

EDUCATION OF ADVANCED FELLOWS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook defines the policies that apply to the Department of Veterans Affairs (VA) Advanced Fellowship Program.
- 2. SUMMARY OF CONTENT:** This VHA Handbook provides updated policies for the establishment, implementation, evaluation, and reporting requirements for these post-residency programs. This update addresses expansion of target audience to include selected associated health professionals, and modifications to how pay is determined for participants.
- 3. RELATED ISSUES:** VHA Directive 1400, VHA Handbook 1400.01, and VHA Handbook 1400.04.
- 4. RESPONSIBLE OFFICE:** The Office of Academic Affiliations (10A2D) is responsible for the content of this Handbook. Questions may be referred to 202-461-9490.
- 5. RESCISSIONS:** VHA Manual M-8, Part II, Chapter 4, dated January 26, 1990, is rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of February 2021.

David J. Shulkin, M.D.
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on 02/29/2016.

CONTENTS

EDUCATION OF ADVANCED FELLOWS

1. PURPOSE..... 1

2. SCOPE..... 1

3. DEFINITIONS..... 1

4. ESTABLISHMENT OF VA ADVANCED FELLOWSHIP PROGRAMS 3

5. IMPLEMENTATION OF ADVANCED FELLOWSHIP PROGRAMS..... 4

6. APPOINTMENT AND PAY OF ADVANCED FELLOWS..... 12

7. PROGRAM CONTINUATION AND RENEWAL 15

8. DUE PROCESS FOR TRAINEE PERFORMANCE, REMEDIATION, AND
DISCIPLINARY ACTIONS 15

9. ACCEPTANCE OF PAYMENTS, GIFTS, OR DONATIONS IN SUPPORT OF
HEALTH PROFESSIONS TRAINEE EDUCATION PROGRAMS..... 19

EDUCATION OF ADVANCED FELLOWS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the policies that apply to the Department of Veterans Affairs (VA) Advanced Fellowship Program. Please see <http://www.va.gov/oa/specialfellows/default.asp> for list of current programs.

AUTHORITY: 38 U.S.C. 7302.

2. SCOPE

a. Addresses needed competencies and/or specialties important to Veterans Health Administration and the Nation, which are not sufficiently addressed by standard professional training.

b. Provides outstanding research, health systems improvement, and clinical and educational training in these areas to physicians, dentists, associated health professionals, and scientists who have completed accredited and other standard training in relevant fields.

c. Exemplifies the highest standards of leadership, intellectual integrity, rigorous research and improvement methodology, excellent patient care, creative partnerships, and innovative uses of educational models and new technology.

d. Develops role models for VA and national leadership in these specialized areas.

e. Contributes to a talented recruitment pool for VA.

f. Fosters an atmosphere of clinical and scientific inquiry and excellence in VA, both by encouraging such advanced trainees to participate in VA clinical, research, health systems improvement, and educational programs, and by providing VA staff the stimulation and rewards associated with teaching and mentoring such talented future leaders.

3. DEFINITIONS

a. **Advanced Clinical Training.** Advanced clinical training takes place after the standard clinical training for a profession/field has been completed. It is mentored training with graduated supervision designed to develop new clinical skills and to strengthen existing ones. Advanced clinical training provided through VA Advanced Fellowships is particularly intended to provide clinical training in areas that a profession's standard training does not provide sufficient emphasis to meet the projected needs for VA, Veterans' health care, and the Nation.

b. **Advanced Educational Training.** Advanced educational training takes place after standard training for a profession/field has been completed. It is mentored training with graduated supervision designed to develop new educational skills and to strengthen existing ones. Such training enhances fellows' knowledge and skills by assessing learner needs and competencies, teaching, providing feedback to learners,

and using effective methods of improving performance for the targets of the education. This training may include:

- (1) Coursework in adult learning theory, curriculum development, instructional methods, and educational evaluation.
- (2) Mentored teaching of health care providers and trainees.
- (3) Learning opportunities with Web-based curricula.
- (4) Exposure to and instruction in the use of educational resources within VA (e.g., teleconferences, interactive videoconferences, PowerPoint presentations, satellite broadcasts, etc.).
- (5) Participation or leadership in educational activities in external organizations with missions that affect health care education, including professional organizations, the Accreditation Council for Graduate Medical Education (ACGME), the Institute for Healthcare Improvement (IHI), American Nurses Association (ANA), the Association of American Medical Colleges, and the Council on Dental Accreditation, American Dental Association (ADA), American Psychological Association (APA), and any other relevant professional organizations.

c. **Associated Health Professions.** Associated health professions include all health care professions other than allopathic and osteopathic medicine and dentistry. ***NOTE:*** *Nursing professionals are included as an associated health profession in the context of this Handbook.*

d. **Clinical Privileging.** Clinical privileging is the process by which a practitioner licensed for independent practice is permitted by law and the VA medical facility to practice independently in providing medical or other patient care services within the scope of the individual's clinical competence. This is determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileging must be facility-specific and provider-specific (see VHA Handbook 1100.19, Credentialing and Privileging).

e. **Credentialing.** Credentialing is the systematic process of screening and evaluating qualifications and other credentials including: licensure, required education, relevant training and experience, current competence, and health status (see VHA Handbook 1100.19, Credentialing and Privileging and VA Directive 5005, Pt. II, Ch. 3 at <http://vaww.va.gov/OHRM/HRLibrary/Dir-Policy.htm>) for employees appointed under 7401, 7405, or 7406. ***NOTE:*** *This is an internal VA Web site that is not available to the public.*

f. **Licensure.** Licensure is State-issued documentation in the form of a license or registration that gives official or legal permission to practice in an occupation (see VHA Handbook 1100.19, Credentialing and Privileging and VA Directive 5005, Pt. II, Ch. 3, Section B).

g. **Advanced Fellowship Program Director.** The Advanced Fellowship Program Director is the Office of Academic Affiliations (OAA)-approved local leader at a facility who is responsible for coordinating and administering a VA Advanced Fellowship Program.

