

GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS (GRECCs)

- 1. PURPOSE.** This Veterans Health Administration (VHA) Handbook describes the purpose, authority, background, scope and goals, program standards, staffing, and quality management for Geriatric Research, Education, and Clinical Centers (GRECCs) in VHA facilities.
- 2. SUMMARY OF MAJOR CHANGES.** This is a new Handbook.
- 3. RELATED ISSUES.** VHA Directive 1140 (to be published).
- 4. FOLLOW-UP RESPONSIBILITIES.** The Chief Consultant for Geriatrics and Extended Care (114) within the Office of Patient Care Services is responsible for the contents of this Handbook. Questions may be addressed to 202-461-6770.
- 5. RESCISSION.** This Handbook rescinds GRECC Program Guide, G-1, M-5, Part VI, dated October 15, 1991.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on/or before the last working day of June 2014.

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GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS (GRECCs)

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines policies, standards and procedures related to the development and operation of Geriatric Research, Education and Clinical Centers (GRECCs) within Department of Veterans Affairs (VA). It provides for Veterans Integrated Service Networks (VISNs) and VA medical centers currently hosting GRECCs, VISNs, and VA medical centers considering responding to a Solicitation for Proposals (SFP) for new GRECCs, professional and administrative staff at currently operating GRECCs, and other VA and non-VA readers with an interest in the GRECC program.

2. AUTHORITY

a. Authorizing legislation for the GRECC program was passed by Congress as Public Law 96-330, Veterans Administration Health Care Amendments of 1980. This legislation specifically mandated that GRECCs were to:

(1) Improve and expand the capability of VA health-care facilities to respond with the most effective and appropriate services possible to the medical, psychological, and social needs of the increasing number of older Veterans, and

(2) Advance scientific knowledge regarding such needs and the methods of meeting those needs by facilitating a higher quality of geriatric care through:

(a) Geriatric and gerontological research;

(b) Training of health personnel in the provision of health care to older individuals; and

(c) Development and evaluation of improved models of clinical service for eligible older Veterans.

b. In 1985, Public Law 99-166 amended Title 38 United States Code (U.S.C.) §4101(f)(1)(A) by authorizing VA to establish up to 25 GRECCs.

3. BACKGROUND

In 1973, VHA began planning for the development of several GRECCs as part of a larger strategy to focus greater attention on the aging veteran population and this age group's particular health care needs. The goal of this strategy was to increase pre-clinical and applied knowledge of aging and geriatric health service delivery and transmit this newly-acquired knowledge to health professionals who provide care to the aging Veteran. Although at the time there were already established research and professional degree programs in gerontology at some universities and some geriatric investigation activity within the National Institutes of Health (NIH), there was no National Institute on Aging (NIA) and no academically-affiliated or other infrastructure in place created for the sole purpose of inspiring and nurturing research in

geriatrics and the professional development of health care providers skilled in, and committed to furthering the discipline of geriatrics. GRECCs were a seminal, tangible response to an early recognition of the “geriatric imperative” and the accompanying lack of resources and systems for handling the anticipated surge in demand for geriatric services that would occur as the Veterans who had served during World War II entered their seventh and later decades of life. One of the program’s original purposes was to attract scientists and health science students to the field of geriatrics. GRECCs’ continued relevance and importance derive from the need for viable research, education, and clinical innovation enterprises relatively independent of market forces and directed for the public good.

4. DEFINITIONS

a. **GRECC.** A GRECC is a center of excellence designated by the Under Secretary for Health and designed for the advancement and integration of research, education, and clinical activities in geriatrics and gerontology, which conforms to the requirements in this Handbook as judged by the VA Geriatrics and Gerontology Advisory Committee (GGAC), an external Federal Advisory Committee (FAC) appointed by the Secretary for Veterans Affairs under 38 U.S.C. §7314.

b. **Aging Research.** Aging research is a scientific inquiry or study of the epidemiology, mechanism, presentation, implementation of pre-clinical findings, clinical management of diseases, disorders, physiological processes, and health-related behaviors commonly experienced by older adults.

(1) Certain diseases or conditions are hallmarks of aging or occur almost exclusively in elderly people. Research on such diseases or conditions meet the definition for aging research. For example, a study focused on Alzheimer’s disease or prostatic carcinoma, or diseases of advanced age, is “aging research.”

(2) When the definition of aging research is applied to diseases that originate across the age spectrum, all or a significant proportion of the human subjects, model organisms, or tissues that are the focus of the work must be of advanced age. For example, research concerning diabetes, osteoporosis, or rheumatoid arthritis, which are diseases that are prevalent health concerns in the elderly but are also prevalent in younger cohorts, must include human subjects, model organisms, or tissues that are of advanced age.

(3) Included in aging research are:

(a) Longitudinal studies focusing on later life outcomes including functional status.

(b) Molecular, cellular, model organisms or simulation models of the impact of advancing age on biological processes.

(c) Gerontological investigations of psychosocial factors and their influences on health and aging behaviors.

- (d) Treatment of aged patients and geriatric conditions.
- (e) Health services research to improve care delivery systems for older Veterans or their caregivers.
- (f) Implementation science devoted to enhancing adoption of geriatric best practices.
- (g) Educational research of effective training of health professionals in geriatrics.

5. SCOPE

- a. The GRECC system is a unique and invaluable national resource that benefits the VA system-wide, regionally, locally, and nationally.
- b. GRECCs constitute a singularly successful resource to VA for developing, improving, and disseminating quality care to the aging Veteran. Each individual GRECC is also accountable to local VA and VISN expectations and must constantly balance obligations to the national effort with more immediate interests. GRECC staff need to contribute their expertise to local and regional administrative councils (e.g., Executive Clinical Board or Extended Care Council), research boards (e.g., Institutional Review Board (IRB), Research and Development (R&D) Committee), and clinical efforts (e.g., fulfilling inpatient attending responsibilities or staffing teaching clinics), both for the GRECC's own purposes and to demonstrate commitment to host institutions. GRECC research, educational, and clinical programs need to be aligned with local and VISN priorities and strategic goals, as much as feasible and practical.
- c. It is broadly recognized that the GRECC system's contributions to health science and health care delivery, and its wide involvement in the preparation and continuing education of health providers, both within and beyond VA, from a wide range of disciplines, have impacted and will continue to impact on the delivery of geriatric services nationally. As such, GRECC accomplishments and activities directly and indirectly benefit the health and well-being of virtually all older Americans.

