DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration Office of Academic Affiliations
Washington, DC

PROGRAM ANNOUNCEMENT
Physician Assistant Educational Enhancement:
Physician Assistant Residency Programs for Academic Year 2020 (Summer/Fall 2019 - Summer/Fall 2020)

1. REQUEST FOR PROPOSALS (RFP)

This announcement solicits applications for enhancements to the Department of Veterans Affairs (VA) National Physician Assistant (PA) Residency training program for Academic Year (AY) 2020 and provides information and procedures for those applications. This is an expansion of the current residency program and is seeking up to an additional 12 residency positions across four to six new residency programs.

The following PA residency program proposals will be considered: Any of the following types of applications will be considered for the following only:
   a. Emergency Medicine Physician Assistant (ER-PAR)
      i. New facilities requesting PA residency training programs
      ii. Facilities with existing PA residency programs (Primary Care and/or Mental Health) that are requesting a residency program in a new specialty area
   b. Mental Health Physician Assistant (MH-PAR)
      i. At facilities offering this training, additional training slots may be requested
      ii. At facilities offering Primary Care-PAR, slots for MH-PAR may be requested.

Continuation of the programs beyond five years will be dependent on achievement of accreditation (if available) or similar objective indicators of educational quality, availability of funding, and demonstrated success of the programs, including outcomes such as percent of graduates who obtain the Certificate of Added Qualifications (CAQ) in Emergency Medicine (ER-PAR) or Psychiatry (MH-PAR; while this is not required, this achievement will be viewed as an external validation of excellence) within 12 months of completing the residency and percent of graduates who are employed within VA. Funding for these positions will be provided by OAA during the pilot program and is expected to recur in subsequent years, assuming the program demonstrates evidence of productivity and educational quality.

While this pilot RFP focuses on one specific profession, proposed programs should include an interprofessional focus, to the maximum extent possible. This can be achieved by embedding PA residents into existing interprofessional training programs, collaborating with other professions’ training directors to incorporate joint rotations, and ensuring that there are profession-specific and interprofessional training objectives, curriculum, didactics (led by faculty from a range of professions), and competencies.
The acculturation of learners to practice in patient-centered, team-based models of care is a central feature of this initiative. For a discussion regarding the development of interprofessional competencies, please see Core Competencies for Interprofessional Collaborative Practice, developed by the Interprofessional Education Collaborative.

The residency site must:

a. Ensure the nature of the PA residency program, populations served, training experiences provided, and qualifications and skills of faculty and staff must be appropriate to the VA mission. Clinical settings must provide a range of experiences in the application of PA principles, provide exposure to patients of varying backgrounds and cultures, and foster substantial responsibility in carrying out professional functions.

b. Provide evidence of committed leadership, appropriate clinical and educational programming, and sufficient workload to support a culture of excellence in PA training. The site must demonstrate:
   1) VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment.
   2) Strong leadership by the facility’s Designated Education Officer (DEO).
   3) Evidence-based clinical activities and workload to support proposed training programs.
   4) Experience providing overall excellence in health professions education.
   5) Experience with or commitment to interprofessional training and care models.
   6) Administrative infrastructure to support the proposed PA residency program.
   7) Evidence of sound strategies for programmatic and learner evaluation.
   8) An identified PA leader to serve as the PA residency director.
   9) An identified PA residency director for each specialty who has sufficient release time to manage training program-related activities. Support for this administrative time should come from the identified PA leader, from the training director’s service line supervisor (if applicable), and from the medical center director. PA residency directors generally spend 30% or more of their time in training-related activities, depending on the size and complexity of the training program. **Proposals that do not specify a release time of 30% or greater will not be considered.**
   10) A minimum of two nationally certified PA VA employees boarded and hired in the PA occupational series must be on-site for provision of supervisory support, professional role modeling, and administrative functions.
   11) A medical director for each specialty requested – a board-certified emergency medicine physician for ER-PAR and a board-certified psychiatrist for MH-PAR. **The proposal must specify a minimum of 10% release time for the medical director.**
   12) Release time for the PA staff who will supervise resident(s) so they may engage in training-related and mentoring activities. Support for this administrative time must come from the identified PA leader, from the PA staff’s service line supervisor (if applicable), and from facility top management.
13) Funded facilities will be required to submit an annual report of activities and outcomes for the resident program to OAA through the Office of PA Services. This should include at a minimum, number of individuals that applied, lessons learned, changes proposed for the next year, analysis of feedback from residents, analysis of feedback from academic or other partners (if any), overall satisfaction with the program by resident and faculty, and job placement for graduating residents.