h. **Payments.** Payments are provision to VA of funds or in-kind compensation from for-profit, non-profit, public or private entities or individuals in exchange for goods or services rendered by VA.

i. **Program Mentor.** A program mentor is a local content expert who, under the oversight of the Advanced Fellowship Program Director, advises the fellow(s) on research, health systems improvement projects, educational and/or clinical program aspects, professional development, and career progression.

j. **Mentored Research/Health Systems Improvement Training.** Mentored training in research and/or health systems improvement is the fellowship experience that includes related coursework, mentored development, implementation of an independent research and/or health systems improvement project, analysis of data, write-up of findings, and presentation of findings in appropriate venues.

k. **Fellow.** In this Handbook, a fellow is a physician, dentist, nurse, associated health professional, or scientist approved for participation in VA's Advanced Fellowship Program. Advanced Fellows are trainees, even though they may have completed standard clinical training and may have clinical privileges as a licensed independent practitioner.

l. **VA Research and Education Corporations.** VA Research and Education Corporations are non-profit entities authorized to facilitate VHA research and education described by Title 38 United States Code (U.S.C.) 7361 through 7366 and in VHA Handbook 1200.17, Department of Veterans Affairs Nonprofit Research and Education Corporations Authorized by Title 38 U.S.C. Sections 7361 through 7366.

4. ESTABLISHMENT OF VA ADVANCED FELLOWSHIP PROGRAMS

a. **Proposal of New Programs.** Officials in VA medical facilities and VA Central Office (VACO) may suggest a new Advanced Fellowship Program and submit a proposal with an accompanying rationale to OAA. The rationale needs to include ways in which the proposed training program will: meet a VA need, add clinical value, address emerging issues, respond to demographic trends in patient populations, demonstrate evidence of capacity for training, build on existing educational platforms, provide partnership synergy, and address stakeholder interests. Although such proposals need not originate from a VACO Program Office, a proposal originating from VA medical facilities must receive concurrence from the relevant VACO Program Office(s). OAA reviews each proposal and provides feedback to the submitter.

b. **OAA Program Announcements and Notification of Selection.** When establishing or renewing Advanced Fellowship Programs, OAA sends a program announcement to VA medical facilities. Program announcements include application

procedures and criteria for selection as a fellowship site. OAA notifies all applicants about the selection process results.

c. **Affiliation Criterion.** An important criterion for selection as a VA Advanced Fellowship Program site is the evidence of a strong affiliation with appropriate academic institutions. Affiliations are essential in ensuring the excellence of strong research, health systems improvement, educational, and clinical learning environments important for training.

d. **Other Criteria.** In addition to strong academic affiliation(s), other criteria for site selection include: committed leadership; resources to support excellence in research, education, and clinical care; experienced mentors; a strong administrative infrastructure; and sound strategies for programmatic and individual evaluation.

e. **Chief Academic Affiliation Officer Approval.** The Chief Academic Affiliations Officer must approve any new VA Advanced Fellowship Program before implementation.

5. IMPLEMENTATION OF ADVANCED FELLOWSHIP PROGRAMS

a. **Recruitment of Fellows.** Upon OAA's approval of a facility as a VA Advanced Fellowship training site, the VA Fellowship Program Director at that site is responsible for recruiting fellows. In considering candidates, Fellowship Program Directors must use selection criteria outlined in the OAA program announcement and apply those criteria to all candidates uniformly. Criteria for selection must be documented at the designated program site.

b. **Applicant Requirements.**

(1) **Physicians.** Except as described below, all physicians must have completed an ACGME or American Osteopathic Association (AOA)-accredited specialty and subspecialty residency training, as appropriate; be board certified or board eligible and actively pursuing eligibility; and have a current, unrestricted medical license, registration, or certification issued by a State, Territory, Commonwealth, or the District of Columbia. In rare exceptions, certain programs may be identified by the Chief Academic Affiliations Officer as allowing physician trainees to interrupt their accredited training to participate in an Advanced Fellowship program. Physicians who are not United States (U.S.) citizens may be appointed when qualified citizens are not available (see 38 U.S.C. 7407). Graduates of medical schools other than those accredited in the U.S. or Canada must have appropriate Education Commission for Foreign Medical Graduates (ECFMG) documentation. **NOTE:** *Physicians must also meet all requirements in VA Directive 5005, Part II, Chapter 3, Section A, paragraph 3.* Physicians who are unlicensed or otherwise not clinically active may be eligible to participate if the program of interest has been approved for scientists, and if in possession of a medical degree from an institution accredited by the Liaison Committee on Medical Education (LCME), the Commission on Osteopathic College Accreditation or recognized by the Educational Commission for Foreign Medical Graduates (ECFMG), may then be eligible to apply as a post-doctoral scientist and be subject to all relevant requirements. Such applicants shall be subject to background verification (including

any prior clinical activity), and suitability assessment. An individual whose background proves unsuitable for appointment as a physician is unlikely to be suitable for appointment as a non-clinician scientist.

(2) **Dentists.** Dental participants must have active, unrestricted licensure to practice dentistry in the United States.

(3) **Associated Health and Nursing Professionals.** Each Advanced Fellowship program announcement shall define which professions and at what level of completed preparation (e.g., some programs may specify completion of doctoral training) may participate in the program. Associated health and nursing professionals participating in the Advanced Fellowship program must be U.S. citizens.

(4) **Non-citizens.** Associated health and nursing professionals must be U.S. citizens. Physicians and dentists who are non-citizens can only be selected as fellows when the program announcement permits and no qualified citizens apply. More information regarding non-citizen employment and immigration matters may be obtained at the following Web site: http://vaww.va.gov/Ohrm/Staffing/NCE/NCE_1.htm. **NOTE:** *This is an internal VA Web site that is not available to the public.*

c. **Nomination of Fellows.** Specific issues related to Advanced Fellows' nomination and appointment procedures are addressed below:

(1) **Non-VA Employees.** Medical facility Directors may nominate post-residency, non-VA physicians and dentists to OAA for temporary, full-time appointment under authority of 38 U.S.C. 7405 or 7406 in accordance with the provisions of VA Directive 5005, Part II, Chapter 3.