6. GOAL

The goal of each GRECC and of the national system of GRECCs is to improve the capability of the VA health care delivery system to provide services that are maximally effective and appropriate for meeting the medical, psychological, and social needs of older Veterans by expanding pre-clinical (formerly termed "basic" or "basic biomedical") and applied knowledge of aging and geriatric health services delivery and transmitting this newly-acquired knowledge to health professionals who provide care to aged Veterans.

7. PROGRAM COMPONENTS AND STANDARDS

Each GRECC has three distinct yet integrated program components: research, education, and clinical care. Although no one program component eclipses either of the others, the research mission of the GRECC must be the backbone of the GRECC's programming, focus, and identity.

The “integrated” nature of GRECCs means clinicians and educators are expected to be involved in research; researchers and clinicians are expected to be involved in education; and the ultimate goals of the researchers and educators are to enhance the care delivered to older veterans. Each GRECC core staff member, other than those with exclusively administrative roles, fulfill this obligation differently according to the individual’s particular skill set; but all must have involvement in all three components to some degree.

8. RESEARCH COMPONENT

GRECC research reflects a balanced program of aging research that has components in the pre-clinical, clinical, health services, and rehabilitation realms of research. Each GRECC’s research activities should be a blend of these realms. In order to foster inter-investigator exchange and support, each GRECC is expected to concentrate on a limited number of research foci related to the GRECC’s aging and geriatrics research programs. Whenever feasible and appropriate, investigations in those foci should involve two or more of those research realms, e.g., bench research giving rise to studies of clinical applications and rehabilitation strategies; or clinical trials inspiring clinical interventions that merit study through health services research; and whenever appropriate, should involve Veterans and information concerning Veterans. By striving to build and nurture cohesive groups of investigators who represent a variety of scientific disciplines working together collaboratively on a limited number of related endeavors in a creative and synergistic fashion, a GRECC achieves a singular capability for fostering significant scientific progress.

a. To support the growth and vitality of this environment, a GRECC and its host facility and academic affiliate must be able to:

- (1) Attract high quality, creative scientists and clinician-scientists to the program.
- (2) Provide physical space and resources for the development of a high quality aging and geriatrics research program.
- (3) Develop effective interdisciplinary teams to address challenges of geriatric health delivery research.
- (4) Integrate pre-clinical and applied research with education and training programs in order to develop and improve clinical interventions.
- (5) Develop an effective process for the timely development, monitoring, and periodic reevaluation of research goals.

b. Each GRECC’s research program represents a substantial commitment of space, equipment, resources and human capital to the pursuit of aging research. As such, the majority (more than 50 percent) of the research activity supported by the original core Full-time Equivalent (FTE) employee, and benefiting from the infrastructural enhancements that came with designation as a GRECC, and must be devoted to activities consistent with the definition for aging research provided previously in this Handbook. This research needs, to the greatest degree

appropriate and feasible, to involve veteran subjects or data. *NOTE: It is expected GRECCs will typically exceed the minimum 50 percent figure as they mature and their investigators' efforts grow increasingly focused and productive.*

(1) For the vitality and development of the field of aging research, the recruitment of scientists as described in subparagraph 8a(1) needs to target, as appropriate, those whose expertise and experience was developed in fields other than aging, and whose skills can then be redirected to aging research when they join the GRECC. *NOTE: GRECC leadership must set reasonable but clearly defined expectations with such investigators regarding their efforts, e.g., that at least 50 percent of their GRECC-supported effort be aging-related within 3 years; and exceed 75 percent after 5 years.*

(2) Established GRECC investigators, whose interests have migrated away from the GRECC's foci, or who have been funded to take their investigations in directions inconsistent with the mission of the GRECC, need to receive from GRECC leadership a clearly-defined expectation that at least 75 percent of their GRECC-supported effort needs to return to aging-related GRECC focus topics within 3 years, and that unwillingness or failure to do so will necessitate transition to another source of support.

(3) Funding for GRECC research is generated from multiple sources, both VA and non VA.

(a) VA funding for research is provided through the merit review research program of the Office of Research and Development (ORD) which includes Cooperative Studies, the Career Development Program, Biomedical-Laboratory Research and Development (R&D), Clinical Sciences R&D, Health Services R&D, and Rehabilitation R&D.

(b) In light of the finite amount of research funding available from VA, GRECCs must also pursue non-VA sources for support of research funding. Potential sources of non-VA support include many of the NIH, Department of Defense (DOD), Agency for Healthcare Policy and Research, Department of Health and Human Services (DHHS), and state offices (such as public universities). *NOTE: Other promising sources are private foundations and private corporations.*

(4) GRECC staff need to participate in national, regional, and local professional activities, such as study sections for review of research proposals, editorial boards, scientific organizations, journal clubs, and professional societies.

(5) Research programming and funding are locally administered at VA medical facilities by the Associate Chief of Staff for Research and an R&D Committee. Each GRECC research proposal must be reviewed, approved, and monitored in accordance with VA policy on research.

9. EDUCATION COMPONENT

GRECCs have a primary responsibility for translating new and existing geriatric knowledge and skills into clinical practice through their actions as local, regional, and national resources for geriatric education and training. This function is accomplished through GRECC education and

training programs. GRECC staff members are responsible for disseminating new knowledge and research findings through publications, presentations at scientific meetings, and training and education programs for students, fellows, and professional staff. Because of the intent of the support for GRECCs as articulated in subparagraph 8(a)(2), a majority (more than 50 percent) of the educational activity on the part of GRECC staff that is supported by GRECC resources must be on aging or geriatrics topics. All GRECC education programs need to incorporate evaluation strategies directed at processes and outcomes to ensure educational objectives are being met and to ensure continuous quality improvement. The content of most educational programming needs to focus on state-of-the-art care of elderly Veterans, and, whenever possible, translate new knowledge from research and clinical demonstrations into educational experiences. A second important focus for educational efforts is the development of mentors in geriatrics, which may involve instruction in research methodology and administration or leadership. The GRECC Director and Associate Director (AD) for Education and Evaluation (EE) must collaborate with the host Designated Education Officer (DEO) in requesting physician and associated health training positions for geriatrics. The facility Designated learning Officer (DLO) should assist with the coordination of educational activities at the facility level and link the facility's activities with the VISN and VA Central Office's efforts. The DLO can serve as a conduit to educational resources available for employees and trainees. There must be GRECC representation to key VISN boards and committee(s) to foster fulfillment of the GRECC's obligation to serve as a VISN resource and to offer a means for accessing support to achieve that end.

a. **Formal Academic Programs**

(1) Each VA medical center that hosts a GRECC is legislatively mandated to have, or to be in the process of developing, a "Memorandum of Affiliation" with a medical school that provides education and training in geriatric medicine.

