

STAFFING

1. **REASON FOR ISSUE:** To revise the Department of Veterans Affairs (VA) qualification standard for the appointment of Physician GS-0602.
2. **SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains mandatory procedures on staffing. The pages in this handbook replace the existing Physician Qualification Standard in VA Handbook 5005, Part II, Appendix G2, in its entirety. The new standards are effective on the date of issuance of this handbook. These changes will be incorporated into the electronic version of VA Handbook 5005, Staffing, that is maintained on the [Office of the Chief Human Capital Officer Website](#). Significant changes include:
 - a. References updated Agency policy on appointment of Physicians with Impaired Licenses (38 U.S.C. 7402(f)).
 - b. Clarifies board certification requirements for certain assignments.
 - c. Adds a grandfathering provision for physicians on the rolls prior to the issuance of this standard for the education criteria.
 - d. Adds an assignment for Physician Resident Provider.
 - e. Removes references to the Distinguished Physician assignment.
3. **RESPONSIBLE OFFICE:** Recruitment and Placement Policy Service (059), Office of the Chief Human Capital Officer.
4. **RELATED DIRECTIVE:** VA Directive 5005.
5. **RESCISSION:** VA Handbook 5005, Part II, Appendix G2, dated December 17, 2015.

CERTIFIED BY:

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**BY DIRECTION OF THE SECRETARY OF
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/s/
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DISTRIBUTION: Electronic Only

NOTE: This transmittal page accompanied the former VA Handbook 5005, Staffing publication. It is provided for reference to highlight revisions made to this qualification standard.

PHYSICIAN QUALIFICATION STANDARD
Veterans Health Administration

1. COVERAGE. The following are the overall requirements for appointment as a physician in the Veterans Health Administration (VHA).

2. BASIC REQUIREMENTS.

a. **Citizenship.** Be a Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with [38 U.S.C. § 7407(a)].)

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

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

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

(3) For foreign medical graduates not covered in (1) or (2) above, facility officials must verify with the Educational Commission for Foreign Medical Graduates (ECFMG) that the applicant has met requirements for certification, and must obtain a copy of the ECFMG certificate, if claimed by the applicant. [If the applicant does not claim an ECFMG certificate, facility officials must still confirm that the medical school meets (or met) ECFMG eligibility requirements for the year the candidate graduated.] [

NOTE: The Under Secretary of Health or designee in the VHA Central Office may approve the appointment under authority of 38 U.S.C. § 7405 of a physician graduate of a school of medicine not covered above if the candidate is to be assigned to a research, academic, or administrative position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area.

c. **Licensure and Registration.** Physicians must possess a current, full and unrestricted license to practice medicine or surgery in a state, territory, or Commonwealth of the United States, or in the District of Columbia. The physician must maintain current registration in the state of licensure if this is a requirement for continuing active, current licensure.

(1) **Impaired Licensure.** A physician who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of this [Handbook 5005 part II,] chapter 3, section B, [paragraphs 13 and 14].

(2) **Waiver of Licensure.** Licensure requirements may be waived by the Under Secretary for Health or designee in the VHA Central Office for individuals in research, academic, or administrative assignments involving no direct patient care responsibilities in accordance with current regulations. In addition, the facility director may waive this licensure requirement if the physician is to serve in a country other than the United States and the physician has licensure in that country. (See [this Handbook 5005 part II,] chapter 3, section B, paragraph 14, on waiver of licensure provisions.)

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

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

(1) Those approved by the Accreditation Council for Graduate Medical Education (ACGME),

OR

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[(2) Those approved by the American Osteopathic Association (AOA),

OR

(3) Other residencies (non-US residency training programs followed by a minimum of five years of verified practice in the United States), which the local Medical Staff Executive Committee deems to have provided the applicant with appropriate professional training and believes has exposed the physician to an appropriate range of patient care experiences. NOTE: Residents currently enrolled in ACGME/AOA accredited residency training programs and who would otherwise meet the basic requirements for appointment are eligible to be appointed as "Physician Resident Providers" (PRPs). PRPs must be fully licensed physicians (i.e., not a training license) and may only be appointed on an intermittent or fee-basis. PRPs are not considered independent practitioners and will not be privileged; rather, they are to have a "scope of practice" that allows them to perform certain restricted duties under supervision. Additionally, surgery residents in gap years may also be appointed as PRPs. For more information, see Section 3a below.