(2) **VA On-duty Employees.** Medical facility Directors may nominate VA staff to OAA for appointment as Advanced Fellows. Employees serving on a probationary or permanent appointment under 38 U.S.C. 7401 must voluntarily request a change to temporary appointment under 38 U.S.C. 7405 or 7406 in order to participate in the training. Appointments may be made to allow part-time participation in an Advanced Fellowship program, with the balance of the effort being in the employee's staff capacity. Such part-time appointments must have not less than 50 percent effort as an Advanced Fellow, must be approved by the Office of Academic Affiliations based on demonstration that program goals are achieved, and must conform to requirements set forth in VA Directive 5005, Part II, Chapter 3 regarding "Dual Compensation." Dual appointments as employee and trainee must also assure that such an Advanced Fellow's specific clinical efforts are clearly delineated as dependent (and appropriately supervised) or independent irrespective of their duty status as trainee or employee.

(3) **Credentialing Requirements.** VHA physical, credentialing, and privileging requirements in VA Directive 5005, Part II, Chapter 3, Section B and VHA Handbook 1100.19 (for independent practitioners appointed under 38 U.S.C. 7401(1), 7405, or 7406 and dependent associated health professionals appointed under 38 U.S.C. 7401(3) follow VHA Directive 2012-030, Credentialing of Health Care Professionals, or subsequent policy issue), shall be followed for relevant clinicians. In addition, the Fellowship Program Director shall ensure that local VA medical facility procedures for

credentialing and privileging are followed. **NOTE:** *Fellowship Program staff shall collaborate with VA offices responsible for the credentialing and appointment process; such offices may include the Education, Human Resources Management (HRM) Office, and Medical Staff Office.*

(4) Privileging Requirements.

(a) Physician and Dentist Advanced Fellows shall have completed their primary training, and either possess or be eligible for and actively pursuing board certification through an American Board of Medical Specialties/American Osteopathic Association-recognized specialty board. Dentist Advanced Fellows shall have completed an American Dental Association Commission on Dental Accreditation-accredited post-graduate residency. Subject to the policies and procedures of the appointing institution's medical staff bylaws, Advanced Fellows are to be privileged as licensed independent practitioners (LIP) in the primary field in which they completed approved training. Exceptions to this requirement for LIP privileging are rare, and require written OAA approval prior to the appointment. A trainee not appointed as an LIP can only engage in clinical activities for which dependent privileges have been assigned. A physician and dentist Advanced Fellow participating in courses of study that provide advanced clinical training pertinent to the Advanced Fellowship shall be considered a dependent practitioner subject to appropriate graduated supervision for such clinical care.

(b) Associated health or nursing professionals who have completed all training necessary for required credentialing in their primary field and are eligible to be appointed as independent or otherwise fully functioning staff practitioners shall either be privileged as licensed independent practitioners, have an approved scope of practice consistent with their licensure and prior training, or meet the requirement for appointment in their occupation. Associated health practitioners participating in courses of study that provide clinical training pertinent to the Advanced Fellowship shall be considered dependent practitioners, subject to appropriate graduated supervision for such clinical care.

(c) Psychology Advanced Fellows, must meet the same requirements for Associated Health Professionals apply, except they must:

(1) Possess a doctoral degree (or demonstrate that all requirements for such a degree have been completed and award of the diploma is pending) from an American Psychological Association (APA) accredited program that would make them eligible for VA hire, and

(2) Have completed an APA accredited internship (or a new OAA funded, VA-based internship that is not yet accredited). If the candidate has not yet completed the doctorate, there must be convincing evidence from the Director of Clinical Training at the university and from the Director of Training at the internship that completion is on track and expected before the proposed start date of the fellowship.

(5) **Submission Requirements.** OAA posts instructions for nominating fellowship candidates to OAA for approval. Nomination packages must include:

- (a) A completed Fellow Credentials Verification Letter,
- (b) A completed Fellow Credentials Verification Checklist,
- (c) A completed VA Form 10-2850D, Application for Health Professions Trainees, and
- (d) Fellow candidate curriculum vitae (CV).

(6) **Approval and Appointment Procedure.** After OAA considers the nomination materials for each candidate, OAA provides an appointment letter to the local Fellowship Program Director. While appointments are usually limited to 2 years, a fellow may apply for a third year of support to complete an ongoing project if there is sufficient justification and funds are available (see instructions in paragraph 5.h.).

(a) Training Program Status. All Advanced Fellows serve as trainees on a temporary basis for the duration of the appointment period, not less than 1 year and 1 day.

(b) Assignment Codes. Accepted candidates are identified for the personnel management data systems and for cost accounting purposes by specific assignment codes.

d. **Individualized Learning Plans.** When new fellows begin the program, the Fellowship Program Director and other identified mentors meet with each fellow to develop an individualized learning plan collaboratively.

(1) The learning plan needs to be based on a thorough assessment of the fellow's past experiences, strengths, and areas for improvement. The plan needs to include research, health systems improvement, and educational, clinical, and leadership activities to promote the fellow's learning and growth and to facilitate the fellow's progress in meeting program expectations.

(2) For the duration of the program, the Fellowship Program Director and other mentors meet regularly with each fellow to:

- (a) Assess the fellow's progress in relation to the learning plan,
- (b) Provide constructive feedback and assistance, and
- (c) Serve as role models.

e. **Trainee Appointment.**

(1) Advanced Fellow trainees may be appointed under the following authorities: 38 U.S.C., 38 U.S.C. 7405(a)(1), or 38 U.S.C. 7406(a).

(2) Advanced Fellows are expected to have continuous service of at least 1 year, and thus are subject to both Special Agreement Check (SAC) and National Agency Check with Written Inquiries (NACI) procedures.