(2) Memoranda of affiliation with nursing or other health professional schools or training programs are required as well.

(3) All professional (e.g., possessing doctoral-level clinical degrees) GRECC Core staff should have full, adjunct, research, or clinical faculty status at the affiliated institutions.

b. **Physician Residents.** GRECCs must provide or arrange for the provision of regular rotations for physician residents of the affiliate's accredited internal or family medicine and psychiatric training program through a range of geriatrics and extended clinical programs that need to include as many of the following as feasible: home care, palliative care, community living center or nursing home, geriatric evaluation and management, geriatric primary care, GRECC clinical demonstration activities, and other geriatrics and extended care programs.

c. **Geriatric Medicine Fellow Positions.** These positions are accredited for a 12 month training experience. Geriatrics has been recognized by the Accreditation Council on Graduate Medical Education (ACGME) of the American Association of Medical Colleges (AAMC) as a sub-specialty area in medicine and in family practice.

(1) The affiliated university of each GRECC must have an ACGME-accredited program in geriatric medicine or family medicine, or in geriatric psychiatry. The GRECC faculty needs to advocate for curricula of the affiliated program(s) to facilitate participation in a range of GRECC clinical and educational activities.

(2) GRECCs are encouraged to develop advanced fellowships in geriatric medicine that focus on research, leadership, and clinical practice. These programs are not ACGME-accredited (see subpar. 9c(1)(b)).

(3) The fellowship positions may be requested each year, by programs approved to offer them, through the Office of Academic Affiliation's (OAA) allocation process for advanced fellowships.

d. **Associated Health Trainee Positions.** Associated health education in geriatrics is an essential need that GRECCs are uniquely positioned and equipped to address. The DEO of each facility hosting a GRECC must collaborate during the annual allocation cycle with the GRECC and with representatives of a mix of associated health clinical services in order to develop a request to OAA for a suitable number and mix of trainee stipends. ***NOTE: GRECCs are encouraged to maximize the number of associated health trainees they can accommodate, which in any case should be 10 or more each year.***

(1) GRECCs must offer traineeships in a minimum of three disciplines from among the following:

- (a) Audiology;
- (b) Dentistry or Dental Hygiene;
- (c) Dietetics;
- (d) Advanced Practice Nursing (e.g., Nurse Practitioner; Master's of Science in Nursing (MSN));
- (e) Nursing;
- (f) Occupational Therapy;
- (g) Optometry;
- (h) Pharmacy;
- (i) Physical Therapy;
- (j) Physician Assistant (PA);
- (k) Podiatry;

- (l) Psychology;
- (m) Social Work; and
- (n) Speech Pathology

(2) Associated health trainees need to be provided goals and outcomes for their GRECC-related experiences (i.e., they need to be told the competencies they will be expected to demonstrate by the conclusion of training; or receive a formal curriculum describing the range of activities they will experience and the outcomes expected as a result of them). Among other training experiences, trainees need to experience clinical rotations through as many of the following as is practical and possible: home care, palliative care, community living centers or nursing homes, Geriatric Evaluation and Management, geriatric primary care, GRECC clinical demonstration activities, and other geriatrics and extended care programs, inpatient geropsychiatry, neuropsychiatry, and rehabilitation settings (e.g., Spinal Cord Injury (SCI), Blind Rehabilitation) serving older Veterans. **NOTE:** *Each GRECC AD for EE needs to establish, with a representative of each associated health discipline targeted for training, the division of responsibilities for geriatric rotation design and oversight.*

e. **In-Service Staff Education and Continuing Education Activities.** GRECC-sponsored and directed in-service staff education and continuing education activity provide a range of mechanisms for disseminating new and established geriatric knowledge to VA medical care professional staff, other staff, and VA staff at other VA medical facilities in the host VISN and nationally. **NOTE:** *GRECCs need to serve as community resources on aging Veterans and care of the elderly.*

(1) Acceptable formats for education targeting VA staff, residents, fellows, and trainees, include:

- (a) Journal clubs;
- (b) Grand Rounds;
- (c) Case conferences;
- (d) Theme- or multi-theme-based in-person classes and conferences;
- (f) Video and audio teleconferences;
- (g) Content-on-demand, CD-ROM, and internet-based desktop educational modules;
- (h) Automated clinical decision support provided in conjunction with clinical care; and
- (i) Print materials such as informational monographs and newsletters.

(2) All staff in-service and continuing education programs conducted by GRECCs need to be developed on the basis of needs assessment data or identified content areas critical in the care of aging Veterans and targeted to specific audiences.

(3) Each GRECC needs to plan its staff in-service education and continuing education programs, when appropriate, in collaboration with other existing VA organizations involved in like activities, such as the Employee Education System (EES); Mental Illness Research, Education, and Clinical Centers (MIRECCs); Parkinson's Disease Research, Education, and Clinical Centers (PADRECCs); and other relevant centers of excellence.

(4) GRECCs are encouraged to seek both VA and non-VA sources of funding and support for continuing education activities.

(a) Research grants that support educational activities are available, but relatively scarce and the range of activities they permit is often limited.

(b) Every facility has a DLO and each VISN has an Education Service Representative (ESR) assigned to it, as well as a VISN DLO. The GRECC AD for EE needs to work directly with this individual to identify and access EES support mechanisms for GRECC continuing education activities.

(c) Every GRECC needs to have some representation on the host VISN council, or committee, that manages VISN funding for education, in order to secure support for educational activities that extend beyond the host VA.

(d) GRECCs need to be diligently alert for opportunities to partner with their academic affiliates, and with other Federal and non-Federal programs (such as Geriatric Education Centers, state Boards of Health, or foundations and philanthropic organizations) in order to leverage the resources of all partners in the support of programming that serves the shared interest.

(e) Corporations and non-profit organizations are often interested in supporting the production and dissemination of enduring products, such as brochures, CD-ROMs, and DVDs. This can be an extremely effective means for disseminating information, but GRECCs investigating this approach must be alert to issues of ownership, representation of VA policy, potential conflict of interest, and the length of time content remains current and accurate.

10. CLINICAL COMPONENT

a. **Goals.** The goals for GRECC clinical activities are to:

(1) Support the development, improvement, and evaluation of new models of health care delivery for elderly Veterans.

(2) Develop, improve, and evaluate the diagnostic, therapeutic, rehabilitative, and patient education modalities and strategies pertaining to acute and chronic problems and disabilities in the elderly.