The RFP protocol requires the following steps:
   a. Letter of Intent (LOI) to the Veterans Health Administration (VHA) Office of Academic Affiliations (OAA) is due no later than May 25, 2018.
   b. Formal application (one specialty-eight pages, two specialties-12 pages) application due to OAA no later than July 13, 2018.
      i. Note: Sites will be notified of the award decision on or before September 14, 2018.

Additional information: Each facility is limited to one comprehensive proposal (details of length requirements adjusted relative to the number of specialties requested are included in Section 5 application instructions). Although we recognize that a health care system may have multiple divisions, proposals must be coordinated through the facility Designated Education Officer (DEO), who liaises with VHA’s OAA. Health care systems with multiple divisions that have different DEOs at each campus may submit no more than one application per DEO. Funding decisions will be based primarily on the quality of the proposals submitted and on their congruence with VA strategic initiatives. Selected sites will be provided with funding and positions effective AY 20: (Summer/Fall 2019 through Summer/Fall 2020).

Because there are only up to 12 residency positions to be allocated, we anticipate intense competition; only those programs that demonstrate the ability to offer high quality and innovative clinical education are encouraged to apply.

2. BACKGROUND

OAA leads VHA’s statutory education mission to train clinicians for VA and the nation enabling VA to enhance the learning environment, provide excellent care to Veterans, and develop, recruit, and retain high quality professional staff. The VHA Workforce Succession Strategic Plan annually has identified PA as one of VHA’s top five mission-critical priority professions for recruitment and retention. VA’s existing PA residency programs have been shown to be effective mechanisms for the development of a recruitment pool of PAs who practice with advanced skills to assist Veterans and Service members in managing their clinical needs.

VHA has funded PA training programs since the early 1990s, providing a significant number of pre-professional positions nationally. Since 2012, OAA has funded advanced PA residency programs in primary care/geriatrics and mental health, with 19 positions currently funded across 8 VA medical centers.
3. **POLICY**

a. OAA’s Associated Health Education (AHE) Section (OAA/10A2D) maintains overall responsibility for administration of VA’s PA residency programs.

b. Each applying facility must specify the category of program being proposed (maximum of two specialty clinical programs) and provide justification for the request. If a facility submits a proposal with more than one specialty, the application must prioritize each program. Priority rankings will be used in situations where review committee rankings are similar and available funding is insufficient to fund all residency requests.

c. All positions requested must be for one-year full-time appointments. Residents are expected to complete training within the one-year training program (2080 hours). Start times may be negotiated between July 2019 and October 2019 (early start dates may be considered on a case-by-case basis). Future start times must be consistent at the agreed upon time in subsequent years to remain budget neutral.

d. **Residents are expected to complete the full one-year training program.** While the intent of the program is to prepare PAs for roles as emergency medicine and mental health providers, the strong preference is for these trainees to complete the full program and receive their certificate of completion prior to transferring to a staff position. Non-competitive hiring authorities exist that enable the selection the resident for an available position, but commencing the staff position after completing the program is strongly recommended. Programs that fail to have the resident complete the 12-month program, even when residents shift to staff positions, may not be renewed.

e. Accreditation for PA residency programs is not currently available. Sites awarded positions under this RFP must agree to participate in the accreditation process once it becomes available and after accreditation is received, programs are expected to maintain accreditation to maintain OAA funding for residency positions.

f. It is expected that PA residents will begin the program on or about July 1, 2019.

g. PA residents recruited by VA facilities must:

1) Be graduates of programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and certified by The National Commission on Certification of Physician Assistants (NCCPA).

2) Have a current, full, active, and unrestricted license to practice PA in a State, Territory of Commonwealth of the United States, or in the District of Columbia.

3) Be citizens of the United States.

4) Have registered for the draft by age 26 (male applicants born after 12/31/1959) to be eligible for any US government employment, including selection as a paid VA trainee.

