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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.