(3) Support the milieu of excellence in clinical education of health care professional students through the coupling of clinical training with the development, improvement, and evaluation of the clinical impact of different educational interventions in geriatrics.

(4) Support the milieu of continuous quality improvement of geriatric clinical care by offering and assessing individual and systemic solutions for organizational, technical and scientific problems relevant to the care of elderly Veterans.

(5) Test, refine, and evaluate the efficacy of delivery of new research findings bearing on the health and health care of the elderly veteran population.

(6) Support the milieu of excellence for conducting clinical research in geriatrics and gerontology through the identification and examination of clinical risk factors and pathophysiological factors contributing to geriatric conditions.

b. **Types of Clinical Activities.** The clinical component of GRECCs is addressed through a combination of three types of clinical activities: clinical research, clinical demonstration, and clinical education.

(1) **Clinical Research.** Clinical research is conducted as part of the research activities of GRECCs and consists of systematic efforts directed toward understanding, designing, testing, and improving clinical materials, mechanisms, systems and processes prevalent in the characteristic of the elderly with the ultimate goal of improving the clinical care of elderly Veterans.

(2) **Clinical Demonstration.** Clinical demonstration consists of innovations and improvements of clinical service delivery on behalf of elderly Veterans, designed in such a way that findings will be amenable to broader adoption through dissemination beyond the GRECC, if the program is found to be effective.

(a) Each GRECC must have a minimum of two clinical demonstrations underway.

(b) GRECC clinical demonstration programs need to be collaborative efforts on the part of GRECC and the host VA medical facility or VISN, whose support in personnel and other resources is indispensable to fulfillment of this requirement.

(c) GRECCs need to seek out, identify, make use of, and enhance knowledge and functionality of the facility with the unique attributes of the VA health care system (e.g., the electronic health record, the system of GRECCs, the relative freedom from reimbursement as a barrier to care, etc.) when selecting potential clinical demonstration projects.

(3) **Clinical Education.** Clinical education is conducted as part of the education activities of GRECC and consists of the involvement of medical and associated health trainees in clinical care activities (as VA Training Standards and the accreditation requirements of the training

programs allow), and other clinical geriatrics settings. The trainees must be supervised by preceptors in order to enhance the trainees’:

- (a) Knowledge and skills in the clinical management of elderly Veterans,
- (b) Likelihood for pursuing geriatric or academic careers, and
- (c) Familiarity with the scientific method applied to clinical matters.

c. **Delivery of Clinical Care.** Strength in clinical geriatric programs is a necessary prerequisite for any site that obtains a GRECC. When a new GRECC is conferred, the 12 FTE employee positions granted are explicitly given to the host facility for the purpose of supporting the GRECC, and not for the purpose of addressing ongoing or emergent clinical care obligations of the facility. GRECC Primary Core staff who are clinicians are permitted to devote a portion of their GRECC time to providing clinical service independent of GRECC activities (e.g., clinical activity that is not clinical demonstration or clinical education) for the host facility, but the average among all GRECC Primary Core who are doctoral-level clinicians must not exceed 20 percent of their total GRECC time.

11. ADMINISTRATION OF PROGRAM OPERATIONS

This paragraph describes the GRECC's reporting relationship to the host VA medical center staffing considerations and budgetary guidelines.

a. **Reporting Relationship.** Each GRECC administratively and operationally reports directly to its host facility.

(1) Where necessary, some GRECC staff may hold a dual appointment in the field of aging at the VA or affiliated university, for example:

- (a) GRECC Director and Chief of Geriatric Medicine;
- (b) GRECC Director and Director of Center for Aging;
- (c) GRECC Associate Director for Clinical Programs and Associate Chief of Staff (ACOS) for Extended Care.

NOTE: Dual appointments for GRECC staff outside of aging are strongly discouraged

(2) Those with dual appointments must meet or exceed the minimum time commitment to GRECC specified in (see App. A).

b. **Staffing**

(1) **Core Staff Distinctions.** GRECC staffing is divided into three categories, each of which reflect its source of budgetary support:

(a) Primary Core. Those who are funded out of the initial 12 FTE employee allocation from VA Central Office specific purpose funding, plus any addition in ceiling from VA Central Office specifically designated for GRECC.

(b) Affiliated Core. Those who work full- or part-time in direct support of the GRECC's research, education, or clinical activity and who are organizationally aligned under the GRECC, or who are specifically identified by the medical center as "GRECC-affiliated staff," who are funded out of either local VA resources or other allocated "enhancements" from VA.

(c) Research Core. Those who are full-or part-time staffing who devote 51 percent or more of their total time to GRECC research and whose salaries are supported by research funds (either VA or non-VA). The Research Core includes all GRECC staff whose salaries are paid from research funds, including Associate Investigator, Assistant Research Scientist, Senior Research Career Scientist, Research Career Scientist, and Advanced Research Career Scientist.

(2) **Awarding of GRECC FTE.** Newly established GRECCs are activated over a 2-year period, with a minimum of six FTE awarded in the first year of operation and the remaining FTE awarded in the second year.

(a) Each new GRECC is allocated 12 FTE employees from VA Special Purpose Funds. Support for the Primary Core FTE is centrally provided for the 3 years of a GRECC's operation. Upon favorable initial review and approval by VA for continuation, ongoing support becomes the responsibility of the host VA.

(b) Periodically FTE Employees to support additional Primary Core GRECC personnel at one or more established GRECCs can be obtained through competition for "enhancements" for new geriatrics and extended care program initiatives.

(3) **Vacancies.** Vacancies in GRECC Primary Core must receive VA approval for recruitment without delay. The unique nature of the mission and activities of a GRECC are dependent on minimal perturbations in the Primary Core staffing. Although funded locally, each GRECC is part of a national program whose activities and outcomes address multi-year projects. GRECC staffing sufficiency must not be subjected to short-term measures introduced at a VA facility to achieve reductions in staffing costs.

(a) GRECC Primary Core vacancies must be addressed without undue delay in order to preserve, as much as possible, the continuity of GRECC activities. Such positions must not be held open pending resolution of non-GRECC vacancies.

(b) Any proposal to eliminate an open GRECC Primary Core position must be reviewed and approved in advance by the Under Secretary for Health.

(4) **Recommended GRECC Staffing.** The recommended primary core staffing pattern for a GRECC is presented in Appendix A.

