affiliate, if laundry facilities are available.

f. Provision for quarters and/or subsistence will be made in accordance with M-1, part I, chapter 2.

g. A certificate of training may be issued by the VA health care facility Director on successful completion of training. VA Form 5-3904, Certificate of Training, will ordinarily be used except where individual programs provide otherwise. VA Form 10-2553, Certificate of Residency, and VA Form 10-2553A, Certificate of Internship, are available for appropriate programs.

h. Students will not be authorized to travel at Government expense. However, this does not preclude local travel involving transportation tokens, etc., when such travel is required for clinical or field training.

2.15 EMPLOYMENT IN VA ON COMPLETION OF TRAINING

The Personnel Officer will work closely with the concerned service officials to ensure that students receive all available information concerning VA employment after training. As soon as possible, each student should be encouraged to file appropriate documents in order to establish eligibility for selection to a regular full-time position.

2.16

VA FACILITY ASSOCIATED HEALTH PROFESSIONS STUDENT REVIEW COMMITTEE

a. Purpose

The Associated Health Professions Student Review Committee provides a mechanism through which the VA facility evaluates, reviews, and makes recommendations to the facility Director with respect to the student's professional performance in the clinical setting, educational achievement, behavior and termination.

b. Organization

(1) A VA facility Associated Health Professions Student Review Committee will be chaired by either the ACOS/E, the Allied Health Coordinator, or where these positions do not exist, the Chief of Staff. The Committee will be established at

each VA facility having affiliated associated health training programs, and will be composed of the members identified in paragraph (2).

(2) Members will include the Committee Chair, the Chief of the involved service/section or designee; the representative discipline director of training or designee from the affiliated institution and, where possible, at least one student at the VA facility representative of the involved discipline. Other appropriate representatives; i.e., a personnel representative, may be selected at the discretion of the Chair.

c. Duties

(1) The Committee will convene as deemed necessary during the year to evaluate, review, and make recommendations to the facility Director with respect to the student's professional performance, educational achievement, behavior, and termination.

(2) Accurate and complete minutes of all meetings will be kept. Recommendations will be forwarded to the facility Director for a decision based on the Committee's recommendations.

(3) The facility Director will notify the ACMD for Academic Affairs (141C) by letter of any decisions and actions regarding the student, and provide a copy of the minutes and recommendations made by the Committee at this time.

d. Separation

Students may be terminated at any time when it is determined their academic or clinical performance, or personal adaptation is unsatisfactory. Current instructions for termination of employees appointed under 38 U.S.C. 4114(a)(1)(A) are contained in VHS&RA Supplement, MP-5, part II, chapter 9.

2.17 MEDICAL-LEGAL RESPONSIBILITIES OF STUDENTS

Under the Federal Tort Claims Act, the Government is liable for the malpractice of its employees within the scope of their employment. Associated health students may or may not come under the provisions of 38 U.S.C. 4116, with respect to claims made against them caused by an alleged negligent or wrongful act or omission. Questions relating to the applicability of 38 U.S.C. will be referred to the local District Counsel.

2.18 AUDIOLOGY AND SPEECH PATHOLOGY

a. Types of Students

(1) Audiologist

(a) Baccalaureate. Enrolled in a baccalaureate program in audiology.

(b) Masters. Enrolled in a masters program (level I) in audiology accredited by the ASLHA (American Speech-Language-Hearing Association).

(c) Doctoral. Enrolled in a doctoral program (level II) in audiology.

(d) Clinical Fellow. A graduate of a masters program in audiology accredited by ASLHA who is receiving clinical experience in order to qualify for certification by ASLHA.

(2) Speech Pathologist

(a) Baccalaureate. Enrolled in a baccalaureate program in speech therapy.

(b) Masters. Enrolled in a masters program (level I) in speech pathology accredited by ASLHA.

(c) Doctoral. Enrolled in a doctoral program (level II) in speech pathology.

(d) Clinical Fellow. A graduate of a masters program in speech pathology accredited by ASLHA who is receiving clinical experience in order to qualify for certification by ASLHA.

b. Appointments

(1) Audiology/speech pathology students at the masters level may be appointed on a stipend or WOC basis. Doctoral level students are generally appointed on a WOC basis. Any paid doctoral level appointments are approved on an exception basis only. All paid appointments may be for only 1 year, although a student may be appointed on a WOC basis prior to or after having been appointed on a paid basis.

(2) Clinical Fellows will be appointed on a WOC basis only.

c. Consultants. An audiology and speech pathology consultant may be appointed to assist the training program (see par. 2.07 a(5)).

d. Program Requirements. Program information submitted to the Office of Academic Affairs (143C) for approval of audiology/speech pathology clinical training programs differ from routine affiliation requests. Therefore, VA facilities wishing to initiate a training program should contact the Office of Academic Affairs (143C) for a copy of "Audiology/Speech Pathology Graduate Students Clinical Training Guidelines."

2.19 BIOMEDICAL INSTRUMENTAL AND MACHINE OPERATION

a. Types of Students

(1) Biomedical Clinical Engineer. Enrolled in a baccalaureate program accredited by ABET or a masters program.

(2) Biomedical Instrumentation Technician. Enrolled in an associate degree or baccalaureate program accredited by the ABET (Accreditation Board for Engineering and Technology).

(3) EEG (Electroencephalograph) Technician. Enrolled in a certificate program accredited by the CAHEA (Committee on Allied Health Education and Accreditation) in cooperation with the American EEG Society, the American Medical EEG Society, and the American Society of EEG Technicians.

(4) Cardiopulmonary Technician. Enrolled in an associate degree program.

(5) Respiratory Therapist. Enrolled in an associate degree or baccalaureate program accredited by CAHEA in cooperation with the American Association for Respiratory Therapy, the American College of Chest Physicians, the American Society of Anesthesiologists, and the American Thoracic Society.

(6) Respiratory Therapy Technician. Enrolled in a certificate or associate degree program accredited by CAHEA in cooperation with the associations named for respiratory therapist.

(7) Cardiovascular Perfusionist (also known as extracorporeal technologist). Enrolled in a certificate, associate degree, or baccalaureate program accredited by CAHEA.

(8) Cardiovascular Technologist. Enrolled in an associate degree program accredited by CAHEA.

b. Appointments

(1) Biomedical clinical engineer students (masters) may be appointed on either a per annum or WOC basis.

(2) All other students will be appointed on a WOC basis only.

2.20 CHAPLAINCY

a. Types of Students

(1) **Chaplain.** Enrolled in a baccalaureate, masters or doctoral program accredited by the Association of Theological Schools in the United States and Canada; United States Catholic Conference Commission on Certification and Accreditation; American Association of Bible Colleges; Association of Advanced Rabbinical Talmudic Schools; or the ACPE (Association for Clinical Pastoral Education).

(2) **Chaplain (Nondegree).** Enrolled at the VA facility in a basic, advanced or supervisory CPE (Clinical Pastoral Education) program approved by the ACPE.

b. Appointments. Students will be appointed on a WOC basis only.

c. Consultants. A CPE consultant may be utilized to assist the chaplaincy training program. The consultant must be certified as a preceptor by the ACPE or have a faculty appointment at an ACPE accredited institution/school. The consultant will be appointed according to the guidelines provided in paragraph 2.07a(5).

2.21 COMMUNITY HEALTH EDUCATION

a. Types of Students--Patient Health Education Intern. Enrolled in a masters or doctoral program accredited by the CEPH (Council on Education for Public Health).

b. Appointments

(1) Students may be appointed on a per annum or WOC basis. Paid students may be appointed part-time or full-time for up to a maximum of 1 year.

(2) Student supervision at the VA facility must be provided by a Patient Health Education Coordinator approved by the Office of Academic Affairs. VA facilities that do not have such a position cannot have affiliated patient health education interns.

2.22 DENTAL AUXILIARIES

a. Types of Students

(1) Dental Assistant. Enrolled in a certificate or associate degree program accredited by the ADA (American Dental Association).

(2) Dental Laboratory Technician. Enrolled in a certificate or associate degree program accredited by the ADA.

(3) Dental Hygienist. Enrolled in an associate degree or baccalaureate program accredited by the ADA.

b. **Appointments.** Students in dental auxiliary programs will be appointed on a WOC basis only.

2.23 DIETETICS

a. Types of Students

(1) Dietetic Intern (Coordinated Masters). Simultaneously enrolled in an ADA (American Dietetic Association) accredited dietetic internship program, at a VA or a non-VA health care facility, and a masters program in nutrition.

(2) Dietetic Intern (Postbaccalaureate). Enrolled in an ADA accredited dietetic clinical educational program at a VA or non-VA health care facility. Students shall have completed a baccalaureate degree in dietetics/nutrition.

(3) Dietetic Student CUP (Coordinated Undergraduate Program/Baccalaureate). Enrolled in an ADA accredited baccalaureate degree program in dietetics.

(4) Dietetic Student. Enrolled in a baccalaureate, masters or doctoral program in dietetics/nutrition.

(5) Dietetic Technician. Enrolled in an associate degree program approved by the ADA.

b. Appointments

(1) Students in the VA coordinated masters internships may be appointed on a stipend basis for a period not to exceed 22 months, or on a WOC basis.

(2) Students in the VA postbaccalaureate internship may be appointed on a per annum basis for a period not to exceed 9 months, or on a WOC basis.

(3) All other categories of dietetic students are appointed on a WOC basis only.

2.24 GERONTOLOGY

a. **Types of Students.** Enrolled in a masters or doctoral program in gerontology.

b. **Appointments.** Students will be appointed on a WOC basis only.

c. **Requirements for the VA Health Care Facility.** Approved affiliations between VA facilities and institutions awarding a masters or doctoral degree in gerontology require that gerontology students, accepted for clinical training experiences in the VA, must have or be studying for a degree in an associated health care discipline which is employable in the VA, e.g., a baccalaureate degree in nursing, masters degree in social work, doctoral degree in psychology. The

completion of an institutional gerontology program alone does not qualify an individual for employment in the direct patient care disciplines by the VA. The supervision of the gerontology student(s) must be by a VA staff member in the student's professional health care discipline.

2.25 LIBRARY SCIENCE

a. Types of Students

(1) Hospital Librarian. Enrolled in a masters program accredited by the ALA (American Library Association).

(2) Library Technician. Enrolled in either an associate degree or baccalaureate program with a curriculum in fine arts or science.

b. Appointments

(1) Masters level students may be appointed on either a per annum or WOC basis.

(2) Library Technicians are WOC only.

c. Requirements for the VA Health Care Facility:

(1) Those VA health care facilities who wish to have paid students must meet the following requirements:

(a) A minimum of two professional staff librarians who are graduates of library programs accredited by the ALA and who are employed by the VA health care facility at the GS-9 level or above.

(b) A minimum of one staff support person permanently assigned to the service for 32 hours per week or more.

(c) In addition to required program materials, the VA health care facility must submit a listing of library resources to demonstrate that the student will have an opportunity to work with a wide variety of medical and patient library materials, programs and services. Local on-site access to on-line bibliographic data bases is mandatory.

(d) One full-time student or two half-time students may be assigned to a VA health care facility at any given time.

(2) Those VA health care facilities who wish to have WOC students must also submit a listing of library resources and must have one professional librarian and one support person, as defined above. Up to two students may be assigned at any given time.

(3) A Report of Training, as defined in the VA Library Trainee Program Guide, must be submitted to the Office of Academic Affairs' (142D) by the student and the supervising librarian at the conclusion of training, for both paid and WOC trainees.

d. Library Program Requirements (Masters)

(1) The program must meet the following course requirements:

(a) Have a recognized specialty track in health sciences librarianship.

(b) Offer at least 3 semester hours (or equivalent) in health sciences librarianship.

(c) Offer 1 to 3 semester hours (or equivalent) of graduate level credit for the traineeship.

(2) The college is strongly encouraged to offer a faculty appointment to the supervising librarian.

2.26 MEDICAL AND CLINICAL LABORATORY

a. Types of Students

(1) Cytotechnologist. Enrolled in either an associate degree or baccalaureate program accredited by the CAHEA of the American Medical Association, in cooperation with the American Society of Cytology.

(2) Histologic Technician/Technologist. Enrolled in either a certificate, diploma, associate degree or baccalaureate program accredited by CAHEA, in cooperation with the NAACLS (National Accrediting Agency for Clinical Laboratory Sciences).

(3) Medical Laboratory Technician. Enrolled in either a certificate or associate degree program accredited by CAHEA, in cooperation with NAACLS.

(4) Medical Laboratory Technologist (Clinical Laboratory Scientist). Enrolled in a baccalaureate program accredited by CAHEA, in cooperation with NAACLS.

(5) Clinical Laboratory Specialist. Enrolled in either baccalaureate or masters program in laboratory specialties. Blood banking programs must be accredited by CAHEA, in cooperation with the American Association of Blood Banks.

(6) Pathologist Assistant. Enrolled in a baccalaureate program in health science.

b. Appointments. Students in all categories will be appointed on a WOC basis.

2.27 MEDICAL MEDIA

a. Types of Students

(1) Medical Illustrator. Enrolled in a baccalaureate or masters program.

(2) Medical Photographer. Enrolled in a certificate, associate degree, or baccalaureate program.

b. **Appointments.** Trainees will be appointed on a WOC basis only.

2.28 MEDICAL RECORDS

a. Types of Students

(1) Medical Records Administrator. Enrolled in baccalaureate or masters program accredited by the CAHEA in cooperation with the AMRA (American Medical Record Association) of the American Medical Association.

(2) Medical Records Technician. Enrolled in an associate degree program accredited by CAHEA in cooperation with AMRA.

b. **Appointments.** Students will be appointed on a WOC basis only.

c. **Requirements for the VA Health Care Facility.** The supervision of the medical record administration student will be provided by a RRA (Registered Medical Record

Administrator). The supervision of the medical record technician student will be provided by an RRA or an ART (Accredited Medical Record Technician).

2.29 NUCLEAR MEDICINE

a. Types of Students

(1) Nuclear Medicine Technologist. Enrolled in a certificate, associate or baccalaureate degree program accredited by the CAHEA of the American Medical Association, in cooperation with the American College of Radiology, the American Society for Medical Technology, the American Society of Clinical Pathologists, the American Society of Radiologic Technologists, and the Society of Nuclear Medicine.

b. **Appointments.** Students will be appointed on a WOC basis only.

2.30 NURSING

a. Types of Students

(1) Nurse (Doctoral). Enrolled in a doctoral program that is housed in a nursing school accredited by the NLN (National League for Nursing) and requires an entry level nursing degree for admission or enrolled in a generic ND (nurse doctoral) program. (A student may enter the ND program as a freshman, bypassing baccalaureate and masters degrees, and graduate with a doctoral degree.)

(2) Nurse (Masters). Enrolled in a masters program in nursing accredited by the NLN; includes clinical nurse specialist and masters level nurse practitioner programs.

(3) Nurse (Baccalaureate). Enrolled in a baccalaureate program that is accredited by the NLN.

(4) Nurse (Diploma). Enrolled in an entry level diploma program accredited by the NLN.

(5) Nurse (Associate Degree). Enrolled in an associate degree program accredited by the NLN.

(6) Nurse Practitioner (Certificate). Enrolled in a program of study that awards a nurse practitioner certificate and is not accredited by the NLN.

b. Appointments

(1) Nursing students other than specific masters and doctoral level students, will be appointed on a WOC basis only.

(2) Per annum training support is available to masters level nursing students in the special program areas of geriatrics, psychiatric/mental health, rehabilitation and administration. (See par. 2.46 for special programs eligibility.)