5) Document that vaccinations are up to date and that screening for active tuberculosis is complete prior to starting the residency
h. OAA will provide approved VA facilities with stipends, VA’s share of Federal Insurance Contribution Act (FICA) contributions, and VA’s share of health and life insurance premiums. Continuation of funding will depend on availability of funds as well as successful implementation and accreditation of the proposed program.

i. Facilities collaborating with another academic institution must follow the guidelines in VA Handbook 1400.03, VHA Educational Relationships.

j. These learning experiences must explicitly address the content identified in the emergency medicine CAQ content blueprint (http://www.nccpa.net/emergencymedicine) for ER-PAR or psychiatry CAQ content blueprint (http://www.nccpa.net/psychiatry).

4. CRITERIA FOR VA FACILITY ELIGIBILITY

a. The nature of the PA residency program, populations served, training experiences provided, and qualifications and skills of faculty and staff must be appropriate to the VA mission.

b. Clinical settings must provide a range of experiences in the application of PA principles, provide exposure to patients of varying backgrounds and cultures, and foster substantial responsibility in carrying out professional functions.

c. Refer to Section 1 (pages 1 – 2) for additional facility requirements.

5. APPLICATION INSTRUCTIONS

a. DEADLINES. There are two key deadlines for this RFP:

1) May 25, 2018. A non-binding Letter of Intent (LOI) is due to OAA no later than 11:59 pm Eastern Daylight Time (EDT) Friday, May 25, 2018. These letters are to allow OAA to project the demand for expansion positions and to allow us to plan for the review panels that will be needed to review these proposals.

2) July 13, 2018. The full proposal is due to OAA no later than 11:59 pm EDT on Friday July 13, 2018.

b. LETTER OF INTENT (LOI) INSTRUCTIONS. LOIs, not to exceed two pages including the completed cover page template (copy Appendix B), must be submitted by the medical center or health care system’s DEO rather than by individual PA service line within the medical center. Each DEO is limited to one LOI submission for each facility or health care system. LOIs are non-binding, meaning that submitting an LOI does not compel the facility to submit a complete proposal.

A special application entry point has been established for submission of both LOIs and full applications in response to this Program Announcement. All LOIs must be submitted through the following OAA portal: http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=59. LOIs are due no later
than 11:59 pm EDT on Friday, May 25, 2018, and must be uploaded to the OAA password protected web portal. Letters should be addressed to the Acting Chief Academic Affiliations Officer, (10A2D), Dr. Kathleen Klink, and must include a completed cover page template (see Appendix B).

The individual from the facility education office, or a designee assigned by the DEO, submitting the LOI must register upon the first use of this portal. As the full proposal will be posted on the same portal, “LOI” should be identified in the document title to distinguish between the LOI and proposal submissions. After the LOI is submitted and <notify us complete> is selected on the left navigation tab, an automatically-generated confirmation e-mail will be forwarded both to the submitter and to OAA staff. Faxed, mailed, or e-mailed LOI’s will NOT be accepted.

LOIs should be from the DEO (or designee) and should contain the following information (OAA recognizes that some of this information may evolve or change with the development of a full proposal therefore, changes between the LOI and the actual proposal will not be considered detrimental to the award):

- Name, credentials, and contact information for the person responsible for the proposed PA residency program (Cover page template in Appendix B must be included in LOI). Each facility or health care system’s DEO is limited to submitting one proposal. A maximum of two specialty clinical areas may be proposed by each facility. Each residency program being proposed must identify a training director and a medical director for each PA specialty area identified.
- Identify the health setting(s) for each proposed residency program, and list the content areas/rotations of submission anticipated (included in Cover Page Template).
- Identify whether each proposed program is a new site proposing a PA residency or if the site has an existing PA residency program proposing a new residency in a different specialty area (included in Cover Page Template).
- Indicate the specialty area and number of residents (maximum of two for each proposed specialty) being requested (included in Cover Page Template).