(5) **Recommended GRECC Primary Core Staff Time Distribution.** GRECC Directors must establish with each Primary Core Staff member the particular mix of the staff member's GRECC time. Appendix B tabulates recommended limits of research, education, and clinical time for various GRECC leadership positions and for the GRECC investigators and faculty (in keeping with Appendix A, termed "Discretionary" positions).

c. **GRECC Budget**

(1) Recurring funds for GRECC core personnel, including costs for Physicians' and Dentists' Special Pay and benefits, must be charged to Cost Center 8234. No non-GRECC charges are to appear in Cost Center 8234.

(2) Final decisions concerning Title 38 staff compensation and salary level are made by the GRECC Director, with concurrence from the host Medical Center Director, depending on local needs and conditions. Title 5 staff compensation is determined by the local or VISN pay board.

(3) Non-recurring funding for construction, renovation, and new equipment is provided by VA when a new GRECC is activated.

(4) After its first 3 years of operation and pending favorable review by the GGAC, ongoing GRECC funding becomes the responsibility of the host VA facility. *NOTE: Periodically, other non-recurring funds may be made available to existing GRECCs for the acquisition of replacement equipment. New and replacement equipment for research and research laboratories are generally acquired through research grants or through funds made available by the local VA or VISN.*

12. COLLABORATIONS IN PROGRAM OPERATIONS

Each GRECCs needs to foster and maintain cooperative and collaborative relationships with other VA and non-VA programs substantively involved in geriatric clinical care, education, training, and research. Collaboration may include mutual consultation, program development, education and training, research and evaluation, needs assessments, and related activities. VA programs with which collaboration is important and beneficial include:

a. **VA Clinical Care Programs.** Active involvement and collaboration with all geriatric and extended care programs at the host VA, e.g., Community Living Center (CLC), Home-Based Primary Care, Hospice and Palliative Care, Geriatric Primary Care, inpatient geropsychiatry, neuropsychiatry, and rehabilitation settings (e.g., SCI, Blind Rehabilitation) serving older Veterans, is expected. Staff from those programs may serve as affiliated staff in the GRECC. GRECC education and training programs should include staff from the geriatric and extended care clinical programs as audience and faculty for the programs.

b. **VA Advanced Fellowship in Geriatrics.** A 2-year, research-focused, post-fellowship program with one trainee per year, exclusively for GRECCs, may be awarded by OAA in response to a peer-reviewed application that meets specified criteria according to current VHA policy.

(1) Participation in the program does not qualify trainees for geriatric board certification.

(2) Training positions may be offered to:

(a) Associated health professionals who have completed postdoctoral training in geriatrics, or the equivalent within their discipline.

(b) Physicians whose initial certification is in Internal Medicine, Family Medicine, or Psychiatry who also have completed an accredited subspecialty residency in Geriatrics.

(c) Physicians whose initial certification is in Internal Medicine, Family Medicine, or Psychiatry who have completed an accredited subspecialty residency in a subspecialty in a field other than Geriatrics, or to physicians who are certified in fields other than Internal Medicine, Family Medicine, or Psychiatry.

c. **Other GRECCs.** The GRECC program is a national resource consisting of multiple centers each containing expertise and programs in both general and specialized topics of geriatrics and gerontology. GRECCs and GRECC staff need to make known their strengths and interests to foster identification of and collaboration with other programs and personnel having complementary activities and plans. In this way redundant efforts may be minimized, sample sizes and research power enhanced, and collegiality nurtured.

d. **Other VA Research, Education, and Clinical Centers.** The success of the GRECCs has resulted in the development of a variety of similarly-organized, multi-center national programs in VA, many of which have areas of interest and expertise in common with some of the GRECCs.

(1) There are ten MIRECCs, with several focused on topics of substantial geriatrics interest such as dementia, suicide prevention, and comorbidity with mental illness.

<http://www.mirecc.va.gov/>.

(2) There are six PADRECCs. http://www.parkinsons.va.gov/New_Front_Page.asp.

(3) There is one national and several regional Patient Safety Centers and four Polytrauma Rehabilitation Centers. <http://vaww.ncps.med.va.gov/>;

http://vaww.vanod.med.va.gov/collage/E_Polytrauma/ **NOTE:** *These are internal VA web sites not available to the public.*

e. **Other VA Research Centers.**

(1) There are thirteen Health Services Research and Development (HSR&D) Centers of Excellence, three HSR&D Resource Centers offering technical assistance, and nine Research Enhancement Award Programs (REAPs) that offer promising collaborative potential for and with GRECCs.

(2) There are presently nine Quality Enhancement Research and Implementation sites that have singular focus on a prime charge of GRECCs: the translation of pre-clinical and clinical research into changes in clinical practice. *NOTE: Details on these programs are found on the following web addresses:*

http://www.hsrdr.research.va.gov/about/centers/centers_of_excellence.cfm

http://www.hsrdr.research.va.gov/about/centers/resource_centers.cfm

<http://www.hsrdr.research.va.gov/about/centers/reap.cfm>

<http://www.hsrdr.research.va.gov/queri/default.cfm>

f. **Employee Education System (EES).** Each GRECC is encouraged to collaborate with its facility or VISN DLO, as well as its host VISN's EES Representative in the development of local continuing education materials and activities. Programs with the potential for National impact need to be brought to the attention of Geriatrics and Extended Care, VA Central Office (114), for their prioritization of the suggestions within their and patient Care Services' (11) annual submission of proposed collaborations with EES.

g. **Non-VA Programs.** GRECCs are encouraged to collaborate with non-VA programs concerned with aging, including the Geriatric Education Centers, Area Agencies on Aging, state units on aging, community voluntary service organizations, and Veteran's Service Organizations (VSOs).

13. OVERSIGHT AND QUALITY MANAGEMENT

Quality management of GRECCs is a multi-layered process, in keeping with the diverse stakeholders and wide range of activities and products of the programs. Ultimately, the effectiveness and success of each GRECC, and of the GRECC program as a whole, must be measured against the program's mission, goals, and objectives. Quality assurance is continuous and dynamic, and is provided through these resources:

a. **GRECC Advisory Committee**

Every GRECC must have a GRECC Advisory Committee, composed of persons external to the GRECC, which periodically reviews GRECC activities, accomplishments, challenges, and provides guidance and advocacy as indicated.

(1) The GRECC Advisory Committee is composed of approximately 10 to 12, non-GRECC individuals with expertise or active involvement in geriatric health care.

(a) Membership must be multidisciplinary and include appropriate health care and research representatives of the host VA medical center and of the affiliated academic institutions and programs.

(b) At least one-half of the membership must be drawn from affiliated community institutions (i.e., medical schools, nursing schools, dental schools, etc.) and community groups involved with meeting aging related needs.