(3) Program sites must provide incoming trainees with a comprehensive orientation to VA and the local VA medical facility according to the requirements in VA Directive 5005, Part II, Chapter I. Advanced Fellows, as trainees, are eligible to participate in mandatory training that is designed for trainees rather than staff appointed under other authorities.

(4) OAA encourages fellows' orientation to include meetings with local VA and Veterans Integrated Service Network (VISN) leaders. Other recommended meetings include those with local leaders and staff in health systems improvement, quality and safety management, medical informatics, education, and research.

f. **Linkage with Local VA Medical Facility.**

(1) OAA encourages fellows' attendance at local meetings and participation on local committees with significant responsibilities related to fellows' interests and career goals.

(2) To further foster fellows' integration into the VA system and their potential recruitment, OAA strongly recommends that each Fellowship Program Director and the group of fellows in that program meet annually with the VA medical facility Director and the Chief of Staff to discuss the fellows' research, health systems improvement, teaching, and clinical activities related to the facility.

g. **Program Emphases.**

(1) **Time Allocation.** Fellows with clinical preparation engaged in major-project-oriented programs (most 2-year programs) shall spend approximately 75 percent of their time in research, health systems improvement, and educational activities and approximately 25 percent in clinical activity. Fellows who are scientists or other non-clinicians should spend an equivalent portion of time engaged in non-clinical activities related to their course of study. This can be accomplished through such activities as service on committees or participation in special projects at the local, VISN, or national level.

(2) **Research/Health Systems Improvement Projects.** Fellows' research or health systems improvement projects must be relevant to Veterans' health care issues. While OAA strongly recommends that fellows conduct their research at their local VA medical facility, their activities are not necessarily restricted to VA as an institution. Projects may address issues of importance to Veterans' health in other settings, including community and residential sites. The expected result of such projects would be evidence that either evaluates or provides direction for improvement in services provided by VA. Fellowship Program Directors shall obtain appropriate concurrence from facility leadership for projects that take place in community or other non-VA settings.

(a) **Acknowledgement of OAA Support.** All publications and presentations resulting from participation in an Advanced Fellowship, including but not limited to research results, publications, or presentations must contain the following (or equivalent) acknowledgement: "This material is based upon work supported by the Office of Academic Affiliations, Department of Veterans Affairs."

(b) Acknowledgement of OAA and the Office of Research and Development Support. If, in addition to OAA support, VA's Office of Research and Development provided support, the following acknowledgement (or equivalent) must be used: "This material is based upon work supported (or supported in part) by the Office of Academic Affiliations and the Office of Research and Development (R&D) (add, as applicable, Medical Research Service, Rehabilitation R&D Service, Health Services R&D (HSR&D) Service, or Cooperative Studies Program), Department of Veterans Affairs." (See VHA Handbook 1200.19, Presentation of Research Results).

(c) Acknowledgement of VA Resources. If VA provided no direct research support but the effort or project involved the use of other VA resources such as facilities or patients, then publications or presentations must contain the following (or equivalent) acknowledgement: "This material is based on support from the Office of Academic Affiliations and with resources and the use of facilities at (name and location of VA medical center)" (See VHA Handbook 1200.19, Presentation of Research Results).

(d) Notification. Fellowship Program Directors, or designees, must ensure that local facility Public Affairs Officers and ORD are notified when research results are accepted for presentation or publication. Notification to ORD and to HSR&D, if related to HSR&D support shall be completed through the appropriate channels as determined by ORD and/or HSR&D.

(3) **Advanced Clinical and Teaching Activities**. Clinician fellows shall conduct their clinical activities, including direct patient care at a VA medical facility, unless there is no appropriate opportunity to do so at VA.

(a) Educational Detail. In rare instances, a fellow may need an educational detail for advanced training at a non-VA site; an example would be training in the use of specialized equipment not available at the local VA site. The time spent in educational detail must be no greater than one-sixth of the time funded by VA in the local fellowship length of the course of study. , The experience proposed for the educational detail must be documented by the Fellowship Program Director as necessary to achieve the fellow's education plan, with justification as to why appropriate experiences are not available at a VA location.

(b) Liability Protection. VA fellows are covered by the protections of 28 U.S.C. 1346(b) and 2671 through 2680 and 38 U.S.C. 7316 while in the exercise of their duties in or for VA. In the rare instances when a VA-sponsored fellow goes to non-VA medical facilities or agencies for required training, VA may provide liability protection if the non-VA facility declines to cover the VA fellow and an agreement is signed to that effect. **NOTE:** *If there is any doubt as to malpractice coverage during the time that fellows are in a VA Fellowship Program, the local Regional Counsel shall be consulted to resolve such doubts prior to the clinical activity.*

h. **Additional Research/Health Systems Improvement Project Opportunity**. Fellows in project oriented programs who do not anticipate completion of their primary project or who have developed significant collateral project resulting from their primary project may apply for a third project-oriented year.

(1) Requests for extension are considered on the bases of the fellow's accomplishment of program goals as well as potential for growth and leadership in a VA, academic, and/or governmental setting.

(2) Fellows selected for a third year of OAA support will continue to spend approximately 75 percent of their time on project activities and approximately 25 percent in advanced clinical activities.

(3) A third year is not intended to compensate for insufficient effort to be productive, nor is it intended to be a primary mechanism to provide 'bridge funding' between the end of fellowship and receipt of a staff position or grant.

(4) All requests are dependent upon resource availability. Such requests address the OAA-provided trainee stipend only. Approval of third year extensions does not assure provision of supplemental resources provided by other program offices.

(5) Applications for a third year must include:

(a) A letter of recommendation from the Fellowship Program Director with the following information:

1. Justification of the request for a third year of support, including an explanation of the reasons the fellow was unable to complete the program goals during the first 2 years,

2. A description of the fellow's areas of interest, accomplishments, and the relevance of the research or health systems improvement project to VA,

3. Titles(s) and citation(s) of the fellow's peer-reviewed articles published during the fellowship program,

4. Title of the fellow's presentations at national meetings and a description of the mentoring provided to assist the fellow in developing presentation skills,

5. A description of mentored experiences the fellow received in grant writing and the results of any grant submission(s),

6. Titles of courses the fellow took during the first and second fellowship years,

7. A description of the research, health systems improvement, education, clinical and other contributions the fellow made to the local VA and/or VISN,

8. A description of the fellow's clinical and teaching activities at the local VA and the amount of time spent in each endeavor,

(b) A letter from the fellow stating why the support is needed and what will be accomplished during a third fellowship year, and

(c) Fellow's current CV.