(3) Per annum training support is available to doctoral level nursing students in the special program area of gerontologic nurse fellowships. (See par. 2.46d.)

c. Nursing School Requirements

(1) Instruction and supervision of entry level students will be provided by the faculty from the affiliated school of nursing. Student/faculty ratios will not exceed 10 students per one clinical instructor.

(2) Supervision of RN (registered nurse) students, masters and doctoral level students may not require the presence of school of nursing faculty in the VA health care facility, but a faculty member must be identified as the liaison preceptor and maintain contact with the responsible VA preceptor.

(3) The affiliation and program approval for a school of nursing that is not accredited by the NLN, may be considered on a provisional basis if the school provides a letter stating they are in the process of applying for NLN accreditation or plan to seek accreditation within a 5-year period.

2.31 NURSING AUXILIARIES

a. Types of Students

(1) Practical/Vocational Nurse. Enrolled in a certificate or associate degree program accredited by the NLN (National League for Nursing). Those practical nursing programs not accredited by the NLN may be considered for provisional approval if they can show intent to become NLN accredited within a 5-year period.

(2) Nursing Assistant (Nurse's Aide). Enrolled in a structured educational program; some of these programs award a certificate and some do not. The Office of Academic Affairs is concerned that these programs are structured according to behavioral objectives, a defined curriculum, the presence of professional nursing supervision, and an evaluation plan.

b. Appointments. Students will be appointed on a WOC basis.

2.32 OPTOMETRY

a. Types of Students

(1) Optometrist (Postdoctoral). Graduate with a D. O. (doctor of optometry) degree from a college of optometry, accredited by the COE (Council on Optometric Education) of the AOA (American Optometric Association).

(2) Optometrist (Doctoral). Fourth professional year optometry student, enrolled in a doctoral optometry program accredited by the COE/AOA.

(3) Optometric Technologist. Enrolled in an associate degree program accredited by COE/AOA.

b. Types of Training

(1) Postdoctoral Residency. One-year, full-time residency program accredited by the COE/AOA for D.O. (See a(1) above.) The COE defines a residency program as an academic postgraduate program of prescribed length (1-year) and content, in an area of direct patient care within the hospital setting. The goal of the residency is the development of unique skills and competencies in one or more areas of optometric practice.

(a) Residents' supervision is by a VA Chief of Optometry, holding an appropriate faculty appointment (associate or full professor) at the affiliating school of optometry.

(b) Residents must meet the licensure requirement in the appropriate VA qualification standard contained in VHS&RA Supplement, MP-5, part II, chapter 2.

(2) Doctoral Internship. Training provided fourth professional year students who are enrolled in a COE/AOA accredited college of optometry.

(a) In order to provide externs exposure to clinical practice in the hospital setting, a minimum of 10 weeks training is recommended.

(b) Supervision is by a staff optometrist who has a faculty appointment at the affiliating school of optometry.

c. Appointments

(1) Postdoctoral optometry residents may be appointed on a per annum or WOC basis. Paid appointments are limited to 1 year.

(2) Doctoral externs are appointed on a WOC basis only.

c. Policy Regarding Direct Student Support. VA optometry residency programs will not receive student support unless they are accredited by COE of AOA. Those VA facilities with emerging residency programs must document to the Office of Academic Affairs (141) appropriate plans to seek accreditation.

d. Program Requirements

(1) Program information for VA optometry residencies differ from routine affiliation requests. VA facilities wishing to initiate an accredited optometry residency program should contact the Office of Academic Affairs (141C) for a copy of "Guidelines for Residencies in Optometry."

(2) The appointment of WOC residents will have a direct impact on the total residency program. Therefore, Chiefs of Optometry who wish to train a resident on a WOC basis must forward a request to the Office of Academic Affairs (141) for concurrence.

2.33 ORTHOTICS AND PROSTHETICS

a. Types of Students. Orthotist/Prosthetist. Enrolled in a certificate, associate degree, or baccalaureate program, approved by the American Board for Certification in Orthotics and Prosthetics. Upon graduation, students may be eligible for certification as an orthotist and/or prosthetist, if they meet the requirements for practitioner certification and technician registration.

b. **Appointments.** Student will be appointed on a WOC basis.

2.34 PHARMACY

a. **Types of Students**

(1) Academic-Based Students

(a) Pharmacy Resident. Enrolled in a graduate level pharmacy program (masters or pharmacy doctorate) and participating in an ASHP (American Society of Hospital Pharmacists) accredited residency program.

(b) Pharmacist (Doctor of Pharmacy). Enrolled in a doctoral program accredited by the ACPE (American Council on Pharmaceutical Education).

(c) Pharmacist (Masters). Enrolled in a graduate pharmacy program.

(d) Pharmacist (Baccalaureate). Enrolled in a pharmacy program accredited by the ACPE.

(e) Pharmacy Technician. Enrolled in a college-based certificate or associate degree program.

(2) VA Pharmacy Residency

(a) Pharmacy Resident. Enrolled or graduate of a pharmacy program accredited by ACPE, and appointed to a VA pharmacy residency program accredited by ASHP.

1. Hospital Resident. Enrolled or graduate of a masters or pharmacy doctorate program accredited by ACPE, and a member or applicant for membership of ASHP. This residency may be for 1 year (40 hours per week) or 2 years (28 hours per week).

2. Clinical Resident. post-masters or postdoctoral graduate of a school of pharmacy accredited by ACPE, and a member or applicant for membership of ASHP. The resident must have had prior experience in hospital pharmacy practice before entering this residency. The residency is for 1 year, full-time.

3. Clinical Specialty Resident. Postdoctoral graduate of a school of pharmacy accredited by ACPE, and a member or applicant for membership of ASHP. The resident must have had prior experience in pharmacy practice before entering this residency. The residency is for 1 year, full-time.

b. Appointments

(1) All pharmacy students identified under paragraph 2.34a(1) will be appointed on a WOC basis.

(2) Pharmacy residents identified under paragraph 2.34a(2) may be appointed on a per annum or WOC basis.

(a) Hospital pharmacy residents may be provided per annum support for 1 year (40 hours per week) or 2 years (28 hours per week). Second year support for the 2-

year hospital residency is subject to a satisfactory first year performance evaluation.

(b) Clinical and clinical specialty residents may be provided per annum support for 1 year (40 hours per week).

c. **Policy Regarding Direct Student Support.** VA pharmacy residency programs will not receive student support unless they are accredited by ASHP. Those VA facilities with

emerging residency programs must document to the Office of Academic Affairs (143C) appropriate plans to seek ASHP accreditation.

d. **Licensure Requirements.** All residents must be licensed to practice in one of the States or territories of the United States or the District of Columbia. Resident applications may be accepted from unlicensed candidates who furnish proof that they have applied for licensure with an appropriate examining jurisdiction and the date such application was filed. These applicants may be appointed subject to obtaining the required license within 6 months from the date of their appointment.

e. **Program Requirements.** Program information for VA pharmacy residencies differs from routine affiliation requests. VA facilities wishing to initiate an accredited pharmacy residency program should contact the Office of Academic Affairs (143C) for a copy of "Guidelines for Residencies in Pharmacy."

2.35 PHYSICIAN ASSISTANT

a. **Type of Student--Physician Assistant.** Enrolled in a certificate, diploma, associate degree, or baccalaureate program for the Assistant to the Primary Care Physician. The program must be accredited by the CAHEA of the American Medical Association, in cooperation with the American Academy of Family Physicians. The American Academy of Pediatrics, the American Academy of Physician Assistants, the American College of Physicians, the American College of Surgeons, the American Society of Internal Medicine and, the Association of Physician Assistant Programs.

b. **Appointments.** Physician assistant students will be appointed on WOC basis only.

2.36 PODIATRY

a. Types of Students

(1) Podiatrist (Postdoctoral). Graduate of a doctoral podiatric program accredited by the COPE (Council on Podiatry Education) of the APMA (American Podiatric Medical Association), and enrolled in a residency program accredited by COPE of APMA.

(2) Podiatrist (Doctoral). Enrolled in a doctoral podiatry program accredited by COPE of APMA.

b. Types of Training

(1) Postdoctoral Residency. Training provided to graduates of an accredited doctoral program (see subpar. a(1) above). Residency training is usually provided for a period of 1 or 2 years in a residency program approved by COPE of APMA. Second year residencies are extremely limited. There are four categories of postdoctoral training defined briefly as follows:

(a) Rotating Podiatric Residency. To provide the graduate with a well-rounded exposure to a hospital environment in preparation for management of podiatric conditions and diseases as they are related to systemic diseases in the lower extremities.

(b) Podiatric Orthopedic Residency. To develop the graduate in the art of preventing and controlling podiatric conditions and diseases, and promoting foot health through

principally mechanical and rehabilitative methods.

(c) Podiatric Surgical Residency. To provide the graduate with clinical experience necessary to become competent in the most common types of foot surgery.

(d) Podiatric Surgical Resident. This is a 24-month (or more) program to provide the graduate with clinical experience necessary to become competent in the full scope of advanced podiatric surgery.

(2) Doctoral Internship. Training provided to students enrolled in an accredited doctoral program (see a.(2)). Internship training is for varying periods of time to provide the student exposure to podiatric clinical practice in a patient care setting. This clinical experience is offered to students in the fourth year of the doctoral program.

c. Appointments

(1) Postdoctoral podiatric residents may be appointed on a per annum or WOC basis. Paid appointments are limited to 1 year for residents in a first-year residency program.

(2) Second-year postdoctoral residents and doctoral externs are appointed on a WOC basis only.

(3) Residents must meet the licensure requirement in the appropriate VA qualification standard contained in VHS&RA Supplement, MP-5, part II, chapter 2.

d. Policy Regarding Direct Student Support. VA podiatry residency programs will not receive student support unless they are accredited by COPE or APMA. Those VA facilities with emerging residency programs must document to the Office of Academic Affairs (141) appropriate plans to seek accreditation.

e. Program Requirements

(1) Program information for VA podiatry residencies differ from routine affiliation requests. VA facilities wishing to initiate an accredited podiatry residency program should contact the Office of Academic Affairs (141) for a copy of "Guidelines for Residencies in Podiatric Medicine and Surgery."

(2) The appointment of WOC residents will have a direct impact on the total residency program. Therefore, Chiefs of Podiatry who wish to train a resident on a WOC basis must forward a request to the Office of Academic Affairs (141) for concurrence.

2.37 PSYCHOLOGY

a. Types of Students

(1) Psychologist (Postdoctoral). Enrolled in a postdoctoral specialty program conducted by the VA facility or by another postdoctoral training facility.

(2) Psychologist (Doctoral). Enrolled in a doctoral program in clinical psychology or counseling psychology accredited by the APA (American Psychological Association). These students may or may not receive a masters as part of the doctoral program.

(a) Students who hold a doctoral degree in psychology (e.g., in a specialty such as experimental, developmental, or social psychology), and who are enrolled for respecialization in clinical psychology or counseling psychology in an APA accredited program which follows APA's guidelines for respecialization, shall be considered doctoral students.

(b) It should be noted that students from non-APA accredited doctoral programs in clinical psychology or counseling psychology may not be accepted for training even on a WOC basis.

(3) Psychology Student (Masters). Enrolled in a masters program not leading to a doctoral degree.

(4) Psychology Student (Baccalaureate). Enrolled in a baccalaureate psychology course or program.

b. Types of Training

(1) Baccalaureate. Training provided to students enrolled in baccalaureate psychology programs; usually provided in tours of from 100 to 500 hours; gives the student the necessary amount of experience for undergraduate academic credit. The teaching of specific psychological, evaluative, or therapeutic skills is not considered appropriate at this level. It is acceptable to provide baccalaureate students with the following types of experiences:

(a) Orientation to the function of the Psychology Service at the VA facility.

(b) Observation of psychologists functioning in professional roles.

(c) Social interaction or structured interviews with patients.

(d) Observation of didactic conferences and seminars.

(e) Standardized data collection.

(2) Practicum (Masters). Training for students in masters programs not leading to a doctoral degree is based on the presumption that their work will be supervised by a doctoral level psychologist after the completion of their degree. The following experiences are appropriate for practicum training:

(a) All of the activities specified for the baccalaureate level.

(b) Instruction in and supervised practice of interviewing skills.

(c) Supervised psychological test administration, scoring, and interpretation with written reports entered into the patient's clinical record.

(d) Observation of patient treatment by psychologists which may lead to a co-therapy role. In certain circumstances, this may lead to closely supervised individual psychotherapy with patients with less complex problems.

(e) Beginning skill training in biofeedback and other specific diagnostic and therapeutic techniques.

(f) Participation in ongoing research or initiation of individual research projects approved by the facility's Research and Development Committee.

(3) Practicum (Doctoral Level Clerkship). Pre-internship, graduate training ranging from 300 to 1,000 hours or more and meets the requirements set by the institution in which the student is enrolled. Specific psychological, evaluative, and therapeutic skills are taught and carefully supervised, building on the student's academic preparation and initial skill level. Practicum training for students in the doctoral program is considered to be preparation for internship training. All activities specified for masters level practice are applicable. In addition, more intensive patient contact for both assessment and psychotherapy is appropriate at this level for training.

(4) Internship (Doctoral). The year-long, full-time (or 2 years, half-time) advanced training experience which is required for the doctoral degree in clinical or counseling psychology. Such training is generally done during the fourth year of graduate work (or later), but may occasionally be done during the third year. APA accredits internship programs separately from its accreditation of doctoral programs. While most VA internships are independently accredited, some are a part of an internship consortium, a partnership of agencies joining together to offer internship training.

(5) Postdoctoral. Training in a specialty or subspecialty area of psychology, typically for 1 year, full-time, although this may vary. Examples of such specialty areas are gerontological psychology, clinical neuropsychology, family therapy, or pain management. Training may be provided for psychologists from many specialties, including research psychologists. However, nonclinical or noncounseling psychologists may not be trained in activities which would require that the caregiver be a clinical or a counseling psychologist. All postdoctoral training programs approved by the Office of Academic Affairs will be approved on a provisional basis, pending the development of further professional standards. The Office of Academic Affairs (143C) is concerned that these programs are structured with behavioral objectives, a defined curriculum, an evaluation plan, and that there is sufficient supervision from psychologists qualified in the specialty area(s) of the postdoctoral program(s) offered.

c. Appointments

(1) Psychologist (doctoral) students may be appointed on either a stipend or WOC basis. Stipended or WOC students may be appointed at the first level (1,200 hours) or at the second level (1,900 hours). The appointment of any student who has already had a paid internship is not permitted (see par. 2.12a(8)).

(2) Psychologist (postdoctoral) students will be appointed on a WOC basis only. Facilities cannot apply for grant funds from another agency to provide support for postdoctoral students.

(3) Baccalaureate/masters psychology students will be appointed on a WOC basis only.

d. Policy Regarding Direct Student Support

(1) VA psychology internship programs will not receive student support unless they are accredited by the APA and approved by the Office of Academic Affairs (141). VA facilities, with emerging internship programs, wishing an exception must document to the ACMD for Academic Affairs (141C) appropriate plans to seek APA accreditation before funding can be considered.

(2) In addition to the requirements for program submission (see par. 2.09), VA facilities seeking to establish an internship program must provide the following information to ACMD for Academic Affairs (141):

(a) Vitae of all staff involved in the proposed training program.

(b) Evidence of ability to recruit interns.

(c) Letters of support from APA accredited universities.