(c) At least one member must be a representative of a local VSO.

(2) Each GRECC needs to establish, with the Chief of Staff (COS), its policy on the duration of appointments to the Advisory Committee; whether appointments can be renewed; and if renewable, whether there is a limit to the number of consecutive re-appointments allowed.

(3) The Chairperson, a VA, non-GRECC individual with expertise or active involvement in geriatric health care, is appointed by the COS upon the recommendation of the GRECC Director. Each GRECC needs to establish, with the COS, its policy on the duration of the Advisory Committee chair appointment; whether the appointment can be renewed; and if renewable, whether there is a limit to the number of consecutive re-appointments.

(4) The host VA Director, COS, GRECC Director, and GRECC Associate Directors may serve as *ex-officio* members.

(5) The Advisory Committee must meet a minimum of every 6 months. Written minutes must be included in the Annual Report (see subpar. 13b) and furnished to the Office of Geriatrics and Extended Care (114), VA Central Office.

b. **Annual Report**

(1) Every GRECC must submit to the Office of Geriatrics and Extended Care (114), VA Central Office, an annual report of its prior fiscal year's activities and accomplishments before the end of the first quarter of the following fiscal year. The annual report consists of:

(a) A narrative describing significant and relevant changes, challenges, and accomplishments of all three program components. *NOTE: The accomplishments portion is posted on <http://vaww1.va.gov/grecc/page.cfm?pg=66> This is an internal VA web site not available to the public.*

(b) Quantitative information on research and education funding, personnel and their time distribution, publications, trainees and fellows, conferences, and clinical demonstrations that is entered into a limited-access database accessible on the VA Intranet.

(2) The Director, Geriatric Programs (114), VA Central Office, reviews each GRECC's annual report with the GRECC leadership during the second quarter of the following fiscal year.

c. **GRECC Performance Measures.** Quantitative information reflecting a GRECC's prior year's activities and accomplishments serves as source data for calculation of a set of GRECC Performance Measures. *NOTE: The GRECC Performance Measures were originally developed in 1996 and underwent substantial review and refinement in 2005-2006 and again in 2008 to enhance their alignment with and relevance to VHA strategic initiatives.*

(1) Each GRECC's performance on these, and the ranges and averages for the program as a whole, are shared each year with host VA facility and VISN Directors.

(2) A standing committee of GRECC Directors, Associate Directors (AD), Administrative Officers (AO), and representatives of the GGAC convenes monthly and is responsible for:

(a) Ongoing review of the relevance and validity of the performance measures;

(b) Recommending additions, deletions, and modifications to the Director, Geriatric Programs.

d. **GGAC.** The GGAC is charged by government statute (38 U.S.C. §7314) with advising the Secretary of Veterans Affairs:

(1) Whether or not each recently-funded GRECC is fulfilling its charge to a satisfactory degree, as judged by a site visit by a subcommittee of the GGAC.

(2) Whether or not existing GRECCs are fulfilling their charges, as judged by review of annual reports and performance measures, periodic site visits, and interviews with key GRECC personnel by a subcommittee of the GGAC.

14. REQUIREMENTS FOR ESTABLISHING A GRECC

a. There is not a standing opportunity for establishing new GRECCs. In the event VA leadership determines it is appropriate to increase the number of GRECCs, resources necessary to support the proposed increase are appropriated, and the needed resources to support the proposed increase are made available. At that point, a SFP is issued, specifying the proposal requirements and the criteria on which the proposals are judged. A subcommittee of the GGAC named by the GGAC Chair, along with additional administrative or subject matter experts designated as needed by Office of Geriatrics and Extended Care (114), reviews proposals conforming to the requirements in the SFP and makes its recommendations to the Secretary of Veterans Affairs.

b. Most GRECCs are hosted by a single VA medical center. But several have two-site configurations, in order to take advantage of existing, complementary programmatic strengths that arise when the two sites collaborate. In the event an applicant organization is a dyad of VA facilities, proposals must include explicit details on the anticipated impact of the two-site arrangement shown in subparagraph 14c, and what procedures, measures, policies, and oversight controls will be in place to ensure the arrangement operates favorably.

c. To justify establishing a GRECC, the applicant organization must fulfill the following requirements:

(1) The applicant organization must be affiliated with an accredited medical school that provides training and education in geriatrics.

(2) There must be no fewer than 35 medical residency positions assigned by OAA to the applicant organization.

(3) The applicant organization must be affiliated with a school of nursing or an associated health school in which students receive education and training in geriatrics through regular rotations in VA geriatric programs, nursing homes, and other extended care programs.

(4) The applicant organization needs to provide active training for at least three associated health disciplines.

(5) The applicant organization must be willing, able, and committed to continue supporting the GRECC at full staffing once the initial 3 years of VA Specific Purpose Funding have been completed.

(6) The applicant organization must have adequate funds to enable the GRECC to function effectively in geriatric research, education, and clinical activities.

(7) The applicant organization must have the ability to attract scientists who are capable of ingenuity and creativity in health care research.

(8) The applicant organization needs to already be supporting a research program with a cadre of funded principal investigators who are interested, willing, and capable of supporting the geriatric research foci.

(9) The applicant organization needs to already be supporting an active research program that includes elements in no fewer than two of the following: pre-clinical, clinical, health services, and rehabilitation research.

(10) There needs to be adequate physical space and resources for the development of a high quality research program. *NOTE: Actual space requirements vary depending on the type(s) of research program(s).*

(11) There needs to be a proposed location for GRECC administrative offices and meeting space accommodating staff and trainees that is as contiguous as possible to facilitate interaction and collaboration among GRECC personnel. For a two-site GRECC, two such locations need to be available.

15. RESPONSIBILITIES OF THE UNDER SECRETARY FOR HEALTH

The Under Secretary for Health is responsible for:

- a. Selecting the site for a new GRECC upon the recommendation of the GGAC.
- b. Conferring the official designation as an “Approved GRECC” upon the satisfactory review of that site during its third year of operation.
- c. Appointing GRECC Directors on the recommendation of the Chief Consultant, Geriatrics and Extended Care (114).

d. Receiving recommendations of the GGAC following each site visit to a GRECC by a subcommittee of that group. *NOTE: The Under Secretary for Health may choose to act on any recommendation (e.g., closure of a GRECC) that is specifically directed to the Under Secretary's office.*

16. RESPONSIBILITIES OF THE CHIEF CONSULTANT FOR GERIATRICS AND EXTENDED CARE

The Chief Consultant for Geriatrics and Extended Care is responsible for:

- a. Reviewing every GRECC Director nomination and making a recommendation to the Under Secretary for Health concerning approval;
- b. Reviewing and approving every nomination for a GRECC Associate Director or Administrative Officer; and
- c. Bringing to the attention of the Chief Patient Care Services Officer, any policy, resource, and legislative considerations impacting or potentially impacting the GRECCs.