NOTE: *Fellows holding a J-1 visa must obtain a renewal of ECFMG sponsorship in the event of approval of the extension request.*

i. **VA Employment Following Completion of Training.** VA Advanced Fellowship Program Directors and mentors shall provide career guidance and information about possible VA employment to each fellow. Fellows are encouraged to seek regular, full-time VA employment using their education and training in VA following completion of the training program. Sites with Human Resources Management offices can provide information concerning possible future VA employment opportunities and can furnish assistance in securing VA employment; current vacancies can be found at www.vacareers.va.gov. **NOTE:** *Sites with Research Services can provide information about VA research opportunities. Non-citizen Advanced Fellows may not be appointed to a permanent position except as authorized by 38 U.S.C. 7407.*

j. **Proficiency Ratings.** Annual proficiency ratings for VA fellows will be prepared in accordance with VA Handbook 5013, Part II.

k. **Resignations.** In the event of resignations or other changes in status at any time during the training period, OAA must be notified in writing.

l. **Health Care Provider Credentialing and Privileging Records.**

(1) **VA Employees.** According to Records Control Schedule 10-1, Health Care Provider Credentialing and Privileging Records on VA employees must be retired to the Federal Records Center (FRC) 3 years after the employee separates from VA employment. These paper records are to be destroyed by witness disposal 30 years after the employee separates from VA. Paper records that have been scanned into electronic credentialing and privileging records and verified for accuracy may be destroyed by witness disposal. Electronic version of information entered directly into the electronic credentialing and privileging record information system may be deleted 30 years after the last episode of employment, appointment, contract, etc. from VA.

(2) **Applicants Who Are Not Selected for VA Employment.** Records Control Schedule 10-1 states that paper Health Care Provider Credentialing and Privileging Records on "Applicants Who Are Not Selected for VA Employment" which have not been scanned into electronic credentialing and privileging records must be destroyed by witness disposal 2 years after non-selection or when no longer needed for reference, whichever is sooner. Paper records that have been scanned and verified for accuracy may be destroyed by witness disposal. Electronic version of information entered directly into the electronic credentialing and privileging record information system may be deleted 2 years after non-selection or when no longer needed for reference, whichever is sooner.

NOTE: *For more information on the applicable system of records, please review the Federal Register Notice "Health Care Provider Credentialing and Privileging Records-VA" at 73 FR 16097 (March 26, 2008).*

6. APPOINTMENT AND PAY OF ADVANCED FELLOWS

a. **Responsibility.** OAA is responsible for developing, disseminating, and interpreting VA Advanced Fellowship Program policies.

b. **Funding Support.** OAA provides 1 or 2 years of stipend or salary support and fringe benefits to training sites for each Advanced Fellow. When a training position is vacated, remaining funds for the position must be returned to OAA immediately. **NOTE:** *VA Advanced Fellowship Program funds may not be used for completion of accredited training.*

c. **Benefits.** Appointees are eligible for such benefits as annual leave, sick leave, health insurance, life insurance, and the Federal Insurance Contributions Act (FICA). Accepted candidates must be willing to travel to the training site entirely at their own expense. VA employees are to be advised that they are not entitled to per diem for relocation during this training period because this transfer is voluntary. OAA will not pay travel and relocation costs; however, depending on the availability of funds, these expenses may be paid by the training site facility.

(1) **Health Insurance.** Advanced Fellows are eligible to participate in the Federal Employee's Health Benefits (FEHB) Program. As for all Federal employees, such coverage, elected, does not take effect on the first day of the appointment to an Advanced Fellowship. Federal regulation requires that enrollments or changes in enrollment for FEHB become effective on the first day of the first pay period that begins after the employing office receives the enrollment request and that follows a pay period during any part of which the employee was in pay status. Therefore, fellows who are covered by health insurance prior to appointment as an Advanced Fellow and who wish to ensure no lapse of coverage should be advised to extend their prior coverage (through COBRA or other mechanism) until the FEHB becomes effective.

(2) **Leave.** Leave for Advanced Fellows is guided by VA Handbook 5011, Part III, Chapter 3.

(a) **Annual Leave.** Annual leave shall accrue for full-time physicians, dentists, podiatrists, chiropractors, nurses, nurse anesthetists, physician assistants, expanded function dental auxiliaries, and optometrists at the rate of 26 days per leave year. Associated Health Professionals earn as follows: less than 3 years-4 hours per pay period, or 13 days a year, 3 but less than 15 years-6 hours per pay period, or 20 days a year; and 15 years or more-8 hours per pay period, or 26 days a year.

1. Annual leave not to exceed 26 calendar days at any time may be advanced to full-time physicians, dentists, podiatrists, chiropractors, nurses, nurse anesthetists, physician assistants, expanded function dental auxiliaries, and optometrists appointed under authority of 38 U.S.C. 7405(a)(1)(A) or 7406, except that such leave shall not be advanced in an amount in excess of that amount which could accrue during the remainder of the current appointment.

2. Annual leave not to exceed 13 days for those with less than 3 years of service), 20 days a year (for those with at least 3, but less than 15 years of service), 26 days a

year (for those with 15 years of service or more) may be advanced to full-time Associated Health Professionals appointed under authority of 38 U.S.C. 7405(a)(1)(A), except that such leave shall not be advanced in an amount in excess of that amount which could accrue during the remainder of the current appointment.