(d) Documentation from VA facility of its intent to pay APA site visit and accreditation fees, and the APIC (Association of Psychology Internship Centers') application fees and membership dues.

(e) Realistic time-table of a plan to seek APA accreditation for internship program.

(f) Draft of application to APA for accreditation.

(3) Because of the stringency of program requirements, and the short time span between funding decisions for the coming fiscal year and the internship matching day sponsored by APIC on the second Monday of February each year, there should be consultation with the Office of Academic Affairs (143C) prior to preparation of any request for new psychology internship funding.

e. Nonfunded VA Independent Psychology Internship Sites

(1) The Office of Academic Affairs (143C) will not approve the establishment of WOC independent psychology internship sites.

(2) VA facilities which have (OAA/143C) approved and funded internships may appoint interns on a WOC basis. The number of WOC appointments at each VA internship site must be approved by Office of Academic Affairs (143C).

(3) Any VA facility wishing to participate in a psychology training consortium on a WOC basis will be considered a detailed training site. (The term "detailed training site" is comparable to being affiliated.) All detailed training sites must be approved by ACMD for Academic Affairs (143C).

f. Consultants. A psychology consultant may be utilized to assist the training program (see par. 2.07 a.(5)).

g. Psychology Training Committee at APA-Accredited VA Facilities

(1) The committee will consist of the Chief, Psychology Service, designated psychology staff and psychology intern(s), the Chief of Staff or designee, the directors of training or designees from the affiliated institutions, and other appropriate representatives, selected by the Chief, Psychology Service. Coordinating VA facilities may form district psychology committees as appropriate and desired.

(2) The committee's functions will include recommendations on the selection, assignment, and termination of psychology students/interns, and evaluation of the training program.

(3) The committee will meet regularly and have an elected chairperson and a secretary. One copy of all minutes will be forwarded to the Office of Academic Affairs (143C).

h. PRTC (Psychology Representation Training Committee)

(1) The PRTC, established by the ACMD for Academic Affairs, is composed of three psychologists from VA facilities to provide input to the Director, Associated Health Professions Education Programs Service (143C) on affiliated psychology training issue. The committee chairperson will be a Chief, Psychology Service at a VA facility mutually agreed upon by the Director, Associated Health Professions Education Programs Service (143C) and the Director, Mental Health and Behavioral Sciences Service (116). The committee chairperson will select the other two VA committee members with concurrences from the Director, Associated Health Professions Education Programs Service (143C) and the Director of Mental Health and Behavioral Sciences Service (116). At least one of the members will be a VA psychology training coordinator. The committee chairperson is appointed for a 3-year term; other committee members are appointed for 3-year terms on a staggered basis. Committee members may serve more than one term.

(2) The PRTC will provide input to the Associated Health Professions Education Programs Service (143C) on psychology training issues which include, but are not necessarily limited to the following items.

(a) Review affiliated program requests, e.g., baccalaureate, terminal masters, postdoctoral, and request to start new internship sites.

(b) Policy decisions, e.g., funding policies and changes to the policies in this manual which impact on psychology.

(c) Distribution of funds budgeted for psychology students.

(d) Other programmatic issues.

(3) The Associated Health Professions Education Programs Service (143C) will review the PRTC's input with the Director, Mental Health and Behavioral Sciences Service (116) and seek congruence on the action to be taken. Final decisions on training and funding issues are the responsibility of the ACMD for Academic Affairs.

2.38 RADIOLOGY

a. Types of Students

(1) Radiation Therapy Technologist. Enrolled in a certificate, associate degree or baccalaureate program accredited by the CAHEA of the American Medical Association in cooperation with the ACR (American College of Radiology) and the ASRT (American Society of Radiologic Technologists).

(2) Radiographer. Enrolled in a certificate, associate degree or baccalaureate program in radiography accredited by CAHEA in cooperation with ACR and ASRT.

b. **Appointments.** Students in both disciplines will be appointed on a WOC basis only.

2.39 RECREATION

a. Types of Students

(1) Recreation Therapist. Enrolled in a baccalaureate or masters program with a

curriculum in recreation therapy or recreation with a therapeutic emphasis.

(2) Music Therapist. Enrolled in a baccalaureate or masters program that is accredited by the National Association of Schools of Music with a curriculum in music therapy or in music with a therapeutic emphasis.

(3) Art Therapist. Enrolled in a baccalaureate or masters program that is accredited by the National Association of Schools of Art and Design with a curriculum in art therapy or in fine arts with a therapeutic emphasis.

(4) Recreation Assistant. Enrolled in a certificate or associate degree program in recreation therapy.

b. **Appointments.** All students will be appointed on a WOC basis only.

c. **Requirements for the VA Health Care Facility**

(1) VA health care facilities who wish to have recreation, music, or art therapy students must meet the following requirements.

(a) A minimum of two therapists must be employed at the VA facility in the discipline for which training is being requested.

(b) The affiliating institution's curriculum must have a minimum of 10 semester hours of therapeutic course work as required by the OPM (Office of Personnel Management), GS-638 Series.

2.40 REHABILITATION

a. **Types of Students**

(1) Educational Therapist. Enrolled in a baccalaureate or master program with a curriculum in fine arts or science and a minimum of 12 semester hours in education.

(2) Manual Arts/Horticultural Therapist. Enrolled in a baccalaureate program with a curriculum in manual arts, industrial education, or agriculture.

(3) Occupational Therapist. Enrolled in a baccalaureate or masters program accredited by the CAHEA of the American Medical Association, in cooperation with the AOTA (American Occupational Therapy Association).

(4) Occupational Therapy Assistant. Enrolled in a certificate or associate degree program approved by AOTA.

(5) Physical Therapist. Enrolled in a baccalaureate or masters program accredited by the APTA (American Physical Therapy Association).

(6) Physical Therapist Assistant. Enrolled in a certificate or associate degree program accredited by the APTA.

b. Appointments

(1) Occupational therapy students will be appointed on a WOC basis. Exceptions are students appointed on a per annum basis for the ITTG program (See par. 2.46 g.(2)).

(2) Student in all other discipline in this category will be appointed on a WOC basic.

c. Requirements for VA Health Care Facilities

(1) VA occupational therapy and physical therapy staff serving as clinical instructors must document active membership in AOTA and APTA, respectively.

(2) Occupational therapy clinical training programs must document compliance with the established AOTA field work guidelines.

(3) Physical therapy clinical training programs must document compliance with the established APTA standards for clinical education.

(4) It is recommended that three full-time occupational or physical therapy professional staff be employed at the VA facility in order for a training program to be established or continued. Exceptions may be considered if adequate justification is provided to the Office of Academic Affairs (143C).

2.41 REHABILITATION COUNSELING

a. Types of Students

(1) Alcohol/Drug Rehabilitation Counselor. Enrolled in a certificate, associate degree, baccalaureate, or masters program.

(2) Vocational Rehabilitation Counselor/Rehabilitation Counselor. Enrolled in a masters or doctoral program recognized by the CORE (Council on Rehabilitation Education).

(3) Mental Health Associate (or Human Services Worker). Enrolled in an associate degree program.

b. Appointments. All students will be appointed on a WOC basis only.

2.42 SOCIAL WORK

a. Types of Students

(1) Social Worker (Doctoral). Graduate of a masters level program accredited by the CSWE (Council on Social Work Education), and enrolled in a doctoral program for advanced education in social work.

(2) Social Worker. Enrolled in a baccalaureate or masters program accredited by CSWE.

b. Appointments

(1) Social worker (baccalaureate) students will be appointed on a WOC basis.
(Exception: VA medical center, Tuskegee, AL)

(2) Social worker (masters) students may be appointed on either a stipend or WOC basis (see par. 2.42d).

(3) Social worker (doctoral) students may be appointed on a WOC basis only.

c. Requirements for the VA Health Care Facility

(1) VA social workers serving as clinical instructors must meet the standards for clinical privileges as defined by the JCAHO (Joint Commission on Accreditation of Healthcare Organizations).

(2) It is recommended that there be no fewer than two social worker students at the VA facility at a time.

(3) Undergraduate affiliations in social work will not be approved without appropriate justification. Facilities wishing approval for an undergraduate social work affiliation should submit a request with appropriate justification and program information to the Office of Academic Affairs (143C) as outlined in paragraphs 2.08 and 2.09. Office of Academic Affairs (143C) will give consideration to facilities which have no graduate affiliations, or facilities whose undergrade affiliate is developing a graduate program.

d. Policy Regarding Direct Student Support. Funding support will be given to students in their second year of the masters program (level II) only.

2.43 SONOGRAPHY

a. **Types of Students.** Diagnostic Medical Sonographer (formerly Ultrasound Specialist). Enrolled in a certificate, diploma, associate degree or baccalaureate degree program accredited by the CAHEA of the American Medical Association, in cooperation with the American College of Radiology, the American Institute of Ultrasound in Medicine, the American Medical Association, the American Society of Echocardiography, the American Society of Radiologic Technologists and the Society of Diagnostic Medical Sonographers.

b. **Appointments.** Students will be appointed on a WOC basis only.

2.44 SURGICAL AUXILIARIES

a. Types of Students

(1) Nurse Anesthetist. Graduate of an entry-level nursing program accredited by the NLN (National League for Nursing) and enrolled in a certificate, baccalaureate, or masters degree nurse anesthetist program accredited by the AANA (American Association of Nurse Anesthetists).

(2) Surgical Technologist. Enrolled in a certificate, diploma, or associate degree program accredited by the CAHEA of the American Medical Association in cooperation with the ACS (American College of Surgeons), the American Hospital Association, and the Association of Surgical Technologists.

(3) Surgeon Assistant. Enrolled in a certificate, associate degree, or baccalaureate program accredited by CAHEA.

(4) Emergency Medical Technician/Paramedic. Enrolled in a certificate or associate degree program accredited by CAHEA in cooperation with the American College of Emergency Physicians, ACS, the American Psychiatric Association, the American Society of Anesthesiologists, the National Association of Emergency Medical Technicians, and the National Registry of Emergency Medical Technicians.

(5) Ophthalmic Medical Assistant. Enrolled in a certificate or associate degree program accredited by CAHEA.

b. Appointments

(1) Nurse anesthetist students may be appointed on either a per annum or WOC basis. The length of these programs varies between institutions. Appointments for per annum students will be based on 39 hours per week with possible reappointment for a second year if required by the program curriculum. Two years is the maximum time allowed for student support.

(2) Students in the other occupations in this category (see par. 2.44a(2), (3), (4), and (5)) will be appointed on a WOC basis.

2.45 VETERINARY AUXILIARIES

a. **Type of Students--Veterinary Science Technologist.** Enrolled in an associate degree program accredited by the American Veterinary Medical Association.

b. **Appointments.** Students will be appointed on a WOC basis only.

2.46 SPECIAL PROGRAMS

a. Blind Rehabilitation Specialist Program

(1) Program Description. The blind rehabilitation program is designed to prepare blind rehabilitation specialists. Training takes place only at the VA blind rehabilitation centers/clinics.

(2) Types of Students. Enrolled in a masters level orientation and mobility, rehabilitation teaching, or low vision rehabilitation programs.

(3) Appointments. Students may be appointed on a per annum or WOC basis for a period ranging from 440 hours to 640 hours in accordance with the institutions' curricula.

(4) Criteria for Support. Fiscal year funding for students may be requested through the Office of Academic Affairs (143C) trainee support circular (RCS 10-0143) which is published annually.

b. Clinical Nurse Specialist Program

(1) Program Description. Affiliated masters level clinical nurse specialist students have been supported in the areas of geriatrics, psychiatric/mental health, and rehabilitation since 1981. The program is in response to a need by the VA to recruit well trained clinical nurse specialists in these three priority areas. In order to be eligible for funding, students are required to spend a

minimum of 12 consecutive weeks for at least 20 hours per week (240 hours), at a VA facility for the clinical practicum portion of their masters degree program. To accommodate difficult student recruitment, ACMD for Academic Affairs (143C) may consider justification from a VA facility that supports reducing the number of hours per week from 20 to 16.

(2) Types of Students. CNS (clinical nurse specialist) in geriatric, psychiatric/mental health, or rehabilitation nursing. Enrolled in an NLN accredited masters program with a major in one of the three clinical areas stated above.

(3) Appointments

(a) Clinical nurse specialist students may be appointed on a per annum or WOC basis.

(b) Paid students are appointed on a per annum training basis for a minimum of 12 consecutive weeks for not less than 20 hours each week, i.e., a minimum of 240 hours.

(4) Criteria for Funding Support

(a) Only students from approved, affiliated graduate schools of nursing with accredited educational curricula in any one of the three subject specialty areas will be considered for funding support.

(b) VA facilities requesting funding will comply with program submission requirements outlined in paragraphs 2.08 and 2.09.

(c) VA facilities which may be eligible as training sites must meet the following criteria:

1. Provide an appropriate nurse preceptor to supervise the students.

2. Conduct special projects in VA priority care areas, i.e., geriatrics, rehabilitation, psychiatric/mental health.

3. Exhibit difficulty recruiting clinical nurse specialists in the VA priority areas specified above.

(d) Fiscal year funding support for students may be requested through the Office of Academic Affairs (143C) trainee support circular (RCS 10-0143) which is published annually. The circular will provide specific information for preparing a proposal for requesting CNS student funding for geriatrics, psychiatric/mental health or rehabilitation nursing.

c. Geriatric Expansion Program

(1) **Program Description.** The Office of Academic Affairs (143C) provides a limited number of funded traineeship positions for associated health students to focus on clinical training in the area of geriatrics. The program may be funded on an annual basis depending on the availability of funds.

(2) **Types of Students.** Associated health discipline positions provided funding support include social workers (masters--level II), psychology interns (doctoral level), clinical pharmacy residents (post-masters/postdoctoral), podiatry and optometry residents (postdoctoral), and audiologist/speech pathologist (masters--

level I). CNS students in geriatrics are funded through the CNS program (see par. 2.46b above).

(3) **Criteria for Support**

(a) VA facilities which request these geriatric-focused associated health disciplines must have:

1. Existing funded affiliated training programs in the requested disciplines and

2. Significant resources in the VA facility relating to elderly veterans such as nursing home care units, day care centers, day treatment centers, hospital based home care, residential care programs, etc.

(b) VA facilities hosting GRECC's (Geriatric Research, Education and Clinical Centers) and/or Office of Academic Affairs designated ITTG (Interdisciplinary Team Training in Geriatrics) sites, are not eligible to request extra geriatric focused positions because of separate funding considerations which they receive each fiscal year.

(c) If fiscal year funds are available for the geriatric expansion program, the Office of Academic Affairs (143C) trainee support circular (RCS 10-0143), which is published annually, will provide specific information for preparing a proposal for requesting geriatric expansion positions.

d. Gerontologic Nurse Fellowship Program

(1) Program Description. The gerontologic nurse fellowship program is a 2-year clinical research fellowship for doctoral level nursing students enrolled in affiliated doctoral programs that have a clinical focus on gerontological nursing. The purpose of the program is to prepare expert geriatric nurse practitioners, educators, administrators, and researchers for leadership positions in long-term care within the VA health care system and nationwide. The program is designed to admit a maximum of two fellows per fiscal year and takes place only at two selected VA facilities.

(2) **Type of Students--Gerontologic Nurse Fellow.** A doctoral candidate enrolled in an established doctoral nursing program that has a clinical research focus and supports collaborative, interdisciplinary involvement with gerontologic related fields.