Please note that you must complete the <notify list> (see details in Section 5.C. below) in order for your LOI submission to be considered complete.

c. NOTIFICATION OF DECISIONS (NEW REQUIREMENT)
   After the DEO or designee registers to the portal, it is important that they select the <Award Notify List> tab (in red) on the left side of the portal menu. This allows the submitter to enter the email addresses of all individuals who should be notified of the proposal review result. The email entry screen is linked to the VA Global Address List. This allows you to enter the name of a VA employee to be
notified in the search box, and the individual’s email will be displayed. Select the correct name and then click the blue button <add to list below> to move an e-mail to the notification list at the bottom of the screen. You may add non-VA e-mail addresses directly at the bottom of the page, and only one address must be included per line. Only those e-mail addresses listed in the portal will be notified when award results are released.

You must include the following individuals in your list:

- Medical Center Director
- Designated Education Officer
- Program’s proposed Residency Director(s)
- Program’s proposed Medical Director(s)
- Facility Chief of Emergency Services Health (for ER-PAR)
- VISN Emergency Services Lead (for ER-PAR)
- Facility Chief of Mental Health (for MH-PAR)
- VISN Mental Health Lead (for MH-PAR)

d. PROPOSAL INSTRUCTIONS

Proposals must be submitted by the medical center or health care system’s DEO (or designee) rather than by the individual service line within the medical center. Each DEO is limited to one narrative submission single spaced, with 12-point Arial or Calibri font.

The core narrative page limit may not exceed 8 pages for facilities proposing one specialty program and 12 pages for facilities proposing two specialty programs. Proposals are due no later than 11:59 pm EDT on Friday, July 13, 2018, and must be uploaded through the OAA Portal at http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=59 with three separate documents:

- Document 1 - Core Narrative
- Document 2 - Letters of Support (all letters combined)
- Document 3 - Supplemental Materials (optional)

The submission portal will only allow four documents to be uploaded, including the letter of intent (which includes Cover Page Template). All final application materials must not exceed 35 pages total. Any pages over 35 will not be read or reviewed. The three final documents must be submitted through the OAA Portal where LOIs were initially uploaded. Only facilities that submitted a non-binding LOI may complete a full application.

**DOCUMENT 1: CORE NARRATIVE** must not exceed eight pages for one specialty or 12 pages for two specialties, and must include the following elements. Please follow this outline explicitly.

1) Introductory Information
   (a) Location and Name of Facility
   (b) Type of Proposal and Specialty Area(s) (see Page 1)
2) **Background Statement**

(a) Describe any existing PA pre-degree and/or residency programs at your facility. Describe staffing, number and type of current Physician Assistants, recruitment and retention of staff, ongoing training of staff, and desirability of the VA facility as a training site. Relevant statistics related to emphasis areas of the proposed program should be presented, including number of patient beds, average daily census, length of stay, number of patients seen in inpatient and outpatient settings during FY 2017, types of clinical programs, and approximate case mix of patients served relative to the specialty being requested.

(b) Describe the relationship and past collaboration with the academic institution (if you are collaborating).

(c) Describe outcomes of your training program, the measures you use and how you use those outcomes to improve your program. If applicable, include feedback you receive from your academic partner.

3) **Physician Assistant Residency Program Description**

(a) **Residency Program Mission Statement.** State the emphasis areas, purpose of the program, including philosophy, goals, and objectives.

(b) **Methods.** Describe specific skills to be developed by residents, with an emphasis on how evidence-based care will be taught. In addition, address other skills and activities that will be part of the program, including assessment, modalities of treatment, staff consultation, inter-professional treatment team participation, and opportunities for teaching and research. PA Residency Directors at existing programs may be made available for mentoring and consultation upon request. Please contact the program office for assistance with this proposal/curriculum development process – D. Shawn Cole, DHA, MPAS, PA-C, National PA Residency Director, (828) 298-7911 Ext. 3960, David.Cole2@va.gov.

(c) Describe a minimum of three facility rotations where PA services are provided to patients and which will be available for clinical training in each proposed specialty. Describe opportunities for interprofessional education and interaction between the resident and staff and other health professions.

(d) Describe other areas of training that may take place outside VA to fulfill the needed requirements of the residency. Describe the partnerships that are available and the agreements that have been developed.

(e) If partnering with an academic PA program, describe the support from the partner and the delineation of responsibilities for each. **If a resident will be rotating to a non-VA facility, this may not exceed one-sixth of their time in the program unless there is an even exchange with a without-compensation (WOC) resident from another PA residency program. An affiliation agreement (form 10-0094h) must be established for any non-**
VA rotations. A memorandum of understanding alone is not sufficient in this instance.