(b) Sick leave. Full-time Advanced Fellows shall accrue sick leave at the rate of 13 days per leave year. Sick leave not to exceed 45 calendar days at any time may be advanced to full-time Advanced Fellows appointed under authority of 38 U.S.C. 7405(a)(1)(A) or 7406. However, sick leave shall not be advanced in an amount in excess of that amount which could accrue during the remainder of the current appointment.

(c) Advanced Leave. The following guidance pertaining to advanced leave pertains to full-time Advanced Fellows:

d. **VA Appointment and Pay**.

(1) Fellows are appointed and paid directly by VA, unless written approval from OAA is obtained to allow appointment and payment through disbursement.

(2) Advanced Fellows shall be in ungraded, full-time positions, unless request is specifically made for a less than full-time appointment. Advanced Fellows shall not be appointed less than half-time. The request for less than full-time appointment shall address the following issues:

(a) Reason for the request and

(b) Description of how the participant will still accomplish the goals of the fellowship within the reduced time commitment.

(3) Advanced Fellows are not eligible for pay under the physician compensation system. See VA Handbook 5007, Part IX, paragraph 3.c.

(4) Pay for participants in Advanced Fellowships depends on the participant's profession, level or participation, and their relationship to other training activities. This will be determined by use of one of the following three mechanisms (see paragraphs 6.d.(4)(a)-(c)) at OAA's discretion:

(a) Fellows' pay is determined depending upon the health profession as listed below:

1. Physicians and Dentists. Physician and dentist Advanced Fellows in this category are paid at the rate for their approved Post Graduate Year (PGY)-level, as defined by the Resident Training Stipend Schedule. PGY level for this purpose is determined using the following decision rules:

a. All years for completed specialty training in a single pipeline program in an ACGME/AOA- or ADA-approved residency or clinical fellowship shall count year for a year as calculated by ACGME/AOA standards and as creditable towards ABMS or ADA board certification. A physician who has completed two pipeline programs may get

credit for only one, whichever is longest. No training conducted outside the United States or Canada shall be countable unless accepted in writing by the specialty board in question granting credit for all or part of said foreign training.

b. Chief Resident positions will count for 1 year, provided the appointment had the following attributes:

(1) The responsibility was fulfilled after the candidate became Board Eligible in the specialty in which the Chief Residency took place,

(2) The responsibility was fulfilled in relation to an ACGME-approved residency program which counts chief resident time as a PGY, and

(3) The candidate must have participated for 1 year.

c. Participation in a prior VA Advanced Fellowship may credit for up to two completed full years.

NOTE: *The total credit for post-graduate years shall not exceed PGY-8, no matter how many creditable years are determined through the above steps.*

2. Associated Health and Nursing Professionals. Pay for Associated Health Professionals is determined by viewing the Associated Health Trainee Stipend Table (Detail by Facility) set by the Office Academic Affiliations: <http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

NOTE: *Exceptions to the above must be approved by the Chief Academic Affiliations Officer through the Director, Advanced Fellowships and Professional Development.*

(b) Pay for VA On-duty Employees. An on-duty employee whose current rate of pay exceeds the rate of pay they will receive 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 approving entity, on recommendation of the appropriate Professional Standards Board, may restore grade and current equivalent of the salary rate held by such employee prior to entering training. 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 the individual is also qualified for change to a higher grade. The effective date of each such action is to be the first day of the first pay period following the completion of training.

(c) Pay Limitations. Advanced Fellows can, in some circumstances, seek compensation for activities outside of VA. However, all compensation issues are subject to VA's ethics regulations and to VA's policies regarding "dual compensation" (VA Directive 5005, Part II, Chapter 3, Section A, and VA Handbook 5007, Part VIII, Chapter 5). Questions about non-VA, pay, dual compensation, potential conflict of interest, can be definitively addressed by local Regional Counsel or General Counsel.

NOTE: Information on appointment, pay, and benefits can be found in the 5000 series of VA Handbooks (particularly VA Directive 5005, Staffing; VA Handbook 5007, Pay Administration; VA Handbook 5011, Hours of Duty and Leave; and VA Handbook 5021, Employee/Management Relations. The information in paragraph 8 of this Handbook is intended to summarize key aspects of recruitment and compensation, but employees should rely on guidance from VA's Office of Human Resources and Administration for comprehensive, accurate, and up-to-date information.

7. PROGRAM CONTINUATION AND RENEWAL

a. **Program Continuation.** If OAA or other VA Central Office staff site visits, review of annual progress reports, or other data show that a training program is not achieving VA and/or program goals in an acceptable manner, the training program may be terminated. This will occur after an OAA review and after the current cohort of Fellows has completed the program. Should the program be terminated, OAA will then withdraw the resources for reallocation elsewhere. In considering the merits for continuing an existing program at a particular site, at least the following four major areas are reviewed:

- (1) The ability to recruit and retain desirable candidates,
- (2) The achievement record of both fellows and the program,
- (3) The extent of support provided by the VA facility and by the affiliated medical and/or dental school, and
- (4) The overall quality of the program as compared to other VA Fellowship Programs of the same type.

b. **Competitive Site Renewal.** Each fellowship program is required to periodically reapply for renewal of its approved status as a fellowship site as determined by OAA. Reapplying sites are likely to have to compete with other VA medical facilities that have been invited to apply. **NOTE:** OAA sends reapplication instructions to facilities.

8. DUE PROCESS FOR TRAINEE PERFORMANCE, REMEDIATION, AND DISCIPLINARY ACTIONS

a. **General.** VA has undertaken the responsibility to provide organized education programs with guidance and supervision of trainees, facilitating the professional and personal development of the trainees, while ensuring safe and appropriate care for patients. If the supervising practitioner is concerned that a trainee is not acquiring detailed factual knowledge, developing clinical skills and professional competencies, or demonstrating professional standards of conduct, at an acceptable standard, these concerns must be raised with any or all of the following: the Program Director (VA or affiliate), the VA Site Director (if sponsored in the name of an affiliate), the VA Service Chief, or the Designated Education Officer (DEO).