(3) **Program Administration.** VA medical center site selection is accomplished through a documented formal process administered by the ACMD for Academic Affairs (143C). It is expected that the two selected fellowship sites will remain relatively constant for the duration of the program. If one or both sites become ineligible or are not able to continue for any reason, replacement sites will be chosen by the same documented selection process. Student selection is accomplished through an application process initiated by an annually published fellowship Announcement sent to qualified universities. Complete information about this program is available from the Office of Academic Affairs (143C).

e. GRECC's (Geriatric Research, Education, and Clinical Centers) Expansion Program

(1) Program Description. A GRECC and its hosting VA health care facility are required to provide education and training in geriatrics for various health professions students from academic affiliates. The Office of Academic Affairs (143C) has developed a program to support funded positions for associated health professions students for education and training in the assessment, treatment and rehabilitation of the geriatric patient.

(2) Types of Students. Associated health discipline positions provided funding support include social workers (masters--level II), geriatric clinical nurse specialist (masters), psychology interns (doctoral level), clinical pharmacy residents (postmasters/ postdoctoral), podiatry and optometry residents (postdoctoral), and audiologist/speech pathologist (masters--level I).

(3) Criteria for Support

(a) Decisions on the allocation of these traineeships for GRECC sites are not directly related to the general allocation process for associated health professions student training at VA facilities. These positions are specifically allocated in response to the provisions of Pub. L. 96-330 which established the GRECC program.

(b) Each year a program announcement, prepared by the Office of Academic Affairs (143C), is forward to each VA facility hosting a GRECC. The announcement provides criteria for submitting applications requesting positions to train associated health professions students in the provision of services to the aging veteran.

f. HSR&D (Health Services Research and Development) Program

(1) Program Description. The HSR&D training program provides opportunities for graduate students to conduct research related to the planning, organization, staffing, financing, management, utilization and evaluation of health services delivery in the VA. This research will frequently have a multidisciplinary approach and will generally result in improvement of the efficiency, effectiveness, quality and consequences of health services. Only VA HSR&D regional field programs, approved by the Office of Academic Affairs (143C) as field training sites, are eligible to provide HSR&D student training.

(2) Types of Students

(a) Health Services Research and Development (Masters). Enrolled in a masters program in an accredited institution, in a department or unit which qualifies students to conduct research in health services delivery.

(b) Health Services Research and Development (Doctoral). Enrolled in a doctoral program in an accredited institution in a department or unit which qualifies students to conduct research in health services delivery.

(c) Students must earn academic credit or be fulfilling degree requirements through their VA clinical education experience. The affiliating department or unit may represent any discipline as long as the faculty and curriculum reflect an interest and expertise in health services research. This program is not available to post-M.D. or post-D.D.S. candidates.

(3) Appointment

(a) Masters students will be appointed on a WOC basis only.

(b) Doctoral students may be appointed on a per annum or WOC basis. Appointments for per annum students will be for a period of 1 year (39 hours per week), with possible reappointment for a second year if appropriately justified in accordance

with HSR&D student program guidelines. Two years is the maximum time allowed for student support.

(4) Program Administration. A program announcement is prepared annually by the Office of Academic Affairs (143C) inviting student support requests from those VA facilities approved as HSR&D field training sites. All information necessary for submitting requests is outlined in this announcement, i.e., detailed criteria for student selection and support. Guidelines for becoming an HSR&D field training site are available from the Office of Academic Affairs (143C).

g. ITTG (Interdisciplinary Team Training in Geriatrics) Program

(1) Program Description

(a) ITTG is a model program, supported by the Office of Academic Affairs (143C), located at 12 selected VA facilities (Birmingham, AL; Buffalo, NY; Coatesville, PA; Little Rock, AR; Madison, WI; Memphis, TN; Palo Alto, CA; Portland, OR; Salt Lake City, UT; Sepulveda, CA; Tampa, FL; Tucson, AZ).

(b) ITTG is a systematic educational program designed to include didactic and clinical instruction for VA faculty practitioners and affiliated students from three or more health professions such as physicians, nurses, psychologists, social workers, physical and occupational therapists. The ITTG provides a structured approach to the delivery of health services by emphasizing the knowledge and skills needed to work in an interactive group. In addition, the program promotes an understanding of the roles and functions of other members of the team and how their collaborative contributions influence both the delivery and outcome of patient care.

(c) The purposes of the ITTG program are to develop a cadre of health practitioners with the knowledge and competencies required to provide interdisciplinary team care to meet the wide spectrum of health care and service needs of the aged veteran; to provide leadership in interdisciplinary team delivery and training to other VA facilities; and to provide role models for affiliated students in medical and associated health disciplines. Training includes the teaching of staff and students about the aging process; instruction in team teaching and group process skills for clinical core staff; and clinical experience in team care for affiliated education students with the core team serving as role models.

(d) The 12 model ITTG programs have developed a cadre of health professionals, knowledgeable in interdisciplinary care of the aging veteran. With assistance from the ITTG program directors, other VA facilities are benefiting from the experience and work conducted at the ITTG sites, i.e., initiating their own interdisciplinary teams based on the ITTG model.

(2) Types of Students. Associated health discipline positions provided funding support for ITTG experiences include geriatric clinical nurse specialists (masters), social workers (masters--level II), psychology interns (doctoral), clinical pharmacy residents (post-masters/postdoctoral), podiatry and optometry residents (postdoctoral), occupational therapists (baccalaureate and masters), and audiologist/speech pathologists (masters--level II).

(3) Appointments

(a) Funded students appointed to an ITTG model program must be representative of existing funded affiliated training programs at the host VA facility.

(b) Students from other suitable, affiliated health care disciplines may rotate on the ITTG on a WOC basis.

(4) Criteria for Support. Fiscal year funding for ITTG student positions is requested through the Office of Academic Affairs (143C) trainee support circular (RCS 10-0143) which is published annually.

h. Maxillofacial Prosthetics Technician (Nondegree)

(1) Program Description

(a) The VA maxillofacial prosthetics technician program is designed as a 2-year curriculum integrating formal classroom work with laboratory instruction. During the first year, emphasis is placed on applicable basic science courses, coordinated with the development of the student's laboratory skills. Basic laboratory skills are taught in both intra- and extra-oral prosthesis at the MPC (Maxillofacial Prosthetics Center).

(b) During the second year of training, emphasis is placed upon the development of laboratory procedures for patients being treated at the MPC.

(c) Upon satisfactory completion of the 2-year program, the student will be qualified to carry out the technical procedures necessary to aid the maxillofacial prosthodontist.

(2) Types of Students. Applicants for the VA training may have a minimum of a high school diploma, but preference will be given to those applicants with advanced training, i.e., an associate degree in dental laboratory technology.

(3) Appointments. Students in the maxillofacial prosthetics technician program are appointed on a 39-hour a week per annum basis for a 2-year training period. It should be noted that this program is limited to one or two students per year. VA medical center Wilmington, DE, is the only authorized VA training site.

i. Nursing Administration Practicum Program

(1) Program Description. The nursing administration practicum program is a pilot program designed to provide a structured learning experience in executive level nursing and health care administration for graduate nursing students. The program was developed in support of the need for qualified nurse administrators in the VA health care system nationwide.

(2) Types of Students--Nursing administration practicum students. Enrolled in an NLN accredited masters program with a major in nursing administration.

(3) Program Administration. Through the publication of an annual program announcement, the Office of Academic Affairs (143C) invites select VA facilities, which meet specific criteria, to submit requests for student support. All information necessary for applying is outlined in this announcement, i.e., detailed criteria for site and student selection, student support, and appointment and pay procedures.

j. Summer Traineeships

(1) Program Description. The summer traineeship program is designed to provide funding support for students in specified associated health training programs during the summer months (between May 1 and September 30). Traineeships are

available for Audiology and Speech Pathology (masters level); Psychology Practicum (Pre-internship, masters or doctoral levels); and Social Work (masters level). The program is designed to help those VA health care facilities that, due to their distance from schools, are unable to recruit students for training during the regular academic year and are therefore deprived of potential applicants for employment. Additionally, the program allows some

flexibility to academic institutions which have problems placing students for block periods of time during the regular school year, and allows VA facilities more flexibility in appointing students during the fiscal year.

(2) Appointments. Students may be appointed on a per annum basis for a minimum of 240 hours to a maximum of 500 hours between May 1 and September 30, of each fiscal year.

(3) Program Administration. Funding support for this special program is offered on a nonrecurring annual basis depending upon the availability of associated health training funds. Funds availability will be announced, usually in December, by the Office of Academic Affairs. At that time, interested facilities may apply for summer traineeships following the format prescribed in paragraph 2.47b.

2.47 FUNDING FOR ASSOCIATED HEALTH PROFESSIONS

Summer traineeships for Associated Health Professions Students in Affiliated Education Program, RCS 10-0147.

a. All programs for which student funding is requested must meet the requirements outlined in M-8, part I, paragraphs 2.03, 2.06 and 2.07; and part II, paragraphs 2.07, 2.08 and 2.09. Approval letters for funded training program must be on file in the Office of Academic Affairs (143C).

b. Chief of services or divisions should be directly involved in the planning of proposed summer traineeships. It is recommended that the Associate Chief of Staff for Education, Allied Health Coordinator, or, where these positions do not exist, the Chief of Staff serve as the VA facility's focal point for planning and coordinating the proposals.

c. Support for traineeships is available for the following disciplines/levels; Audiology and Speech Pathology (masters level); Psychology practicum (pre-internship, masters or doctoral levels); and Social Work (masters level).

d. Established per annum training rates for summer traineeship students are \$10,400 for masters level and \$12,480 for doctoral level. The rates for this summer training program differ from those established for individual discipline programs by VHS&RA Supplement to MP-5, part II, chapter 3. Actual salaries for these students will be the proportionate amounts of the above cited per annum training rates determined in the manner prescribed by the appropriate paragraph for VHS&RA Supplement to MP-5, part II, section A, chapter 3. Use MP-6, part V, Supplement No. 1.5 for PAID series titles and codes.

e. When a summer student's appointment is in excess of 90 days, in order to satisfy clinical requirements, the student would be entitled to annual leave accrual. In such a case, the student should be informed at the time of appointment and should be encouraged to utilize the annual leave. Funding amounts provided by the Office of Academic Affairs do not include dollars for lump sum annual leave payments. Therefore, it is important that students be encouraged to use all such leave prior to their termination. When a paid holiday occurs during the time of the student's appointment, and if the student is paid for the holiday pursuant to the provisions of VHS&RA Supplement, MP-5, part II, section A,

chapter 3, the hours involved will be included as part of the student's training hours.

f. Proposals for each discipline and level, for which funding support is being requested, must be prepared in duplicate (original and one copy) and include the following information:

(1) Number of student positions to be supported.

(2) Number of hours per week per student.

(3) Projected starting and termination dates.

(4) A brief description of any change(s) for the summer traineeship experience that may differ from the already approved program (subpar. (1)).

(5) Justifications, explanations, or other relevant information as they relate to the VA facility. Preference will be given to facilities that have the necessary staff to supervise students, but are unable to recruit them for training during the regular academic year because of their geographic location or the school's class schedules; special projects in VA priority areas such as geriatrics, substance abuse, and rehabilitation; students who need the summer training experience to fulfill their clinical education requirements; and students in those disciplines that VA facilities have difficulty recruiting.

g. Proposals must be submitted with a transmittal letter signed by the facility Director to reach the Office of academic Affairs (143C) no later than the 10th workday in February of each fiscal year. Without exception, requests to extend to this deadline cannot be honored. Proposals received after the deadline will be returned to the VA facility without action. Negative reports are not required.

h. VA facilities receiving traineeship allocations will be notified by TWX no later than April 1 of each fiscal year.

ASSOCIATED HEALTH PROFESSIONS
AFFILIATED EDUCATION PROGRAMS
DECENTRALIZED LISTING¹

Program

Biomedical Instrumentation and Machine Operation

Biomedical Clinical Engineer

(Baccalaureate)

Biomedical Instrumentation

Technician (Associate

Degree/Baccalaureate)

Electroencephalograph Technician

(Certificate)

Respiratory Therapist (Associate

Degree/Baccalaureate)

Respiratory Therapy Technician

(Certificate/Associate Degree)

Cardiovascular Profusionist

(Certificate/Associate

Degree/Baccalaureate)

Cardiovascular Technologist

(Associate Degree)

Chaplain (Baccalaureate/Masters/

Doctoral)

Dental Auxiliaries

Dental Assistant (Certificate/

Associate Degree)

Dental Hygienist (Associate Degree/

Baccalaureate)

Dental Laboratory Technician

(Certificate/Associate Degree)

Diagnostic Medical Sonographer

(Certificate/Diploma/Associate

Degree/Baccalaureate)

¹All educational levels, e.g., certificate, baccalaureate, etc., in this listing are WOC (without compensation) programs.

Nationally Recognized Accrediting Body

ABET (Accreditation Board for

Engineering and Technology)

ABET

CAHEA (Committee on Allied Health

Education and/Accreditation) of the

American Medical Association

CAHEA

CAHEA

CAHEA

CAHEA

A.
Association of Theological

Schools in the U.S. and Canada

B.
U.S. Catholic Conference

Commission on Certification and

Accreditation

C.
American Association of Bible

Colleges

D.
Association of Advanced

Rabbinical Talmudic Schools

E.
ACPE (Association for Clinical

Pastoral Education)

The Commission on Dental

Accreditation of the ADA (American
Dental Association)

The Commission on Dental

Accreditation of the ADA

The Commission on Dental

Accreditation of the ADA

CAHEA

Program

Dietetics

Coordinated Undergraduate Program
(CUP--Baccalaureate)

Dietetic Intern (Postbaccalaureate/
Masters) (Non-VA)

Medical and Clinical Laboratory

Cytotechnologist (Associate Degree/
Baccalaureate)

Histologic Technician/Technologist

(Certificate/Diploma/Associate

Degree/Baccalaureate)

Medical Laboratory Technician

(Certificate/Associate Degrees)

Medical Laboratory Technologist

(Baccalaureate)

Clinical Laboratory Specialist

(Baccalaureate/Masters)

Medical Records

Medical Records Administrator

(Baccalaureate/Masters)

Medical Records Technician (Associate

Degree)

Nuclear Medicine

Nuclear Medicine Technologist

(Certificate/Associate

Degree/Baccalaureate)

Nursing (All levels of Professional

Nursing and Licensing Practical

Nursing, *except* Doctoral and Master

Programs)

Occupational Therapist

(Baccalaureate/Masters)

Pharmacist

Pharmacist (Baccalaureate/Doctoral)

Physical Therapy-Physical Therapist

(Baccalaureate/Masters)

Physical Therapist Assistant

(Certificate/Associate Degree)

Nationally Recognized Accrediting Body

ADA (American Dietetic Association)

ADA

CAHEA

CAHEA

CAHEA

CAHEA

CAHEA

CAHEA

CAHEA

CAHEA

NLN (National League for Nursing)

CAHEA

ACPE (American Council on

Pharmaceutic Education)

APTA (American Physical Therapy

Association)

APTA

Optometry

Optometrist (Doctoral)

Optometric Technologist (Associate

Degree)

Pharmacist (Baccalaureate/Doctoral)

Physician Assistant

Certificate/Diploma/Associate

Degree/Baccalaureate

Podiatrist (Doctoral)

Radiation Therapy

Technologist/Radiographer

(Certificate/Associate Degree/

Baccalaureate)

Surgical Auxilliaris

Surgical Technologist

(Certificate/Diploma/Associate

Degree)