(f) Given the resident will have a VA appointment, describe the mechanism to ensure that hours, supervision, and administrative oversight will be managed by VA.

(g) Describe facilities and staff available to support the program, including office space, computer availability, library support, academic instructor availability and access to other unique training opportunities or equipment.

(h) Program Evaluation. Specify how the training program’s effectiveness for meeting its training goals and objectives will be evaluated. These measures must include formal written evaluation of the program by the residents and job outcomes of the graduates, including

i. Number of individuals that applied,

ii. Lessons learned,

iii. Changes proposed for the next year,

iv. Analysis of feedback from residents,

v. Analysis of feedback from academic or other partners (if any),

vi. External markers of program quality (e.g., CAQ pass rates),

vii. Overall satisfaction with the program by resident and faculty, and

viii. Job placement for graduating residents (overall and within VHA).

4) Recruitment of Residents. Describe how residents will be recruited and selected. Note: It is strongly recommended that HR be contacted to ensure efficient processing of selected candidates. However, residents are trainees, not employees, and special trainee recruitment procedures rather than the conventional HR employee selection processes must be utilized.

DOCUMENT 2: LETTERS OF SUPPORT must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, rehabilitation healthcare, and patient-centered practice models. There must be a letter of support from each of the individuals listed below. Submissions missing any letter of support will be considered incomplete and will not be reviewed.

1. Facility Director. The director’s letter must address the facility’s commitment to the educational process, including sufficient release time for the PA residency training directors, mentors, and supervisors to be fully engaged in the educational mission and process. Note: At minimum, 30% of the PA residency director’s time will need to be devoted to this program and initial development may take substantially more time (up to 50%). At least 10% of the medical director’s time should be dedicated to the residency program. Facility directors must identify the percentage of release time authorized for each proposed residency training director and medical director. As noted above, if release time is indicated or specified below 30% for the training director or 10% for the medical director, the proposal will not be considered. The facility director is also asked to support the recruitment initiative to ensure that candidates are processed efficiently through
Human Resources. Adequate resources, acquisition and financial, as well as time for planning and procurement is expected to assist the PA residency program to fulfill their critical mission to Veterans and Service members.

2. Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education.

3. VA Physician Assistant Residency Training Director(s).

4. VA Physician Assistant Medical Director(s) – must be board-certified in emergency medicine (ER-PAR) or psychiatry (MH-PAR)

5. VISN Director. The letter of support must be from the VISN Director or Acting/Interim VISN Director. Please note that a letter from the VISN Mental Health lead or VISN Emergency Services lead may not replace a letter from the VISN Director.

6. Program Director for any affiliated PA programs or non-VA facility that may be involved in curriculum development or rotations (if applicable) indicating accreditation status (academic institutions or non-VA residency programs) and interest in affiliating with a VA PA residency program.

**DOCUMENT 3: OPTIONAL SUPPLEMENTAL MATERIALS**, such as brief biographical sketches for the program training directors, curricula rotational schedule, and/or calendar of didactic seminars may be added as desired, so long as the total number of pages for the full proposal does not exceed 35. Additional information may include the following:

a. List of staff who will be involved in the program, including training program director, supervisors, faculty, and consultants. List the number of Physician Assistant faculty who will participate in the program. You may include the following information for each: name; degree; date of degree; university from which degree was received; clinical specialty; the number of hours that will be devoted to the program; university appointments (if applicable).

b. Abbreviated Curricula Vitae of the PA Residency Director and Medical Director.

*Please contact the PA program office for assistance with this proposal/curriculum development process – D. Shawn Cole, DHA, MPAS, PA-C, National PA Residency Director, (828)298-7911 Ext. 3960, David.Cole2@va.gov. Training directors of existing residency programs are available to act as mentors during the proposal development.