- (1) Acquisition of knowledge, skills, and professional attitudes and behaviors are the goals and expectations of training. Trainees come to VA with a wide range of

developing competencies and are still in the formative stages of their careers. Trainees are not expected to be fully competent in all areas of medical or dental practice and in their manifestation of professional attitudes and behaviors, but rather to exhibit or acquire the clinical knowledge, skills, and attitudes appropriate to their levels of training as expected by a given training program.

(2) Trainee performance deficiencies or failures may take a variety of forms and result from a number of causes, including physical, mental or behavioral disorders (e.g., due to psychiatric illness or substance abuse), or disruptive behavior (i.e., abusive, antagonistic, intimidating or demeaning behavior, outbursts of anger, violation of boundaries with staff or patients, sexual harassment, unethical or dishonest behavior). Any of the following problems or deficits may result in corrective or adverse action, including failure or termination, depending upon the severity of the problem. The specific requirements for any disciplinary action are set forth in VA Handbook 5021. Examples of performance deficiencies are not limited to this list:

(a) Violation of ethical standards for the discipline, for the training program, or for government employees.

(b) Violation of VA regulations or applicable federal, state, or local laws.

(c) Inability to perform clinical or other service related activities commensurate with educational level.

(d) Failure to develop expected skills, knowledge, and attitudes.

(e) Impaired status, a condition in which a trainee is unable to fulfill program requirements adequately due to any emotional or physical condition, including mental illness, substance use, being under the influence of drugs or alcohol, sleep deprivation, emotional distress, or altered mental status.

(f) Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with Veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, boundary violations with staff or Veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

(g) Failure to function within graduated levels of responsibility or to communicate significant Veteran care issues to the supervising practitioner.

(3) In situations in which a trainee might benefit from a VA Employee Assistance Program (EAP) to deal with problems, the trainee may be referred to the EAP program. Though participation is voluntary, EAP offer assessment, short-term counseling, and referral services (see VA Handbook 5019, Part VI, Occupational Health Services).

NOTE: VA can only “terminate” or impose corrective action on trainees from programs which are sponsored and accredited in VA’s name. Trainees enrolled in affiliated programs can only be “terminated” from those programs by the affiliate. VA can dismiss

and prohibit any trainee from participating in VA teaching sites based upon an assessment by the VA facility (see paragraph 8.d.).

(4) Supervising practitioners recognize the stresses of training and the vulnerability of trainees. They must monitor the well-being of trainees and remain alert for signs of fatigue, illness, impairment, or disruptive behavior in trainees. When a performance problem is noted, a trainee's supervising practitioner shall address it.

(5) If a supervising practitioner, or any VA employee, is concerned that a trainee is *not* acquiring detailed factual knowledge, developing clinical skills and professional competencies, or demonstrating professional standards of conduct to an acceptable degree, these concerns must be raised with the Program Director at the VA medical facility or affiliate.

b. **Obtaining and Using Information about Trainees.** Peer or focused reviews conducted for quality improvement purposes are protected as confidential by 38 U.S.C. 5705 and its implementing regulations (38 CFR 17.500 through 17.511). In order to be "protected" under 38 U.S.C. 5705, a review must be identified as such and cannot be used for disciplinary purposes. However, the results of non-protected administrative investigations (for VA-sponsored residents, as described in VA Handbook 0700, Administrative Investigations) or management reviews (for residents in programs sponsored by an affiliate) may be disclosed.

c. **Corrective Actions.** Performance problems that are unlikely to result in an adverse action may benefit from corrective action or other intervention and should be handled within the context of the academic training program. Such instances shall be resolved at the lowest level possible and in a manner that enhances the professional education and development of the trainee. The supervising practitioner and the trainee should attempt to resolve performance issues and are encouraged to discuss their concerns with one another. Formative (as contrasted to evaluative) discussions and solutions may be appropriate depending upon the nature and severity of the performance problems. However, any performance problems or deficiencies shall be reflected in formal evaluations of trainee performance and discussed with the trainee.

(1) Substantive problems based on academic or professional deficiencies often require further corrective actions. These actions may include formal remediation for knowledge deficits, treatment of conditions resulting in impairment, or other actions including the possibility of dismissal or non-renewal of the trainee from further VA training.

(2) In all cases, the appropriate corrective action will be determined after consultation between the DEO and the Program Director (for VA or affiliated programs) or the VA Site Director (for affiliated programs).

(3) Use of medical and/or professional staff peer review processes may be appropriate depending upon the nature of the performance problem and the clinical appointment status of the trainee.

d. **Adverse Actions or Dismissal from VA Training Sites.** If a trainee engaged in a VA training experience has performance problems of a serious or egregious nature, a non-protected, fact-finding review may be required. If a trainee is thought to pose a threat to the health or safety of the public, patients, or staff, or there is concern that the health or safety of the trainee may be compromised, the trainee may be immediately placed on administrative leave (if the program is sponsored by VA) or investigatory leave (if the program is sponsored by an affiliate). The purpose of the leave is to review and investigate the alleged performance problem(s). Such performance problems will be handled as described below.

(1) An ad hoc committee consisting of the VA DEO, the VA Training Director (or VA Site Director for affiliated programs), and a VA Service Chief (as determined by the VA DEO and/or Training Director) will be formed to conduct a non-protected inquiry or administrative review of the allegations involving a trainee requiring administrative or investigatory leave as specified in above or to investigate substantive allegations not requiring that a trainee be placed on leave. The Training Director will be a member of the committee if the program is sponsored by VA and will be invited to participate as a member if the program is sponsored by an affiliate. Persons in a position to prejudice the action of the Committee, such as immediate or higher-level supervisors, may not serve on the Committee. In such cases, other VA Service Chiefs may be approached in order to constitute a three-person committee. The ad hoc committee will consider relevant documents and statements from the trainee, the VA supervising practitioner, and any other relevant employees. The ad hoc committee will be charged by the facility Chief of Staff (or equivalent) with making a determination regarding the facts of the trainee performance problem(s) and recommendation through the Chief of Staff to the medical facility Director regarding whether the trainee may return to VA, and whether additional or other actions are required. The authority to dismiss a medical or dental resident from VA assignment is found in VA Handbook 5021, Employee/Management Relations, Part VI, paragraph 15 and authority for associated health fellows can be found in VA Handbook 5021/3.