Surgeon Assistant

(Certificate/Associate Degree/

Baccalaureate)

Emergency Medical Technician-

Paramedic (Certificate/

Associate Degree)

Ophthalmic Medical Assistant

(Certificate/Associate Degree)

Recreation

Art Therapist (Baccalaureate/Masters)

Music Therapist

(Baccalaureate/Masters)

Veterinary Science Technologist

(Associate Degree)

AOA (American Optometric Association)

AOA

ACPE

CAHEA

APMA (American Podiatric Medical

Association)

CAHEA

CAHEA

CAHEA

CAHEA

CAHEA

National Association of Schools of Art and Design

National Association of Schools of Music

American Veterinary Medical Association

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**CENTRALIZED ASSOCIATED HEALTH PROFESSIONS
AFFILIATED EDUCATION PROGRAMS*
CATEGORY A**

WOC Disciplines/Educational Levels Without National Accrediting Bodies

Program

Alcohol/Drug Rehabilitation Counselor (Certificate/Associate

Degree/Baccalaureate/Masters)

Audiology/Speech Pathologist (Baccalaureate/Clinical Fellow/Doctoral

Cardiopulmonary Technician (Associate Degree)

Chaplain (Non-Degree)

Dietetics

Dietetic Student (Baccalaureate/Masters/Doctoral in Dietetics/Nutrition)

Dietetic Technician (Associate Degree)

Educational Therapist (Baccalaureate/Masters)

Gerontology (Masters/Doctoral)

Health Services Research and Development (Masters)

Library Technician (Associate Degree/Baccalaureate)

Manual Arts/Horticultural Therapist (Baccalaureate)

Medical Media

Medical Illustrator (Baccalaureate/Masters)

Medical Photographer (Certificate/Associate Degree/Baccalaureate)

Mental Health Associate (Associate Degree)

Nuclear Medicine Technologist (Masters/Doctoral)

Nurse (Doctoral)

Nursing Assistant/Nurses Aide (Certificate/Non-Degree)

Occupational Therapy Assistant (Certificate/Associate Degree)

Orthotist/Prosthetist (Certificate/Associate Degree/Baccalaureate)

Pathologist Assistant (Baccalaureate)

Pharmacist (Masters)

Pharmacy Technician (Certificate/Associate Degree)

Psychology

Baccalaureate

Terminal Masters (Masters programs which do not lead to a Doctoral Degree)

Postdoctoral Training

Recreation Therapist (Baccalaureate/Masters)

Recreation Assistant (Certificate/Associate Degree)

Social Worker (Doctoral)

Vocational Rehabilitation Counselor/Rehabilitation Counselor (Masters/Doctoral)

**All programs in appendix 2B (Categories A, B and C) must be forwarded for review and approval by the ACMD for Academic Affairs (141C).*

CENTRALIZED ASSOCIATED HEALTH PROFESSIONS
AFFILIATED EDUCATION PROGRAMS
CATEGORY B

Funded Disciplines/Educational Levels

Program

Audiology/Speech Pathologist (Masters)

(Doctoral--approved exceptions only)

Biomedical Clinical Engineer (Masters)

Clinical Nurse Specialist (Masters)

(Geriatrics, Psychiatric/Mental

Health, Rehabilitation)

Community Health Educator (Masters/

Doctoral)

Dietetic Internships

(Postbaccalaureate/Coordinated

Masters) (VA Internships)

Hospital Librarian (Masters)

Nurse Anesthetist (Certificate,

Baccalaureate, Masters)

Occupational Therapist

(Baccalaureate/Masters)(ITTG sites

only)

Optometry Resident (Postdoctoral) (VA

Residencies)

Pharmacy Resident (Masters/Post-Masters/

Doctoral/Postdoctoral) (VA Residencies)

Podiatry Resident (Postdoctoral) (VA

Residencies)

Psychology Intern (Doctoral)

Social Worker (Masters)

Nationally Recognized Accrediting Body

ASLHA (American Speech-Language-

Hearing Association)

ABET (Accreditation Board for

Engineering and Technology)

NLN (National League for Nursing)

CEPH (Council on Education for

Public Health)

ADA (American Dietetic Association)

ALA (American Library Association)

AANA (American Association of

Nurse Anesthetists)

CAHEA (Committee on Allied Health Education and Accreditation)

AOA (American Optometric Association)

ASHP (American Society of Hospital

Pharmacists)

APMA (American Podiatric Medical

Association)

APA (American Psychological

Association)

CSWE (Council on Social Work

Education)

**CENTRALIZED ASSOCIATED HEALTH PROFESSIONS
AFFILIATED EDUCATION PROGRAMS
CATEGORY C**

Special Funded Programs

Blind Rehabilitation Specialist (Masters) at VA Blind Rehabilitation
Centers/Clinics

ITTG (Interdisciplinary Team Training in Geriatrics)

GRECC Expansion

Geriatric Expansion

Gerontologic Nurse Fellowship (Doctoral)

Health Services Research and Development (Doctoral)

Maxillofacial Prosthetics Technician (Nondegree at VA Medical Center Wilmington,
DE, only)

Nursing Administration Practicum (Masters)

Summer Traineeships

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CHAPTER 3. HARP (HOSPITAL ADMINISTRATION RESIDENT PROGRAM)

3.01 PURPOSE

The purpose of this chapter is to outline policies and procedures relating to the establishment and administration of training programs for hospital administration residents funded under HARP.

3.02 POLICY

a. HARP supplements the didactic component of accredited graduate programs in health services administration by providing a structured experience within the VA system. Practical experience is from 6 months to 1 year typically after the completion of academic studies. The residency must be a part of the degree requirement.

b. In addition to HARP, there are a number of other programs in hospital administration and an increasing number of students involved in these programs at the college and university level. VHS&RA encourages health care facilities to seek affiliations (see pt. I, ch. 2) and participate in these programs to increase the number of candidates qualified for appointment to administrative positions in the VA.

3.03 DEFINITION

Hospital administration residents are graduate students pursuing a master's degree in an accredited program of health care administration.

3.04 ESTABLISHMENT

The Office of Academic Affairs (145C) administers HARP activities. Program information, including applicable forms and reporting requirements, is contained in TP 10-27.

3.05 ADMINISTRATIVE PROCEDURES

a. See MP-5, part I, chapter 308.

b. PAID processing requirements are contained in MP-6, part V, supplement No. 1.5.

3.06 EMPLOYMENT FOLLOWING COMPLETION OF TRAINING

a. Concerned management officials should work closely with the Personnel Officer to ensure that participants are furnished information concerning employment opportunities in the VA after training.

b. If the resident is not going to be retained at the training site, the resident's completed SF 171 may be forwarded to the Management Support Office (10A5) for referral.

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CHAPTER 4. FELLOWSHIP PROGRAMS FOR PHYSICIANS AND DENTISTS

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CHAPTER 4. FELLOWSHIP PROGRAMS FOR PHYSICIANS AND DENTISTS

4.01 PURPOSE

The purpose of this chapter is to outline policies and procedures relating to the establishment and administration of special fellowship programs for physicians and dentists in VA facilities.

4.02 AUTHORITY

The basic authority for the conduct of fellowship programs for physicians and dentists is contained in 38 U.S.C., chapter 73.

4.03 GOALS

The goals of the fellowship programs are to provide specialized training and academic pursuit for physicians and dentists in areas of competence directed primarily to serve the special physician and dentist needs of VHS&RA and to develop role models for VA and national leadership in these specialized areas.

4.04 ESTABLISHMENT OF FELLOWSHIP PROGRAMS

New VA-wide fellowship programs will be implemented only after approval by the CMD (Chief Medical Director). Responsibility for seeking approvals from the CMD for new systemwide programs resides solely with the Office of Academic Affairs (141). However, VA facilities may suggest new VA-wide fellowship programs. Such proposals are to be submitted to the ACMD for Academic Affairs (141) for evaluation.

4.05 SELECTION PROCEDURE

The ACMD for Academic Affairs (141) will solicit applications for fellowship participation from VA facilities according to criteria that will be announced as programs are initiated or competitively reviewed. VA facilities will receive necessary instructions outlining the procedures to be followed in preparing an application either for program site designation or for individual postdoctoral program selection.

4.06 RECRUITMENT OF FELLOWS

The recruitment and initial selection of Fellows at program sites is the responsibility of the Program Director in the VA facility conducting the program or research project. The recruitment process should be coordinated with the appropriate department(s) of the affiliated medical or dental school. In considering candidates, Program Directors will develop selection criteria which are uniformly applied to all candidates. Criteria for selection will be documented at the designated program site. VA facilities designated as program sites will be notified as to the number of fellowship positions allocated per program for each Academic Year.

4.07 NOMINATION PROCEDURE

A letter of nomination for each Fellow selected, signed by the VA facility Director, will be sent to the ACMD for Academic Affairs (141). The text of the letter must include the type of fellowship program, the name of the proposed candidate, degree(s), specialty board certification status, licensure information, and proposed stipend level. Each

nomination letter must be accompanied by a completed VA Form 10-2850b, Dec. 1987, Residency Application and Appointment Information or the Robert Wood Johnson application for VA/RWJ Clinical Scholars. Upon completion of the selection process and within the ceilings set by the Office of Academic Affairs (141), the salary level for physicians will be determined by the local index rates for comparable fellowships, at the VA medical center and the affiliated university.

4.08 APPROVAL PROCEDURE

After reviewing each nomination submitted, the ACMD for Academic Affairs (141) will accept or reject each candidate and will notify the Program Director through the VA facility Director. Approval and subsequent appointment of VA-employed dentists as Fellows will be coordinated with the ACMD for Dentistry (16).

4.09 APPOINTMENT PROCEDURE

a. **Non-VA Employees.** Facility directors may nominate to the ACMD for Academic Affairs (141) post residency non-VA physicians and dentists, or residents under special circumstances, for temporary full-time appointment under authority of 38 U.S.C. 4114(b) in accordance with the provisions of VHS&RA Supplement MP-5, part II, chapter 2, and M-8, part II, chapter 4.

b. **VA On-Duty Employees.** Facility directors may nominate to the ACMD for Academic Affairs (141) VA staff physicians and dentists for appointment. Employees now serving on a probationary or permanent appointment under 38 U.S.C. 4104(1) must voluntarily request a change to temporary appointment under 38 U.S.C. 4114(a)(1)(A) to participate in the training.

c. **Fellowship Status.** All fellowship participants serve as trainees for the duration of the appointment period on a temporary full-time basis.

d. **Licensure Status.** Because of the advanced level of training, fellowship participants must have active, unrestricted licensure to practice medicine or dentistry, as appropriate.

e. **Required Documentation.** The Chief of Staff, or designee, is responsible for retention of the following documents on all fellows at the fellowship site.

(1) VA Form 10-2850b, Dec. 1987, Residency Application and Appointment Information. In the case of VA Fellows in the RWJ (Robert Wood Johnson) Clinical Scholars Program, a copy of the RWJ application must also be on file.

(2) Curriculum vitae of the candidate providing information not available from the VA application, such as undergraduate major, additional degrees, publications, honors, etc.

(3) Three letters recommending the candidate for the specific fellowship program under consideration.

f. **Additional Documentation.** Depending on the program and a candidate's background, additional documentation may be required. In all cases, the policies and documentation required by MP-5, part II, chapter 2 and its VHS&RA supplement, and M-8, part II, chapter 4 for appointment must be retained on file at the fellowship site

and be available for review by Office of Academic Affairs (141), or by site visitors, including SERP (Systematic External Review Program). Incomplete or inaccurate records may result in the termination of a specific fellowship appointment or of the site as a designated place for fellowship training.

g. **Length of Appointment.** All Fellows will be initially appointed as of July 1. All appointments to fellowship programs will be limited to the time specified for each program or research project. Annual proficiency ratings for fellows will be prepared in accordance with VHS&RA supplement MP-5, part II, chapter 6. In the event of resignations or other changes in status at any time during the training period, the ACMD for Academic Affairs (141) shall be notified immediately by telephone and in writing.

4.10 FUNDING

a. All fellows will be in ungraded positions with a full FTEE but without special pay or bonus for the tenure of the appointments.

b. Each physician, dentist, or clinical scholar appointee will receive a per annum stipend related as closely as practicable to local affiliate fellowship stipend levels.

c. Stipend levels will be determined by the highest post graduate level attained through previous ACGME residency training plus experience in nationally recognized Fellowships sponsored by NIMH, NIA, or similar agencies.

d. Non-VA Employees. Deviations from stipends reflecting local conditions for comparable fellowships are permissible in cases of exceptional qualifications. Such qualifications might include achievement of tenured faculty appointment (Associate or Full Professor), principal investigator for nationally competitive research grants, and publications in recognized, peer-reviewed professional journals. Fellow stipends, however, will not under any circumstances exceed the Intermediate Grade, Step Ten.

e. VA On-Duty Employees. An on-duty employee whose rate of pay exceeds the local rate of pay when converted to a training status must request a voluntary reduction, as appropriate, for the purpose of becoming a trainee. On completion of training, the grade and current equivalent of the salary rate held by such employee prior to entering training may be restored by the approving authority on recommendation of the appropriate Professional Standards Board. At the same time, the rate may be further adjusted to include periodic step increases which otherwise would have been earned if the individual had not become a trainee. The individual is entitled to receive a two-step increase above that adjusted rate if also qualified for change to a higher grade. The effective date of each such action will be the first day of the first pay period following the completion of training.

f. Funds for stipend and fringe benefits will be forwarded to fellowship training sites by Academic Affairs (144).

g. Appointees approved by OAA (141) will advance by one stipend level for each year of the tenure of the appointment and are not eligible for promotions, special advancements, or periodic step increases.

h. Accepted candidates must be willing to travel to the training site entirely at their own expense. VA employees should be advised that they are not entitled to per diem

during this training period because this transfer is voluntary. VA Central Office will not pay travel and relocation costs, but these expenses may be paid by the training site facility, depending on the availability of funds.

i. The ACMD for Academic Affairs (144) will provide FTEE, stipends, and fringe benefits for physician and dentist fellows appointed to special fellowship programs directly to the training site.

j. Fellows will be eligible for such benefits as annual leave, sick leave, health insurance, life insurance, and retirement.

k. Accepted candidates will be identified for PAID System Reporting and cost accounting purposes by specific assignment codes (see apps.).

4.11 EDUCATIONAL DETAIL

All programs are to abide by VA policies related to Educational Detail ("1/6th Rule"). Any exceptions must be approved by the Office of Academic Affairs (141). It is the responsibility of the Chief of Staff to control non-VA training experiences. The time away from the VA is to be compiled and recorded by the aggregate parts of a day, week, or month that the Fellow is not physically present in the VA medical center (see also M-8, pt. II, par. 1.10).

4.12 RESEARCH OPPORTUNITY

a. Participants of special fellowship programs for physicians and dentists in Ambulatory Care, Geriatric Medicine, Geriatric Dentistry, Spinal Cord Injury, or Substance Abuse--and in the Clinical Scholars Program may compete for a third research-oriented year.

b. Fellows selected for a third year of support from the Office of Academic Affairs are expected to spend at least 75 percent of their time on research under the supervision of an established investigator at a VA medical center.

c. Candidates will be considered on the basis of academic and professional achievement as well as their potential for growth and leadership in an academic and/or governmental setting.

d. Applications must include the following documents:

(1) An outline of the research project; limit 3-5 pages, doublespaced, including references.