6. REVIEW PROCESS
An ad hoc, interprofessional peer review committee designated by the Acting Chief Academic Affiliations Officer (CAAO) will assess the merits of applications. Reviewers will have demonstrated expertise and leadership in clinical health professions education and patient care. The Acting CAAO may, at her discretion, create subsets of applications for special review according to considerations such as rurality, site complexity, and other needs consistent with VA goals and missions. Applications will be reviewed within the context of VA standards and support of VA’s strategic plans. The committee will evaluate specific items in the application that reflect the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Demonstrated commitment from the local VA facility and VISN, including executive and program management levels to establish a PA residency program, including previous PA training provided and availability of infrastructure and resources such as support staff, office space, library support, and computer access. A facility should have a current pre-professional PA training program and should further demonstrate readiness for establishing a PA residency program. Protected time for PA residency director and faculty is also required.</td>
<td>20 points</td>
</tr>
<tr>
<td>b. Strength of the proposed faculty and curriculum including potential to achieve the primary objective of training the PA resident with the specific advanced skills in the specialty and obtain accreditation for the program.</td>
<td>15 points</td>
</tr>
<tr>
<td>c. Strength of the interprofessional team functioning in the programs for which interprofessional programs are requested, including evidence of high-functioning care teams and evidence of thoughtful strategies to integrate trainees in these interprofessional endeavors.</td>
<td>15 points</td>
</tr>
<tr>
<td>d. Evidence of a clear understanding of the program’s purpose, philosophy, goals and objectives, including dedication to training in evidence-based practice in PA.</td>
<td>25 points</td>
</tr>
<tr>
<td>e. Quality of training to be offered, including quality and diversity of specific training settings and qualifications of supervisory staff. Clear understanding of proposed clinical, didactic, research and teaching opportunities.</td>
<td>25 points</td>
</tr>
</tbody>
</table>

TOTAL 100 points

7. APPOINTMENT AND PAY

a. Governance. OAA maintains overall responsibility for the administration of VA’s health professions education. All “associated health” trainees (defined here as clinical trainees not in dentistry, medicine, or nursing) included in these teams shall comply with the Program Requirements of the respective profession’s educational accreditation bodies and with VA provisions for training in those professions.
b. **Program Sponsorship.** Currently allocated facility associated health trainee positions may be included in activities undertaken as a part of this Program Announcement.

c. **OAA Support for Trainees.** OAA will provide funds to VA facilities for trainee stipends and fringe benefits.

d. **Appointment and Compensation of Trainees.**
   1. **Appointment authority.** Appointments will be made under 38 U.S.C. 7405.
   2. **Stipend determination.** The per annum training for PA residency positions is locality based on the *Physician Assistant (Masters) Resident* rate identified by facility at [http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx](http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx)

e. **Liability.** Trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

f. **Trainee expenses.** Except as specified above, expenses connected to trainee recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the trainee.

8. **POINTS OF CONTACT**
   For information concerning this program announcement, contact David Latini, PhD, Associate Director, Associated Health Education, Office of Academic Affiliations, at David.Latini@va.gov or at 832-377-9927 or D. Shawn Cole, DHA, MPAS, PA-C, National PA Residency Director, (828) 298-7911 Ext. 3960, David.Cole2@va.gov.

9. **SCHEDULE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 27, 2018</td>
<td>Request for Proposal announcement released</td>
</tr>
</tbody>
</table>
Core Narrative, Letters of Support (combined), and Supplemental Materials (optional).

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 14, 2018</td>
<td>Notification of selected sites from OAA. Note that date is subject to change.</td>
</tr>
<tr>
<td>December 2018 - March 2019</td>
<td>Recruitment of PA Resident</td>
</tr>
<tr>
<td>July 1, 2019 or thereabouts</td>
<td>Resident begins program</td>
</tr>
</tbody>
</table>
Appendix A

Checklist for Final Proposal Submission

This is a checklist to assist you in submitting a complete proposal. You need not submit this checklist with the proposal, as it is for your use only.