- e. **Board Certification:** Physicians are generally not required to be board certified for employment in VA; however, three circumstances in VA require physician board certification:
 - (1) If the position being filled is required to be a supervisor for medical students or physician residents (including fellows), the LCME, ACGME or AOA standards requiring a particular board certification credential will apply.
 - (2) If the position being filled will have faculty status with an affiliated medical school (for example, in joint recruitments with affiliated medical schools), then a medical school requirement for board certification will apply to the jointly recruited position.
 - (3) If the position being filled is required to be board certified by virtue of specific VHA policy (for example, as director of a cardiac catheterization laboratory or Director of Clinical Laboratory Medicine), then VHA policy requiring board certification will apply.]
- f. **Physical Requirements.** See VA Directive and Handbook 5019.
- g. **English Language Proficiency.** Physicians appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7402(d) and 7407(d).
- [h. **Grandfathering.** Currently employed physician(s) in VA who met the requirements for appointment under the previous qualification standard at the time of their initial appointment are deemed to have met the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the occupation at the time they were appointed, the following provisions apply:
 - (1) Such employees are considered to have met the basic qualification requirements for the purposes of transferring or reassignment to another physician position within VA.
 - (2) Employees who were appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.
 - (3) If a physician who was retained under this provision leaves the occupation or VA employment, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry or reemployment.]

3. PHYSICIAN STAFF REQUIREMENTS.

- [a. **Physician Resident Providers (PRPs).** PRPs are fully licensed physicians who are currently enrolled in approved residency training programs. They perform specific duties within a scope of practice under the supervision of licensed independent practitioners. Facilities should develop PRP scopes of practice that are approved through the local medical staff process, and identify the supervising physician(s).

Duties approved through the scope of practice should correspond with the individual's postgraduate year level of responsibility and not exceed their level of training. For example PRPs may be allowed to provide inpatient consultation, post-operative follow-ups, or weekend clinics, under the supervision of a privileged physician]

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

[c.] **Leadership/Manager Positions.** Physician leadership and manager positions may be facility chiefs of staff, directors (i.e., medical center and Veterans Integrated Service Network (VISN)); selected positions in VHA Central Office; and service chiefs or service line managers. Positions are approved for these levels based on the scope and complexity of the assignment and the level of responsibility.

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

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

(2) **Medical Center Director/VISN Director.** Physicians appointed as directors of medical centers (including facility and regional office center directors, directors of outpatient clinics (Independent) and Domiciliaries) or VISNs must meet the requirements specified in 38 U.S.C. § 7306. The individual assigned at this level will be a qualified Doctor of Medicine with demonstrated leadership ability.

- (a) The medical facility director (includes directors of outpatient clinics (independent) and domiciliaries) has overall responsibility for planning, organizing, directing, coordinating and controlling medical, administrative, and supporting operations of a medical facility which administers a variety of medical care and treatment for a large geographic area. The director is responsible for maintaining and improving the health care facility and VA relationships through active participation in the administrative, educational, community and social events of Federal, state, local and other affiliated organizations involved in health care delivery, Veterans

service organizations, and appropriate civic organizations. These duties are geared to the successful accomplishment of the basic patient care mission, and additional missions for teaching and research.

- (b) The VISN or regional office center director has delegated line authority and responsibility for executive level management of a consolidated VA health care and Veterans benefits facility covering a large geographic area. The director has responsibility for planning, organizing, directing, coordinating and controlling administrative and supporting operations and for establishing policies and procedures. The director delegates authority as appropriate to subordinate staff for program administration (often statewide), directing program planning, and the formulation and presentation of the annual budget for the facility. The director is responsible for maintaining and improving the health care facility and VA relationships through active participation in the administrative, educational, community and social events of Federal, state, local and other affiliated organizations involved in health care delivery, Veterans service organizations, and appropriate civic organizations. These duties are geared to the successful accomplishment of the basic patient care and Veterans benefits missions.

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[(3)] **Service Chief or Line Manager.** A service chief or line manager physician must demonstrate the following:

- (a) Outstanding professional ability in the practice of medicine or a medical specialty; and
- (b) Ability to guide the development and implementation of programs within their respective domain. These programs would include, but are not limited to medical practice, professional standards, personnel issues, and quality and performance improvement.

Authority: 38 U.S.C. § § 7402, 7403.

RESPONSIBLE OFFICE: Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP) (006), Office of the Chief Human Capital Officer (OCHCO) (05), Recruitment and Placement Policy Service (059)