(2) A current curriculum vitae from the candidate listing articles, already published or accepted for publication in refereed journals, and VA or non-VA research grants.

(3) A current curriculum vitae from the candidate's mentor listing current VA or non-VA research grants and most pertinent recent publications. Also include the

names and current faculty positions of any past fellows under this mentor's immediate supervision; limit 3 pages.

e. Applications should be submitted (in 3 copies) to reach the Office of Academic Affairs (141), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420, by December 15, for the next academic year. Applicants will be notified of decisions by the following January 15.

4.13 MEDICAL TREATMENT OF NONVETERANS

The Office of General Counsel has advised that VA Fellows can participate in training programs involving medical treatment of nonveterans, wherever located, providing VA Fellows adhere to the prohibition on assuming responsibility for the medical care of such patients as outlined in 38 U.S.C. 4108(a)(1). However, VA-paid time spent away from the VA medical center must be compensated for by use of a WOC exchange in a manner similar to that required in VA house staff programs. (See VHS&RA Supp., MP-5, pt. II, ch. 2 and 3.

4.14 INSURANCE CONSIDERATIONS

VA Fellows must be informed that they are covered by the protections of 38 U.S.C. 4116 while at their VA training site, but that this coverage is not transferable to non-VA facilities. Any non-VA facility hosting rotations will have to provide insurance coverage for the length of that rotation, or Fellows will have to purchase personal malpractice insurance.

4.15 PIT (POSTGRADUATE AND INSERVICE TRAINING) FUNDS

Centrally-directed PIT funds, if available, will be allocated to each Fellowship program. These funds are restricted to the exclusive use of Fellows for education and training purposes. Individual requests to utilize these funds will be processed through normal channels at the fellowship sites. The Program Director in the VA facility conducting the program will be responsible for administering and monitoring the utilization of PIT funds for the Fellows at the facility. Documentation and justification of PIT activities and expenditures should be contained in the progress reports submitted annually to the ACMD for Academic Affairs (141). Guidelines for the use of these funds are contained in M-8, part IV. When a Fellowship position is vacated, remaining funds earmarked for the position must be returned to Office of Academic Affairs (141) immediately.

4.16 VA EMPLOYMENT FOLLOWING COMPLETION OF TRAINING

Fellows are encouraged to seek regular full-time employment utilizing their education and training in the VA following completion of the fellowship. Personnel offices at the designated training sites can provide information concerning possible future VA employment opportunities and furnish assistance in securing VA employment.

4.17 PROGRAM CONTINUATION AND RENEWAL

a. **Progress Reports.** By October 1 each year, the Director of each fellowship program will submit a progress report for the previous academic year to the ACMD for Academic Affairs (141). The content should focus on applicant activity related to new fellows, productivity as well as strengths and weaknesses of current fellows, post-fellowship career choices of graduating fellows and changes in jobs and academic appointments of program alumni/ae. Other information should describe changes in resources, affiliate support, and utilization of CORE PIT (Postgraduate and Inservice Training) Funds. An ICP (Individual Curriculum Plan) for each Fellow is a required part of the annual report.

b. **Program Continuation.** If, as a result of Office of Academic Affairs (141) or other VA Central Office site visits and review of annual progress reports, it is

determined

that a fellowship program is not achieving the goals of the VA and of that program in an acceptable manner, it will be terminated. The Office of Academic Affairs (141) will then withdraw the resources for reallocation elsewhere. In considering the merit for continuing an existing program, at least four major areas will be reviewed:

(1) The ability to recruit and retain desirable candidates.

(2) The achievement record of both Fellows and program.

(3) The extent of support provided by the VA facility and by the affiliated medical and/or dental school.

(4) The overall quality of the program as compared to other VA fellowship programs of the same type.

c. **Competitive Renewal.** Each fellowship program will be required to reapply for renewal of its approved status as a fellowship site upon approaching the end of a 5-year or other length cycle of operation determined by the previous competitive review. Reapplications are likely to have to compete with other VA medical centers invited to apply.

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VA FELLOWSHIP PROGRAMS

1. PHYSICIAN FELLOWSHIP PROGRAM IN GERIATRICS

a. Specialties. The recruitment specialties are family practice, internal medicine, neurology, psychiatry, and rehabilitation medicine.

b. Length of the Program - 2 or 3 years.

c. PAID Code. The PAID assignment code is 34.

2. DENTIST GERIATRIC FELLOWSHIP PROGRAM

a. Specialties. The recruitment specialties are periodontics, prosthodontics, oral pathology, and dental public health or an equivalent post-graduate degree, and general practice residency graduates who have at least 2 years of clinical and/or academic experience beyond the dental degree. All VA dentists with 5 years of VA clinical experience are eligible to become Fellows.

b. Length of the Program - 2 or 3 years.

c. PAID Code. The PAID assignment code is 34.

3. SPINAL CORD INJURY FELLOWSHIP PROGRAM

a. Specialties. The recruitment specialties are anesthesiology, family practice, general surgery, internal medicine, neurology, neurosurgery, orthopedic surgery, physical medicine and rehabilitation, psychiatry, and urology.

b. Length of the Program - 1 to 3 years.

c. PAID Code. The PAID assignment code is 37.

4. SUBSTANCE ABUSE FELLOWSHIP PROGRAM

a. Specialties. The recruitment specialties are anesthesiology, family practice, internal medicine, neurology, psychiatry, and clinical pharmacology.

b. Length of the Program - 2 or 3 years.

c. PAID Code. The PAID assignment code is 17.

5. POST DOCTORAL FELLOWSHIPS FOR RESEARCH TRAINING IN PSYCHIATRY

a. Specialties. The recruitment specialty is limited to psychiatry.

b. Length of Fellowships - 2 or 3 years.

c. PAID Code. The PAID assignment code is H1.

6. POST DOCTORAL FELLOWSHIPS FOR SCHIZOPHRENIA RESEARCH

a. Specialties. The recruitment specialty is limited to psychiatry.

b. Length of Fellowships - 2 or 3 years.

c. PAID Code. The PAID assignment code is H2.

7. PHYSICIAN FELLOWSHIP PROGRAM IN AMBULATORY CARE

a. Specialties. The recruitment specialties are family practice, internal medicine, all medical subspecialties, neurology, and psychiatry.

b. Length of Program - 2 or 3 years.

c. PAID Code. The PAID assignment code in H3.

8. POST DOCTORAL FELLOWSHIPS IN CLINICAL PHARMACOLOGY

a. Specialties. The recruitment specialties are anesthesiology, family practice, internal medicine, all medical subspecialties, psychiatry, and surgery. Eligibility is limited to M.D. degree holders.

b. Length of Fellowships - 2 or 3 years.

c. PAID Code. The PAID assignment code is H4.

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**VA FELLOWS IN THE RWJ (ROBERT WOOD JOHNSON)
CLINICAL SCHOLARS PROGRAM**

1. **Specialties.** All medical specialties are eligible.

- 2 **Length of the Program** - 2 or 3 years.

3. **PAID Code.** The PAID assignment code is 35.

4. **VA Central Office Liaison.** The Office of Academic Affairs (141) will have a liaison representative to the Advisory Board of the RWJ Foundation for the Clinical Scholars Program.

5. **Local Supervision.** The COS (Chief of Staff) at designated sites will serve as the VA local liaison in collaboration with the RWJ Program Director in the affiliated university. The COS, or an individual designated by the COS, supervises the VA-RWJ Fellows and is responsible for monitoring the projects of VA-RWJ Fellows in collaboration with the program Director in the affiliated university. The COS may delegate the day-to-day supervision of the VA-RWJ Fellows to the Chief, HSR&D (Health Services Research and Development) (152), the ACOS/R&D (151), or the ACOS/E (141).

6. **Eligibility Criteria.** Candidates must meet the following criteria:
 - a. Commitment to a career consonant with the purpose of the Clinical Scholars Program.

 - b. Competence as clinicians in specific specialties.

 - c. Certification or eligibility for certification by an American Specialty Board.

7. **Application and Selection.** Application forms are available from the Chief of Staff at the designated VA training site, the program Director in the affiliated academic institution, or the RWJ Foundation, P.O. Box 2316, Princeton, NJ 08540. Completed applications for the following academic year should be submitted to the RWJ Foundation in Princeton, NJ, by April 1, 18 months before begin of the fellowship. Selection of VA-RWJ Fellows will be governed by the same competitive criteria applied to all RWJ candidates by the RWJ Foundation, the VA-RWJ training site, and the affiliated academic institution.

8. **Appointment Procedure.** Nominations of VA-RWJ Fellows will be made to the Office of Academic Affairs (141) by the VA facility Director for appointment under authority of 38 U.S.C. 4114(b).

9. **Pay Determination.** Physicians appointed as VA Fellows in the RWJ Clinical Scholars Program will receive a per annum stipend that is related as closely as practicable to the stipend level of Clinical Scholars enrolled in the RWJ program of the affiliated academic institution. Appointees will be in graded or ungraded

positions for the tenure of the appointment and are not eligible for promotion. For determination of stipend levels see paragraph 4.10.

10. **Educational Program.** The educational component of the VA-RWJ program will be comparable to the university-based RWJ Clinical Scholars model. Each VA-RWJ Fellow

is expected to complete a graduate level research project related or applicable to U.S. veterans during the 2-year period of the fellowship. Clinical activities and most of the research must be conducted in VA facilities. The VA/University Health Services Research Advisory Committee may provide guidance for the research projects of the VA-RWJ Fellow. All research projects proposed by VA-RWJ Fellows must be approved by the ACOS/E, the ACOS/R&D, and the R&D Committee.

11. **Funding.** A limited amount of research funding may be available to VA-RWJ Fellows for approved research proposals. Potential funding levels, current review procedures, and application requirements should be obtained from the Director, HSR&D Service, VA Central Office (152), 810 Vermont Avenue, N.W., Washington, DC 20420.

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CHAPTER 5. HOUSE STAFF DISBURSEMENT AGREEMENTS

5.01 PURPOSE

This chapter contains policies established by the Chief Medical Director for considering VA medical center requests for house staff disbursement agreements, and procedures for those facilities with approved agreements .

5.02 AUTHORITY

Authority for house staff disbursement agreements with hospitals, medical schools, or medical institutions participating with the VA in the training of residents is contained in 38 U.S.C. 4114(b)(3).

NOTE: *The cited authority refers to "contracts"; however, disbursement agreements have been approved for use in the central administration of house staff stipends and/or fringe benefits on behalf of the VA.*

5.03 POLICY

a. The primary purpose of house staff agreements is to more adequately achieve stability and equity in payment of stipends and provision of fringe benefits.

b. The Chief Medical Director retains authority for approving or disapproving requests from VA medical centers for agreements.

c. Requests for agreements will be approved on an exception-only basis when the traditional methods for house staff appointments and pay are inadequate due to unique circumstances.

d. Agreements may cover stipends and fringe benefits (full agreement) or fringe benefits only (fringe benefits agreement).

(1) Full Agreement

(a) Stipend inequities due to tax differentials, i.e., house staff in the VA are subject to FICA deductions but when house staff serving in non-Federal affiliated facilities are not, will constitute justification for a full disbursement agreement.

(b) Other compelling issues of compatibility within house staff programs that have serious implications for the conduct of graduate education in VA medical centers will also be considered.

(2) Fringe Benefit Agreement

Significant differences between fringe benefits provided or providable by the VA and the affiliate may be justification for an agreement.

e. Agreements will only be authorized when all of the participating hospitals in an affiliation have equivalent stipend and fringe benefit policies and when all residents assigned to the VA are covered by the agreement (unless an exception is justified and approved by the CMD).

f. Agreements may not include administrative costs or surcharges.

g. Agreements will remain in force unless terminated at the request of either party after 90-days' notice in writing.

h. All VA policies contained in administrative manuals and circulars apply equally to VA medical centers with house staff, unless specifically waived or modified by the disbursement agreement.

i. Administration of house staff disbursement agreements is the full responsibility of the VA medical center Director, requiring the same management oversight and controls as other house staff programs.

5.04

PROCESS FOR VA MEDICAL CENTERS TO REQUEST HOUSE STAFF DISBURSEMENT AGREEMENT

NOTE: *The VA medical center should carefully review paragraph 5.03 to determine if there is a basis for requesting CMD approval for developing a full or fringe benefit agreement. Standard formats have been approved for full agreements (see app. 5A, "Disbursement Agreement for House Staff Stipends and Fringe Benefits") and for fringe benefit agreements (see exhibit 5B, "Disbursement Agreement for House Staff Fringe Benefits"). There are two appendixes to each agreement, one for establishing rates (app. A, pt. I) and the other for handling leave policy (app. A, pt. II); the appendixes are prepared in Central Office as described in subparagraph 5.05f.*

a. A letter is submitted by the VA medical center Director to the ACMD for Academic Affairs (141) specifying (1) the type of agreement requested (full or fringe benefit only), (2) the specific basis for request, (3) the advantages and disadvantages of an agreement for the VA medical center, (4) the advantages and disadvantages for the affiliate, (5) the advantages and disadvantages for house staff assigned to the VA, (6) potential cost savings, if any, and (7) the name and title of a VA medical center official to serve as liaison with Central Office.

b. After review by representatives of the General Counsel, the Office of Personnel and Labor Relations, the Associate Deputy Chief Medical Director, and Academic Affairs, the ACMD for Academic Affairs will recommend approval or disapproval for developing an agreement to the CMD based on the policies specified in paragraph 5.03. The VA medical center will be advised in writing of the CMD decision.

c. Questions about this process should be directed to the Medical/Dental Education Programs Service (141).

5.05

DOCUMENTATION REQUIRED FROM VA FACILITIES APPROVED FOR A HOUSE STAFF DISBURSEMENT AGREEMENT

a. Upon CMD approval to develop an agreement, a standard disbursement agreement following the format in appendix 5A or 5B will be prepared by the VA medical center for review with and signature by the affiliate. Any changes to the disbursement agreement language will require full justification and additional Central Office clearances because only the existing formats (app. 5A and 5B) have been approved for use by the VA General Counsel.

b. Three signed copies of the disbursement agreement are to be sent to the ACMD for Academic Affairs (141) along with one copy of the cost documentation described.

c. Complete and accurate cost documentation is essential. Questions about documentation should be directed to the Salary and Wage Administration Service (052B).

d. If the agreement is to cover both stipends and fringe benefits, all of the following subjects must be documented, if applicable. If the agreement is to cover fringe benefits only, cost documentation is required on the following items (4) through (6) as applicable.

(1) **Stipends.** A copy of the collective bargaining agreement with the disbursing agent will serve to document stipends. In the absence of such an agreement, the House Staff Handbook or the disbursing agent's memorandum to house staff concerning pay should be suitable. If neither of these items is available, it will be necessary to submit a sampling of earnings and leave statements or a copy of a partial payroll run which shows the stipend rate at each postgraduate training level

(2) **FICA.** Once it has been established that stipends are subject to FICA contributions at a particular locality, no further documentation is necessary.

(3) **Leave; e.g., Annual, Sick.** The House Staff Handbook or similar publication will usually describe these entitlements and should be adequate for documentation purposes.

(4) **Health Insurance.** Suitable documentation will consist typically of a copy of the carrier's invoice or statement on the carrier's letterhead clearly identifying unit costs to the disbursing agent for each health benefit plan available to house staff. Under ideal circumstances, a separate health benefits policy is applicable to house staff only, and the best cost documentation is the last page of the carrier's monthly billing statement which shows the total number of house staff covered together with the total amount due. These two figures then can be used in determining the average cost per position, which should coincide with the disbursing agent's proposed charge. Additionally, disbursing agents usually advise house staff that enrollment is either noncontributory (free) or contributory (available at shared cost) by describing the plan in the House Staff Handbook or similar publication.