Notification of Decisions: At the time of LOI submission (May 25th deadline), DEO must select the <Award Notify> link on the left side of the OAA portal menu to enter the email addresses of individuals who should be notified of the proposal review result. Only those e-mail addresses listed in the portal will be notified when award results are released. You must include the following individuals in your list:

- Medical Center Director
- Designated Education Officer
- Program’s proposed Residency Director(s)
- Program’s proposed Medical Director(s)
- VISN Mental Health Lead or VISN Emergency Services Lead (if designated)
- Facility Chief of Mental Health or Chief of Emergency Services

Proposals are due no later than 11:59 pm EDT on Friday, July 13, 2018, and must be uploaded through the aforementioned OAA Portal at [http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=59](http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=59) with three separate documents:

- Document 1 - Core Narrative
- Document 2 - Letters of Support (all letters combined)
- Document 3 - Supplemental Materials (optional)

Core Narrative: not to exceed page limit specified in Sections1 and 5 (one specialty-eight pages, or two specialties-12 pages). Narrative description of the proposed clinical education programs, including a description of the interprofessional curriculum. The proposal should emphasize the “description of specialty practice” elements that will be used to establish the new curriculum and mechanisms to evaluate the effectiveness of the education on an ongoing basis throughout the residency program.

Proposals must include these elements:

- Background statement: Describing existing training programming
- Physician Assistant Residency Program Description
- Residency program mission statement
- Methods for development of curriculum
- Plan for implementation of teaching curriculum
- Describe how training venues will have appropriate on-site supervision and role models of residents
- Describe multiple areas where programming will be implemented to bring the specialty to those patient populations
- Describe training outside the VA if applicable – scope, purpose and oversight
• Describe other faculty/instructors who will be involved in the program
• Describe the role of the academic partner if applicable
• Describe administrative oversight of the resident to ensure the appointment is controlled by the VA
• Facility support for the program
• Program evaluation
• Recruitment of residents

**Letters of Support:** Letters of Support must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, and patient-centered practice models. There must be a letter of support from each of the individuals listed below:

- **Facility Director.** The director’s letter must address the facility’s commitment to the educational process, including sufficient release time for the program training directors, mentors, and supervisors to be fully engaged in the educational mission and process. **The percentage of release time (minimum of 30% for the training director and 10% for the medical director) must be identified supporting educational and administrative activities, including curriculum development or the proposal will not be considered.** The director must indicate HR support for appointment efforts for residency candidates. The director must indicate intent to pay accreditation and annual fees for accreditation of the program.

- **Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education (ACOS/Education)**

- **VISN Director**

- **Facility Emergency Services or Mental Health lead**

- **PA Residency Director(s)**

- **PA Medical Director(s)**

- **Program Director for any affiliated PA programs or non-VA facility that may be involved in curriculum development or rotations (if applicable) indicating accreditation status (academic institutions or non-VA residency programs) and interest in affiliating with a VA PA residency program.**

**Optional Supplemental Materials:** Brief biographical sketches for the program training directors and/or calendar of didactic seminars, may be added as desired, so long as the total number of pages in the proposal does not exceed 35.

**Submission of Proposals**
• Full proposals are submitted by VA DEO, ACOS/Education, or designee.

• Acceptable formats for submitted proposals are Word, Excel, or PDF, formats

• Letters of support must include a signature (i.e., they must be a scanned copy of an original, signed document).

• Three documents, **Core Narrative, Letters of Support (all letters combined), and Optional Supplemental Materials,** are uploaded. These must be uploaded as three separate files following the requirements outlined for each document above. **The portal will not allow you to submit more than four documents (including LOI).**

• **Documents will not be accepted** as one single file.

• Font size must be 12-point Arial or Calibri for narrative portions. Margins must be at least one inch all around (excluding headers and footers).
  
APPENDIX B

Physician Assistant Residency Programs
for Academic Year 2020 (Summer/Fall 2019- through Summer/Fall 2020)

Facility Name: ____________________ Facility Number: ____ VISM Number _____
Address __________________________ City, State, Zip __________________

Does this facility/healthcare system have multiple campuses   Yes   No
If yes, name the individual campuses that will be applying for residency programs: ______

Check one:
☐ New PA residency site
☐ New PA residency program at existing PA residency site

Primary Points of Contact if additional questions arise during the review process

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Name</th>
<th>E-Mail Address</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Education Officer (DEO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER-PAR Residency Director (include credentials)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER-PAR Medical Director (include credentials)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH-PAR Residency Director (include credentials)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH-PAR Medical Director (include credentials)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Select one or both specialty areas

<table>
<thead>
<tr>
<th>Residency Specialty</th>
<th># of positions (maximum of two per specialty)</th>
<th>Campus applying (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Emergency Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mental Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>