17. RESPONSIBILITIES OF THE DIRECTOR, GERIATRIC PROGRAMS

The Director for Geriatric Programs is the program director of the GRECC program, and is responsible for:

- a. Advocating on behalf of individual GRECCs, as well as the program as a whole.
- b. Offering recommendations to the Chief Consultant, Geriatrics and Extended Care, regarding policy, resource, or legislative considerations impacting or potentially impacting the GRECCs.
- c. Issuing instructions annually for submission to each GRECC's annual report and reviewing it with each GRECC's leadership.
- d. Developing and disseminating, at least semi-annually, a composite report on the status and productivity of GRECCs for internal and external stakeholders.
- e. Facilitating inter-GRECC collaborative activities through meetings, announcements, and information exchange.
- f. Providing organizational and logistical support for the GGAC meetings.
- g. Staffing the GRECC site visits by the GGAC, including negotiating a date, obtaining pre-site visit reports, and finalizing and returning for comment the report following the site visit.

18. RESPONSIBILITIES OF THE HOST VISN DIRECTOR

The Director of each VISN containing a VA facility that hosts a GRECC is responsible for ensuring:

- a. The VA facility continues to fulfill the “Requirements for Establishing a GRECC” listed in subparagraph 14c.
- b. The GRECC is provided with the necessary resources (fiscal, space, equipment, personnel, and travel) for meeting its goals and addressing its mission.

19. RESPONSIBILITIES OF THE HOST VA MEDICAL CENTER DIRECTOR

The Director of each VA facility that hosts a GRECC is responsible for ensuring:

- a. The VA facility continues to fulfill the “Requirements for Establishing a GRECC” listed in subparagraph 14c.
- b. The GRECC has the necessary resources (fiscal, space, equipment, personnel, and travel) for meeting its goals and addressing its mission.

- c. The annual performance plan for the GRECC is established with the GRECC Director.

NOTE: Individual VA medical centers and VISNs may opt for this responsibility to be addressed at the VISN level.

20. RESPONSIBILITIES OF THE HOST VA MEDICAL CENTER CHIEF OF STAFF (COS)

The host VA medical center COS is responsible for supervising the GRECC Director and advocating on behalf of the program to the Director and the VISN.

21. RESPONSIBILITIES OF THE HOST VA MEDICAL CENTER DESIGNATED EDUCATION OFFICER (DEO)

The host VA medical center DEO is responsible for collaborating with the GRECC AD for EE each year during the annual allocation cycle to develop the request to OAA for associated health trainee stipend support under the GRECC Expansion Program.

22. RESPONSIBILITIES OF THE HOST VA MEDICAL CENTER DESIGNATED LEARNING OFFICER (DLO)

The host facility DLO is responsible for the coordination of educational activities at the facility level, and for linking local educational and training activities with VISN and VA Central Office efforts. The DLO serves as a conduit to educational resources for employees and trainees.

23. RESPONSIBILITIES OF THE GRECC DIRECTOR

The GRECC Director is responsible for the overall operations and performance of the GRECC. As such, the GRECC Director:

- a. Articulates and promotes the vision, mission, and goals of the program;
- b. Advocates for resources (including space, personnel, supplies, equipment, and travel support) on behalf of the GRECC;
- c. Serves as ex officio member of the GRECC Advisory Committee;
- d. Represents, or delegates the authority to represent, the GRECC on suitable committees, boards, and councils of the VA and VISN, and to the Office of Geriatrics and Extended Care;
- e. Ensures that all GRECC AD and the AO work collaboratively in the annual development and evaluation of the GRECC's goals and objectives;
- f. Initiates all necessary personnel actions concerning GRECC Core Staff, including hiring, promotion, evaluation, recognition, counseling, reprimand, discipline and termination;
- g. Establishes with the host facility Director or the VISN Director, or designee, the GRECC performance plan and reviews the plan with that individual at least annually.

24. RESPONSIBILITIES OF THE GRECC ASSOCIATE DIRECTOR FOR RESEARCH

The Associate Director for Research is responsible for the GRECC research component. In this role, Associate Director for Research is responsible for:

- a. Identifying and developing funding opportunities relevant to the GRECC's research foci.
- b. Providing or engaging suitable mentoring for junior GRECC research staff identified as likely to benefit from such mentoring.
- c. Serving as a role model for other GRECC investigators by actively engaging in aging research related to one or more of the GRECC's focus area(s).
- d. Mentoring junior GRECC investigators and other GRECC trainees interested in enhancing their research experience and skills.
- e. Serving on or designating a suitable alternative to serve on the VA medical center's R&D Committee, or other VA or VISN leadership group(s) with involvement in research activities.
- f. Serving as an ex officio member of the GRECC Advisory Committee, at the discretion of the GRECC Director and Advisory Committee Chair.

25. RESPONSIBILITIES OF THE GRECC ASSOCIATE DIRECTOR FOR EDUCATION AND EVALUATION (AD FOR EE)

The AD for EE is responsible for the Education and Evaluation Component of the GRECC. In this role, the AD for EE is responsible for:

- a. Coordinating, developing, and evaluating aging-related educational programs to improve knowledge and skills of trainees, fellows, and VA employees locally, regionally, and nationally.
- b. Identifying and developing support mechanisms to underwrite GRECC educational programs.
- c. Collaborating with the Associate Director for Clinical Component in instituting and conducting evaluation strategies targeting the clinical demonstration projects.
- d. Serving on the VISN Education Committee, or similar-level deliberative body responsible for supporting locally-developed educational programs.
- e. Acting as a liaison between the GRECC and the host VISN's Education Service Representative.
- f. Serving as an *ex officio* member of the GRECC Advisory Committee, at the discretion of the GRECC Director and Advisory Committee Chair.