(2) VA has the authority to prohibit a trainee's future clinical activities at VA, based upon the recommendations of the ad hoc committee and the VA medical facility director's decision.

(a) For a trainee in a program sponsored by an affiliate, further investigation and appropriate action, including possible remediation, disciplinary action or dismissal from the training program, will be at the discretion of the affiliate.

(b) For a trainee enrolled in a program sponsored by and accredited in VA's name, if the ad hoc committee and facility director recommend prohibition of a trainee from future clinical activities at the VA medical facility, the training Program Director will be responsible for carrying out appropriate actions, according to the processes and appeal procedures specified by the accrediting body, and according to VA personnel policy governing trainees (see VA Handbook 5021).

(c) Each VA-sponsored program must have written due process procedures. In general, these procedures must include:

1. Opportunity for the trainee to learn the allegations being investigated or remediated.
2. Opportunity to respond to allegations.
3. Assistance, if desired, by independent faculty or peers in any hearing process.
4. Defined appeal processes for any adverse decision.

e. **Off-Site Performance Problems or Change in a Trainee's Status.** If performance problems involving a trainee occur at a non-VA training site, the facility in which they occur will notify the sponsoring institution and the relevant Program Director. The Program Director (VA or non-VA) will inform the VA DEO and VA Site Director of any changes to the credentials of a trainee that occur during a training year. Changes in the status of an individual trainee(s), such as academic probation, remediation, early withdrawal from the program, or other adverse action based upon findings of an academic or management review or other non-protected inquiry process, changes in health status that pose a risk to the safety of trainees, other employees, patients, or any other adverse information that may impact a trainee's appointment must be communicated to the VA DEO. This communication, either written or verbal, should occur as soon as feasible (no later than the next business day) after the affiliated Program Director is informed of the change in status if the trainee is currently at VA or before the next VA rotation if the trainee is not currently at VA. For programs sponsored by the VA, the VA Program Director or the VA DEO is obligated to notify other participating institutions of changes in the status or credentials of individual trainees. Information affecting professional competency or adverse information regarding clinical incidents may be disclosed only if discovered during a non-protected administrative review. Information containing patient identifiers will not be disclosed.

NOTE: Information on due process for performance, remediation, and disciplinary action can be found in the 5000 series of VA Handbooks (particularly VA Directive 5005, Staffing, and VA Handbook 5021, Employee/Management Relations). The information in paragraph 8 of this Handbook is intended to summarize these issues, but employees should rely on guidance from VA's Office of Human Resources and Administration for comprehensive, accurate, and up-to-date information.

9. ACCEPTANCE OF PAYMENTS, GIFTS, OR DONATIONS IN SUPPORT OF HEALTH PROFESSIONS TRAINEE EDUCATION PROGRAMS

a. Occasionally, payments, gifts, or donations are offered to VA in support of health professions trainee educational programs. These payments, gifts, or donations may be offered from academic affiliates (including associated health professions schools), other hospitals or health care organizations, commercial vendors (device or pharmaceutical manufacturers), other entities (Federal or non-Federal, commercial or non-profit), or the trainees themselves. **NOTE:** This policy does not apply to education programs for staff other than trainees, such as for Continuing Education of VA staff.

b. The Standards of Ethical Conduct for Employees of the Executive Branch, 5 CFR Part 2635, govern VA employees' personal acceptance of gifts including payments,

goods, or services. Under those standards, an employee cannot accept a gift in return for being influenced in the performance of an official act, such as the provision of health professions education services (e.g., clinical supervision). See 5 CFR 2635.202(c)(1). Contact your agency's ethics official, usually the local Regional Counsel or, in Central Office, the Assistant General Counsel, to discuss questions with a VA ethics official.

c. The offer of payments, goods, or services, either direct or indirect, to VA in exchange for allowing trainees to receive health professions education and training within VHA may not be accepted.

d. VA medical facilities and training programs may not charge tuition to trainees in exchange for VA-sponsored or VA-delivered education or training.

e. Financial relationships between VHA health care professionals and industry are addressed in VHA Handbook 1004.07, Financial Relationships between VHA Health Care Professionals and Industry.

f. Gifts and donations to VA in support of a VA medical facility's health professions education programs generally may be accepted with approval of the facility's Education Committee and the VA medical facility Director. Donated funds shall be handled through the local VA-Nonprofit Research and Education Corporation (NPC) or the General Post Fund (GPF), and are subject to VHA policy on acceptance and handling of gifts. (See VHA Handbook 1200.17, VA Nonprofit Research and Education Corporations Authorized by Title 38 U.S.C. Sections 7361 Through 7366, VHA Handbook 1200.02, Research Business Operations, and VHA Directive 4721, VHA General Post Fund and VHA Handbook 4721, VHA General Post Fund Procedures. Gifts and donations in support of a particular trainee health professions education program or programs at a VA medical facility may not be accepted. For gifts and donations for official travel to attend a meeting or similar function, see VHA Directive 4721.

g. Intergovernmental Personnel Agreements (IPA) may be used for faculty sharing arrangements with authorization of the facility's medical facility Director and the local Human Resources Management Service (See 5 U.S.C. 3371 through 3376 and VA Directive 5005 on Staffing, Part I, Section C).

h. Contracts to sell VA health professions education services cannot violate the policy in paragraph 7.c. and must comply with VHA Handbook 1660.01, Health Care Resources Sharing Authority – Selling. In particular, note that contracts for the sale of services require prior approval from the VA Central Office Rapid Response Team and certification from the VISN Director or the VA medical facility Director that certain conditions have been met.

i. The VA medical facility Director is responsible for ensuring that an appropriate individual (such as the facility Chief of Staff or the Designated Education Officer) is assigned oversight responsibility for implementation of this policy.