(5) **Life Insurance.** Documentation will consist of the disbursing agent's policy statement to house staff describing entitlements and costs, if any, to the individual covered by the policy. A copy of the carrier's invoice or statement on carrier's letterhead identifying unit costs must also be submitted. At times, a disbursing agent may agree to provide varying benefits for different classes of house staff. For example, dependents of house staff may be entitled to life insurance coverage. Under these circumstances, it would be appropriate to reduce the contract price below the unit cost to the disbursing agent, since that unit cost would apply only to married house staff members. In determining the appropriate reduction, it may be necessary to rely on the disbursing agent's estimate based on a prior year's single-to-married house staff ratio.

(6) **Other Reimbursable Items.** Items not listed above may be included with specific cost documentation. These items will require a separate clearance from the ACMD for Academic Affairs.

e. The following items are not reimbursable under a disbursement agreement:

(1) Administrative surcharge.

- (2) Accreditation site visit charge.
- (3) Accreditation Council for Graduate Medical Education per-resident assessment.
(NOTE: This charge may be paid from facility recurring medical care funds.)
- (4) National Resident Matching program participation charge.
- (5) Cost of attendance at medical meetings and special educational courses.
- (6) Purchase of educational materials; e.g., books, audiovisual software.
- (7) Tuition or registration fees.

f. After Central Office review and approval, the approved amounts will be used by the Salary and Wage Administration Service (052B) in preparing the appendixes to the agreement (see app. 5A and 5B for sample appendixes). Upon approval of the written agreement by the Chief Medical Director with concurrence of the General Counsel, the appendixes will be returned to the VA medical center with two copies of the fully executed disbursement agreement. The effective date of the agreement will be coordinated by the ACMD for Academic Affairs (141) with the VA medical center Director.

g. Requests to amend the appendixes may be initiated by the VA medical center as needed. To request a rate change, make legible pen and ink changes on your most recent appendix A, part I and submit it in ready for typing format to Salary and Wage Administration Service (052B), together with one copy of complete and accurate cost documentation. Appendixes are maintained in VA Central Office on word processing equipment. Accordingly, appendixes must not be retyped locally since retyping serves no useful purpose and complicates the review and preparation processes.

5.06

VA FACILITY RESPONSIBILITIES FOR ADMINISTERING HOUSE STAFF DISBURSEMENT AGREEMENTS

a. Administration of house staff disbursement agreements is the full responsibility of the VA medical center Director. Central Office units provide policy guidance, technical review, and administrative support through the ACMD for Academic Affairs (141) and the Salary and Wage Administration Service (052B).

b. Experience with the house staff disbursement program has shown it is essential for the VA medical center Director to specifically assign staff responsibilities for carrying out the following management principles.

(1) Operational Responsibilities

(a) Prepare documentation required for a house staff disbursement agreement (see par. 5.05).

(b) Oversee and assure VA role in the selection, placement, assignment, orientation, and evaluation of house staff.

(c) Verify pay level and specialty appointment coding of house staff, using VA standards.

(d) Verify number of house staff by specialty in accordance with the residency year allocation from the ACMD for Academic Affairs (141).

(e) Assure adequate appointment documentation.

(f) Confirm VA timecards with rotation schedules.

(g) Confirm presence of all house staff for payment purposes, using the VA medical center timekeeping system.

(h) Verify the accuracy of billings and assure VA payment is made only for services confirmed by VA timekeeping records.

(i) Monitor funding requirements closely in accordance with accepted financial standards.

(j) Certify billings for payment.

(k) Where advance payments are made, reconcile each billing and maintain the VA medical center records necessary to assure correct final payments and adjustments.

(2) Oversight Responsibilities

(a) Represent the Chief Medical Director in assuring all provisions of the agreement are carried out and that VA regulations pertaining to house staff appointments and pay administration are observed by all parties.

(b) Periodically review all aspects of VA medical center disbursement agreement administration for effectiveness/efficiency and to protect against fraud/mismanagement.

(c) Assure that VA medical center staff with assigned responsibilities have copies of the current disbursement agreement and are familiar with the content, purpose, and nature of their assigned responsibilities.

(d) Assure that adequate VA medical center financial and personnel management control systems are in place and functioning properly.

5.07 REPORTING REQUIREMENTS

The ACMD for Academic Affairs may require periodic reports on house staff covered by disbursement agreements. The VA medical center Director must assure that detailed records as specified in the disbursement agreement and appendixes are maintained and available for submission to, or review by, the ACMD for Academic Affairs or other Central Office officials. VA medical center Directors should

review the status of the disbursement agreement and the relationships with the academic affiliate on a regular basis, and report in writing any unusual circumstances to the ACMD for Academic Affairs (141).

DISBURSEMENT AGREEMENT FOR HOUSE STAFF STIPENDS AND FRINGE BENEFITS

The (Name and Location of Institution) and the Department of Veterans Affairs Medical Center, (City and State,) do hereby mutually agree to the following:

1. QUALIFICATIONS

Each physician and dentist appointed to the integrated residency (affiliated) program must meet the requirements established by the Department of Veterans Affairs for such appointments.

2. RESPONSIBILITIES

During the period of the VA residency training, all house staff members will be subject to VA policies and procedures and the regulations of the medical staff bylaws for the medical center.

3. VA DUTY

VA duty is the number of days a VA resident is physically present at the VA medical center and is performing the normal and customary duties of a postgraduate medical or dental trainee in the care and treatment of patients. A day of duty is a 24-hour period during which the house staff member is assigned to and on duty at the VA medical center continuously and performing the normal and customary duties of a medical or dental resident. During this 24-hour period, the house staff member may be physically absent but on call to the medical center, or may be relieved from physical presence for evening, Federal holiday, weekend, or approved leave as agreed upon in appendix A, part II, provided these periods of absence are established for the house staff member in accordance with the schedule of assignments. If a resident has an assignment at the VA medical center and one or more other institutions during a 24-hour period, a pro rata adjustment for reimbursement will be necessary. Shared or reduced-schedule training appointments require the prior written approval of the VA's Veterans Health Services and Research Administration, Office of Academic Affairs.

4. CIVIL SUITS

This agreement does not limit or otherwise affect the rights of house staff as provided in 38 U.S.C. 4116.

5. TERMINATION

This agreement will remain in force unless terminated at the request of either party after 90-days' notice in writing. To the extent that this agreement is so terminated, the VA will be liable only for the payment provisions of this agreement for services rendered prior to the effective date of termination.

6. RATE AND COST CHANGES

In the preparation of appendixes and all proposed amendments, current cost and pricing data will be submitted for the purpose of establishing the correct rates.

As new rates are established, they will be incorporated into the agreement by amendment to appendix A, part I.

Any modification or amendment will be subject to the review and approval of the Chief Medical Director for the Department of Veterans Affairs. Increases or decreases will be retroactive to effective date of such changes when approved by the Chief Medical Director.

7. FISCAL PROCEDURES

a. The VA medical center will establish an obligation each month, in advance of the month, based on the schedule of assignment provided by the medical school affiliate and approved by the VA medical center Chief of Staff. This procedure will be followed regardless of whether payments are made in arrears or in advance.

b. The VA medical center will obtain a monthly cost statement or invoice from the medical school affiliate detailing the name of the house staff member, social security number, PG (postgraduate) level, the number of VA duty days completed during the month, the daily charge for each, the total amount being charged for each house staff member, and the total charge. The VA medical center will promptly verify the cost statement or invoice from VA timekeeper records and will otherwise assure the accuracy of the billing.

c. VA timekeeper records will be the sole determinant of whether a day of VA duty was satisfactorily performed by the house staff member. If the cost statement or invoice is not substantiated by VA timekeeper records, the VA records will be controlling and unsubstantiated claims will not be paid.

d. The monthly cost statement or invoice will be paid on a timely basis. This will assist in maintaining more accurate VA medical center records and provide a basis for projecting obligation requirements for future months.

8. PAYMENTS

NOTE: *The timing of payments to the affiliate will depend upon the method used; payments in arrears or payments in advance. Only one method will be included in any agreement.*

Method 1. PAYMENT PROVISIONS FOR PAYMENTS IN ARREARS

a. The VA agrees to reimburse the (Name of Institution) on a (Indicate Frequency; i.e., monthly, quarterly, etc.) basis upon receipt of a properly prepared invoice. The invoice must contain the name of the house staff member, Social Security number, PG level, the number of VA duty days completed during the billing period, the daily charge for each, the total amount due for each house staff member, and the total charge. When steps a, b, c, and d under FISCAL PROCEDURES have been completed, the reconciled invoice will be paid.

b. Payments will be based on the number of actual days of VA duty multiplied by the appropriate daily rate stipulated in appendix A, part I. The daily rate is determined by dividing the total annual charge by the number of days of VA duty in the academic year, as modified by the annual leave provisions in appendix A, part II. Unused annual leave will not be reimbursed. For house staff members filling a shared or reduced-schedule training position, reimbursement will be made at a rate equal to 1/4, 3/8, 1/2, etc., the daily rate as appropriate.

c. The annual rates and types of benefits reimbursed are incorporated in appendix A of this agreement.

d. The (Name of Institution) will withhold from the salary checks of all house staff members all required Federal, State, and local income taxes, if any, and any other salary deductions required or authorized by law or regulation. Such withholding services shall include preparation and submission of all required reports, and the forwarding of monies withheld to the appropriate taxing or other collecting agency.

e. The (Name of Institution) will not be reimbursed for any administrative costs relative to the services performed.

Method 2. PAYMENT PROVISION FOR PAYMENT IN ADVANCE

a. The VA will pay 80 percent of the estimated charges for a calendar quarter in advance, between the first and the 10th day of each calendar quarter (July 1-10, October 1-10, January 1-10 and April 1-10), provided (Name of Institution) submits to the VA a summary schedule of duty assignments for VA house staff members on or before the first day of the month preceding the beginning of each calendar quarter (June 1, September 1, December 1 and March 1) which is approved by the VA medical center Chief of Staff. The schedule will show the planned number of days of VA duty for the ensuing calendar quarter and the established total cost. The full value of actual charges incurred during the calendar quarter will be paid after receipt of a properly executed invoice and reconciliation to VA records (see FISCAL PROCEDURES section above), less any amounts paid by the VA in advance for the calendar quarter. The invoice must contain the name of the house staff member, social security number, PG level, the number of VA duty days completed during the billing period, the appropriate daily charge for each, the total amount due for each house staff member, and the total charge. If monies advanced by the VA are more than the actual costs incurred by the VA during the calendar quarter, the difference shall be paid back to the VA within 30 days after receipt of notice of such overadvance.

b. Payments will be based on the number of actual days of VA duty multiplied by the appropriate daily rate stipulated in appendix A, part I. The daily rate is determined by dividing the total annual charge by the number of days of VA duty in the academic year, as modified by the annual leave provisions in appendix A, part II. Unused annual leave will not be reimbursed. For house staff members filling a shared or reduced-schedule training position, reimbursement will be made at a rate equal to 1/4, 3/8, 1/2, etc., the daily rate as appropriate.

c. The annual rates and types of benefits reimbursed are incorporated in appendix A of this agreement.

d. The (Name of Institution) will withhold from the salary checks of all house staff members all required Federal, State, and local income taxes, if any, and any other salary deductions required or authorized by law or regulation. Such withholding services shall include preparation and submission of all required reports, and the forwarding of monies withheld to the appropriate taxing or other collecting agency.

e. The (Name of Institution) will not be reimbursed for any administrative costs relative to the services performed.

9. SCHEDULE OF ASSIGNMENTS

Prior to the commencement of the residency training year, the (Name of Institution) will provide the VA medical center with a schedule of assignments (time) for house staff

appointments for the year. The (Name of Institution) will provide each month in advance a schedule of regular, evening, nighttime, weekend, and holiday assignments for house staff at the VA medical center with substitutions or deviations approved in advance by the Department of Veterans Affairs.

10. **LEAVE**

The leave provisions of each house staff member are established in appendix A of this agreement.

11. **TERM OF AGREEMENT**

NOTE: *The Beginning Date shall not be prior to the date when the agreement is accepted by the school and the VA.*

This agreement shall be effective (Beginning Date).

12. **AUTHORITY**

This agreement is entered into under the authority of title 38, United States Code, section 4114(b)(3) added by section 206 of Public Law 93-82.

Responsible Official for School (Date)
Director (Date)
(name and title)
VA Medical Center

Chief Medical Director (Date)

SAMPLE FOR FULL

DISBURSEMENT AGREEMENT

DISBURSEMENT AGREEMENT
BETWEEN
VA MEDICAL CENTER

AND

APPENDIX A, PART I

EFFECTIVE DATE:

DOCUMENT DATE: 11-2-89

PG1
PG2
PG3
PG4
PG5
PG6
PG7

STIPEND

\$17,500.00
\$19,000.00
\$20,200.00
\$21,200.00
\$22,100.00
\$22,900.00
\$23,500.00

HOSPITAL

INSURANCE

1,065.35

1,065.35

1,065.35

1,065.35

1,065.35

1,065.35

1,065.35

DISABILITY

100.50

110.00

115.25

120.15

125.00

130.50

135.25

LIFE

INSURANCE

65.00

70.00

75.00

80.00

85

.00

90.00

95.00

FRINGE

BENEFITS

1,230.85

1,245.35

1,255.60

1,265.50

1,275.35

1,285.85

1,295.60

TOTAL

18,730.85

20,245.35

21,455.60

27,465.50

23,375.35

24,185.85

24,795.60

DAILY RATE

\$51.32

\$55.47

\$58.78

\$61.55

\$64.04

\$66.26

\$67.93

(1/365)

NOTE 1:

Disbursement for residents at the PG6 and PG7 levels requires prior approval from VA Central Office (141).

NOTE 2:

Disbursement for a maximum of 365 days of VA duty is permitted for each position allocated. (If annual leave is not cons

idered VA duty in appendix A, part II, the daily rate is set at 1/365 MINUS the number of days of annual leave per allocated position per academic year.)

DISBURSEMENT AUTHORIZED:

Chief Medical Director

**DISBURSEMENT AGREEMENT
BETWEEN VA MEDICAL CENTER**

AND

APPENDIX A, PART II

LEAVE POLICY

The term "approved leave," as used in this disbursement agreement, is further defined to include each of the following:

1. **Annual Leave.** Annual leave is earned at the rate of 1.25 days per house staff member per month of VA duty and may be pooled or otherwise aggregated. This leave may be taken by house staff members in multiples of 1 day during the period of assignment to VA as the needs of the hospital and training program allow. Annual leave is charged on the basis of a 5-day week, Monday through Friday. The VA will be reimbursed for each day of annual leave used in excess of that accrued during service at the VA. Financial settlement of annual leave balances will be made in the last quarter of the academic year.

2. **Sick Leave.** Sick leave is earned at the rate of 1.25 days per house staff member per month of VA duty and may be pooled or otherwise aggregated. Sick leave is charged on the basis of a 5-day week, Monday through Friday, in multiples of 1 day. Sick leave does not accumulate from one training year to another. Unused sick leave is nonreimbursable. The VA will maintain records of sick leave usage to ensure that the aggregate accrual of sick leave by house staff during service at the VA, accrued on the basis of 1.25 days per month per resident, is not exceeded by the aggregate use of sick leave by house staff during service at the VA within the academic year. The VA will be reimbursed for each day of sick leave used in excess of that accrued during service at the VA.