26. RESPONSIBILITIES OF THE GRECC ASSOCIATE DIRECTOR FOR CLINICAL COMPONENT

The Associate Director for Clinical Component is responsible for the Clinical Component of the GRECC. In this role, the Associate Director for Clinical Component is responsible for:

- a. Collaborating with the AD for Research in identifying promising clinical research questions and support mechanisms for turning questions into feasible protocols.
- b. Collaborating with the AD for EE in instituting and conducting evaluation strategies targeting the clinical demonstrations.
- c. Assuming the leadership role in identifying, developing, conducting, and evaluating clinical demonstrations.
- d. Ensuring there are an adequate number of, sufficient variety of, and suitable supply of faculty resources for geriatrics and gerontology-focused clinical educational opportunities for GRECC trainees, geriatrics fellows, and medical residents working in GRECC programs.
- e. Serving as an *ex officio* member of the GRECC Advisory Committee, at the discretion of the GRECC Director and Advisory Committee Chair.

27. RESPONSIBILITIES OF THE GRECC ADMINISTRATIVE OFFICER (AO)

The GRECC AO is responsible for:

- a. Coordinating with the GRECC Director and ADs for the purpose of administering the GRECC and its resources.
- b. Developing the budget, under direction of the GRECC Director, and retaining responsibility for allocation of resources to meet GRECC goals.
- c. Providing expert assistance on cost-accounting and cost-effectiveness for GRECC operations.
- d. Serving as a resource to the GRECC Advisory Committee.
- e. Coordinating with the GRECC Director and GRECC ADs, VA leadership, VISN leadership, and VA Central Office for periodic site visits by the GGAC and the communications stemming from those site visits.
- f. Participating in collecting data and finalizing the annual report of GRECC activities for submission to VA Central Office.

**GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS (GRECC)
PRIMARY CORE STAFFING PATTERN**

<u>Position</u>	<u>Grade</u>	<u>FTE</u>
Director (physician)	Title 38 Chief/10	1.0*
Associate Director, Clinical (physician)	Title 38 Chief/10	1.0*
Associate Director, Research**	Title 38 Chief/10 or General Schedule (GS) 14	1.0*
Associate Director, Education and Evaluation*** (AD for EE)	Title 38 Chief/10 or GS 14	1.0*
Administrative Officer (AO)	GS 11-12	1.0
Discretionary Research	Title 38 Chief/10 or GS 13-14	5.0
Clerical support	GS 4-6	2.0

Total: 12.0

*minimum GRECC commitment of 0.625 Full-time equivalent (FTE) employee

**must have doctoral-level degree with research training, education, or background in one of the major foci of the GRECC’s research

***must have doctoral level degree with advanced degree or demonstrated experience in education and/or evaluation

a. **GRECC Director.** Each GRECC must have an appointed Director. The GRECC Director must have demonstrated, extensive skill and experience in clinical geriatrics, research and administration, as well as the ability to attract, motivate, and lead innovative and productive researchers, clinicians, and educators.

(1) The GRECC Director’s position is centralized and therefore the appointment must be approved by the Under Secretary for Health.

(2) The GRECC Director must hold a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree (or one of the international equivalents) and be at least 5/8 time VA employee.

(3) A minimum of 5/8 time must be devoted to the GRECC.

(4) No more than 20 percent of the Director’s GRECC time needs to be devoted to non-GRECC administrative activities (e.g., for the VA facility or the VISN).

(5) Neither formal training nor certification in geriatrics is required but in the interest of serving as a role model and a leader in geriatrics, both characteristics need to be sought in the selection of a Director.

(6) The Director must be currently credentialed to provide clinical care at the host VA; and needs to participate in some VA clinical activity.

b. **Associate Directors (ADs)**. Each GRECC must have an AD for Research, an AD for EE, and an AD for Clinical Component.

(1) AD positions are designated as key positions and therefore no AD appointment is official until the Chief Consultant, Geriatrics and Extended Care (114) has reviewed and concurred on it.

(2) Each AD must hold an appropriate doctoral level degree, be at least 5/8 time VA and at least 5/8 time GRECC, and have advanced training, extensive experience, or certification in gerontology or geriatrics.

(a) The AD for Research must have research training, education, or background in one of the GRECC's research foci and adequate background and resources to serve as an effective research mentor.

(b) The AD for EE must have training and experience relevant to educational design and evaluation.

(c) The AD for Clinical Component must have an MD or DO; and should have fellowship training, certification, or extensive experience in geriatrics and experience serving as a mentor in clinical investigations. The AD for C must be currently credentialed to provide clinical care at the host VA and must participate in ongoing clinical geriatric activity within the host VA as well.

c. **Administrative Officer (AO)**. Each GRECC must have an AO.

(1) AO positions are designated as key positions and therefore no AO appointment is official until the Chief Consultant, Geriatrics and Extended Care (114) has reviewed and concurred on it.

(2) AO positions must not be less than 5/8 FTE employees devoted to GRECC.

(3) AOs need to have prior experience in managing research grants and in working with academic affiliates, in addition to fulfilling the customary administrative, service-based obligations associated with human resources or personnel administration, finance, budget, information technology support, and medical center administrative matters.

GUIDELINES FOR GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTER (GRECC) PRIMARY CORE TIME DISTRIBUTION

This Appendix needs to be regarded as guidance; the individual skills sets, professional foci, and interests of each GRECC Primary Core Staff determines the actual blend expected of each employee.

	Recommended percentage (%) of GRECC time devoted to:			
	<u>GRECC RESEARCH</u> (Pre-Clinical, Clinical, and Health Services. Research; Research Administration; Research Evaluation) Only a MINIMUM is specified.	<u>GRECC CLINICAL</u> (Clinical Demonstration and Clinical Education (e.g., teaching in clinic)) Only a MINIMUM is specified.	<u>GRECC EDUCATION</u> (Didactic Education (e.g., lectures, grand rounds), Educational Evaluation) Only a MINIMUM is specified.	<u>Non-GRECC CLINICAL</u> (Provision of clinical services that are not part of GRECC Clinical Demonstration or Clinical Education) Only a MAXIMUM is specified.
GRECC Primary Core position:	Should not be <u>LESS</u> than:	Should not be <u>LESS</u> than:	Should not be <u>LESS</u> than:	Should not be <u>GREATER</u> than:
GRECC Director	45	(no minimum)	10	20
Associate Director (AD), Research	80	(no minimum)	10	10
AD, Clinical	40	40	10	10
AD for Education and Evaluation	40	(no minimum)	50	10
“Discretionary”—NEW Investigator^x	80	(no minimum)	10	10
“Discretionary”—ESTABLISHED Investigator^{xx}	70	(no minimum)	10	10
“Discretionary”—Clinician-Educator	20	50	10	20

x An investigator who is in the first 3 years of employment at the GRECC

xx An investigator who is in the fourth year or beyond of employment at the GRECC