3. **Military Leave.** House staff who are members of the United States National Guard or a reserve component of the Armed Forces may be granted military leave, not to exceed 15 calendar days per year, for the performance of active military duty.

4. **Relief From Physical Presence for Examination.** House staff may be relieved from physical presence to undergo examinations for State medical licensure and U.S. specialty boards. The amount of absence authorized will not exceed the time actually required for taking the examination and for travel to and from the place of examination.

Reimbursement will be made only for those days which fully meet the definition of VA duty.

DISBURSEMENT AGREEMENT FOR HOUSE STAFF FRINGE BENEFITS

The (Name and Location of Institution) and the Department of Veterans Affairs Medical Center, (City and State), do hereby mutually agree to the following:

1. QUALIFICATION

Each physician and dentist appointed to the integrated residency (affiliated) program must meet the requirements established by the Department of Veterans Affairs for such appointments.

2. RESPONSIBILITIES

During the period of VA residency training, all house staff members will be subject to VA policies and procedures and the regulations of the medical staff bylaws for the medical center.

3. VA DUTY

VA duty is the number of days a VA resident is physically present at the VA medical center and is performing the normal and customary duties of a postgraduate medical or dental trainee in the care and treatment of patients. A day of duty is a 24-hour period during which the house staff member is assigned to and on duty at the VA medical center continuously and performing the normal and customary duties of a medical or dental resident. During this 24-hour period, the house staff member may be physically absent but on call to the medical center, or may be relieved from physical presence for evening, Federal holiday, weekend, or approved leave as agreed upon in appendix A, part II, provided these periods of absence are established for the house staff member in accordance with the schedule of assignments. If a resident has an assignment at the VA medical center and one or more other institutions during a 24-hour period, a pro rata adjustment for reimbursement will be necessary. In such a case the timecard will reflect the reduced schedule. Shared or reduced-schedule training appointments require the prior written approval of the VA's Veterans Health Services and Research Administration, Office of Academic Affairs.

4. CIVIL SUITS

This agreement does not limit or otherwise affect the rights of house staff as provided in 38 U.S.C 4116.

5. TERMINATION

This agreement will remain in force unless terminated at the request of either party after 90 days' notice in writing. To the extent that this agreement is so terminated, the VA will be liable only for the payment provisions of this agreement for services rendered prior to the effective date of termination.

6. RATE AND COST CHANGES

In the preparation of appendixes and all proposed amendments, current cost and pricing data will be submitted for the purpose of establishing the correct rates.

As new rates are established, they will be incorporated into the agreement by amendment to appendix B, part I.

Any modification or amendment will be subject to the review and approval of the Chief Medical Director for the Department of Veterans Affairs. Increases or decreases will be retroactive to effective date of such changes when approved by the Chief Medical Director.

7. FISCAL PROCEDURES

a. The VA medical center will establish an obligation each month, in advance of the month, based on the schedule of assignment provided by the medical school affiliate and approved by the VA medical center Chief of Staff. This procedure will be followed regardless of whether payments are made in arrears or in advance.

b. The VA medical center will obtain a monthly cost statement or invoice from the medical school affiliate detailing the name of the house staff member, social security number, PG (postgraduate) level, the number of VA duty days completed during the month, the daily charge for each, the total amount being charged for each house staff member, and the total charge. The VA medical center will promptly verify the cost statement or invoice from VA timekeeper records and will otherwise assure the accuracy of the billing.

c. VA timekeeper records will be the sole determinant of whether a day of VA duty was satisfactorily performed by the house staff member. If the cost statement or invoice is not substantiated by VA timekeeper records, the records will be controlling, and unsubstantiated claims will not be paid.

d. The monthly cost statement or invoice will be paid on a timely basis. This will assist in maintaining more accurate VA medical center records and provide a basis for projecting obligation requirements for future months.

8. PAYMENTS

NOTE: *The timing of payments to the affiliate will depend upon the method used, payments in arrears or payments in advance. Only one method will be included in any agreement.*

Method 1. PAYMENT PROVISIONS FOR PAYMENTS IN ARREARS

a. The VA agrees to reimburse the (Name of Institution) on a (Indicate Frequency; i.e., monthly, quarterly, etc.) basis upon receipt of a properly prepared invoice. The invoice must contain the name of the house staff member, social security number, PG level, the number of VA duty days completed during the billing period, the daily charge for each, the total amount due for each house staff member, and the total charge. When steps a, b, c, and d under FISCAL PROCEDURES have been completed, the reconciled invoice will be paid.

b. Payments will be based on the number of actual days of VA duty multiplied by the appropriate daily rate stipulated in appendix A, part I. The daily rate is determined by dividing the total annual charge by the number of days of VA duty in the academic year, as modified by the annual leave provisions in appendix A, part II. Unused annual leave will not be reimbursed. For house staff members filling a shared or reduced-schedule training position, reimbursement will be made at a rate equal to 1/4, 3/8, 1/2, etc., the daily rate as appropriate.

c. The annual rates and types of benefits reimbursed are incorporated in Appendix A of this agreement.

d. The (Name of Institution) will not be reimbursed for any administrative costs relative to the services performed.

Method 2. PAYMENT PROVISION FOR PAYMENT IN ADVANCE

a. The VA will pay 80 percent of the estimated charges for a calendar quarter in advance, between the first and the tenth day of each calendar quarter (July 1-10, October 1-10, January 1-10 and April 1-10), provided (Name of Institution) submits to the VA a summary schedule of duty assignments for VA house staff members on or before the first day of the month preceding the beginning of each calendar quarter (June 1, September 1, December 1, and March 1) which is approved by the VA medical center Chief of Staff. The schedule will show the planned number of days of VA duty for the ensuing calendar quarter and the established total cost. The full value of actual charges incurred during the calendar quarter will be paid after receipt of a properly executed invoice and reconciliation to VA records (see FISCAL PROCEDURES section), less any amounts paid by the VA in advance for the calendar quarter. The invoice must contain the name of the house staff member, Social Security number, PG level, the number of VA duty days completed during the billing period, the appropriate daily charge for each, the total amount due for each house staff member, and the total charge. In the event monies advanced by the VA are more than the actual costs incurred by the VA during the calendar quarter, the difference shall be paid back to the VA within 30 days after receipt of notice of such overadvance.

b. Payments will be based on the number of actual days of VA duty multiplied by the appropriate daily rate stipulated in appendix A, part I. The daily rate is determined by dividing the total annual charge by the number of days of VA duty in the academic year, as modified by the annual leave provisions in appendix A, part II. Unused annual leave will not be reimbursed. For house staff members filling a shared or reduced-schedule training position, reimbursement will be made at a rate equal to 1/4, 3/8, 1/2, etc., the daily rate as appropriate.

c. The annual rates and types of benefits reimbursed are incorporated in Appendix A of this agreement.

d. The (Name of Institution) will not be reimbursed for any administrative costs relative to the services performed.

9. LEAVE

The leave provisions of each house staff member are established in appendix A of this agreement.

10. TERM OF AGREEMENT

This agreement, when accepted by the (Name of Institution) and the Chief Medical Director for the Department of Veterans Affairs, shall be effective (Beginning Date).

11. **AUTHORITY**

This agreement is entered into under the authority of title 38, United States Code, section 4114(b)(3) added by section 206 of Public Law 93-82.

Responsible Official for the School (Date)
Director
(Date)
(Name and Title)

VA Medical Center

Chief Medical Director (Date)

DISBURSEMENT AGREEMENT
BETWEEN
VA MEDICAL CENTER

AND

APPENDIX A, PART I
EFFECTIVE DATE:

DOCUMENT DATE: 11-2-89

PG1

PG2

PG3

PG4

PG5

PG6

PG7

HOSPITAL
INSURANCE
\$1,065.35
\$1,065.35
\$1,065.35
\$1,

065.35
\$1,065.35
\$1,065.35
\$1,065.35

DISABILITY
INSURANCE

100.50

110.00

115.25

120.15

125.00

130.50

135.25

LIFE INSURANCE

65.00

70.00

75.00

80.00

85.00

90.00

95.00

TOTAL

1,230.85

1,245.35

1,255.60

1,265.50

1,275.35

1,285.85

1,295.60

DAILY RATE
(1/365)

\$

3.37

\$

3.41

\$

3.44

\$

3.48

\$

3.49

\$

3.52

\$

3.55

NOTE:

Disbursement for a maximum of 365 days of VA duty is permitted for each position allocated.

DISBURSEMENT AUTHORIZED:

Chief Medical Director

DISBURSEMENT AGREEMENT
BETWEEN
VA MEDICAL CENTER _____

AND

APPENDIX A, PART II

LEAVE POLICY

The term "approved leave," as used in this disbursement agreement, is further defined to include each of the following:

1. **Annual Leave.** Annual leave will accrue and may be used in accordance with the VA medical center's matching leave plan for house staff.
2. **Other Absences.** House staff may be granted approved leave during periods of illness, military training, while taking examinations for U.S. specialty boards, and for other reasons stipulated in VA Manual MP-5, part II, chapter 7 and the VHS&RA Supplement to MP-5, part II, chapter 7. The provisions of the aforementioned manual references shall apply to all such absences.

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CHAPTER 6. REPORT OF VHS&RA HEALTH SERVICES TRAINING, RCS 10-0161

6.01 PURPOSE

The purpose of this chapter is to provide guidelines and instructions for the preparation and submission of the Report of VHS&RA Health Services Training, RCS 10-0161.

6.02 REPORTING REQUIREMENTS

a. This report will include all persons who received health services training during the fiscal year and whose cumulative training was of at least 1 week's duration (40 hours), whether or not the training had been completed as of September 30, and who were:

(1) Appointed on a WOC (without compensation) basis, or

(2) Paid with earmarked Central Office Education and Training funds under the Medical Care appropriation.

b. Facilities responsible for the funding and primary training of students will report them in the normal manner. Facilities providing supplementary training to the same individuals will not report them to avoid duplicate counting.

c. Training conducted under the VHS&RA Postgraduate and Inservice Training (CORE PIT) Program for VA employees, or under the auspices and support of non-VHS&RA agencies such as those related to Veterans Benefits Work-Study and Economic Opportunity Enrollee Programs, will not be included in this report.

6.03 RESPONSIBILITY AND COORDINATION

a. The Personnel Officer is usually delegated primary responsibility for the preparation and submission of this report. Where a properly staffed Education Office exists, under the direction of an ACOS/E (Associate Chief of Staff for Education), that office should be assigned as the primary point of responsibility.

b. VA medical centers having 2 divisions, and those with subclinics or outpatient clinics physically separated from the parent facility, will assure that the report includes data on training programs for all divisions and clinics under the center's jurisdiction.

6.04 REPORT PERIOD AND DUE DATE

a. The annual report will cover all health services training conducted for students whose period of training in the facility was of 1 week (40 hours) or more duration during the fiscal year.

b. The report will be forwarded through proper channels to reach the ACMD for Academic Affairs (144F) no later than the 14th workday following the end of the fiscal year.

6.05 REPORT TRANSMITTAL AND ASSEMBLY

A completed VHS&RA Health Services Training Report will consist of the following:

a. Letter of transmittal signed by the facility Director

(1) Name, title, and telephone number of the responsible facility contact who can answer questions about the report submission.

(2) A single line summary for each major program being reported, showing major program code, total trainees in the category, and of the total, the number PAID and the number WOC. At the end of the listing, provide overall facility totals: TOTAL, PAID, WOC.

(3) In consultation with all VA facility teaching services, your best estimate of the combined maximum total number of trainees at the facility at any one time.

b. VA Form(s) 10-7970, Basic Code Sheet for Health Services Training

VA Form(s) 10-5534a, VHS&RA Health Services Trainees by Race, Sex and National Origin--Summary of Trainees Who Joined the VA Workforce. RESPONSE REQUIRED EVEN IF NEGATIVE.

6.06 GENERAL INSTRUCTIONS

a. VA Form 10-7970, Basic Code Sheet for Health Services Training.

(1) Typing of entries is preferred; however, ink or pencil is acceptable, if clearly legible.

(2) THIS REPORT IS TO BE A "HEAD COUNT." TRAINEES, WHETHER APPOINTED WOC OR PAID, ARE TO BE COUNTED AND REPORTED ONLY ONCE FOR THE ENTIRE FISCAL YEAR. DO NOT REPORT THE NUMBER OF APPROVED POSITIONS, CLASS SIZE, OR NUMBER OF TRAINEES PER ROTATION AS "NUMBER OF TRAINEES." NOR SHOULD AN INDIVIDUAL TRAINEE BE COUNTED AND REPORTED EACH TIME THE TRAINEE STARTS A NEW ROTATION.

(3) Complete the facility identification section at the top of each form submitted. Enter the Medical Region and the three-digit facility number in the fields provided.

(4) Entries on all code sheets should follow, insofar as possible, the sequencing found in Appendix A, Index of Major and Minor Program Codes.

(5) Reporting medical house staff (residents).

(a) Residents will be reported in their parent program and not the specialty/subspecialty that happens to be the assignment when data is collected. Residents participating in a flexible internship or other preparatory training in a specialty other than that in which they plan to obtain boards should be counted only in the specialty they are pursuing for board certification. It is recognized that a considered judgment will have to be made in some cases.

(b) Care should be taken in reporting general internal medicine residents and those in subspecialty programs. There is a tendency for those in subspecialty training to be reported as general internal medicine, and/or those from general internal medicine, on an elective in a subspecialty, to be reported in the subspecialty. In those cases, the program expected to provide board certification should be reported, as noted (2).

(c) Facilities with House Staff Disbursement Agreements should pay special attention to column D, VA Form 10-7970, WOC OR PAID. All residents paid under

the Agreement assigned to the VA should be reported as PAID (2). Residents in specialty/subspecialty programs specifically excluded by terms of the Agreement and residents from other than the affiliated medical school; i.e., active duty military personnel, should be coded WOC (1) or PAID (2) depending on their status.

b. VA Form 10-5534a, VHS&RA Health Services Trainees by Race, Sex and National Origin-Summary of Trainees Who Joined the VA Workforce.

(1) Enter the required data for students who completed their training within the current year or previous 2 years and who were appointed (hired) by the VA facility as regular VA employees for the first time during this reporting period.

(2) This form, when completed properly, provides the only source of information on the number of students who received all or part of their clinical or administrative training in a VA facility and subsequently joined the VA workforce.

c. Further detailed instructions are printed on each VA form.

6.07

APPENDIXES-DISTRIBUTED SEPARATELY BY THE OFFICE OF ACADEMIC AFFAIRS

a. Appendix A, Index of Major and Minor Program Codes, provides information required to complete columns A, B, and D on VA Form 10-7970 and column A, VA Form 10-5534a. The list will be updated periodically by Central Office staff to reflect changes in occupational titles and/or status of centrally directed funding.

b. Appendix B, Index of Cooperating Institutions Codes, is a comprehensive list of educational institutions and/or other agencies. The seven digits preceding the institution name will be used to complete column F, VA Form 10-7970.

NOTE: *For institutions not listed in Appendix B, and only for those not listed, complete column G. Codes will be assigned and the institutions will be included in the next issue of Appendix B.*

6.08 SUMMARY OF VHS&RA TRAINEES BY MAJOR PROGRAMS

Approximately 120 days after the end of the report due date, copies of a Summary of VHS&RA Trainees by Major Programs will be forwarded to each facility for information.