

VETERANS HEALTH ADMINISTRATION EDUCATIONAL RELATIONSHIPS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook defines policies and procedures for the establishment, maintenance, and evaluation of medical, dental, nursing, and associated health professions educational programs in Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES:

a. Description of the philosophy and scope of relationships between VA facilities and academic institutions.

b. The assignment of a designated education officer (DEO) responsible for all training activities occurring at each VA facility.

c. Discussion of the forms for affiliation agreements between VA and academic institutions or programs.

d. Guidelines on establishing and maintaining academic relationships between VA and academic institutions or programs.

e. Clarification of the role and functioning of affiliation partnership councils.

3. RELATED ISSUES:

4. RESPONSIBLE OFFICE: The Chief Academic Affiliations Officer of the Office of Academic Affiliations is responsible for the contents of this Handbook. Questions may be referred to (202) 461-9490.

5. RECISSIONS: VHA Handbook 1400.3, Affiliations Partnership Councils; VHA Directive 2004-066, Educational Affiliation Agreements; Manual M-8, Part 1, Chapter 3, and Manual M-8, Part II, Chapter 6.

6. RECERTIFICATION: This document is scheduled for re-certification on or before the last working day of February 2021.

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VETERANS HEALTH ADMINISTRATION EDUCATIONAL RELATIONSHIPS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines policies and procedures for the establishment, maintenance, and evaluation of medical, dental, nursing and associated health professions educational programs in Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** 38 U.S.C. 7302.

2. BACKGROUND

a. Providing care for Veterans, while, at the same time, educating tomorrow's health care providers, is a fundamental goal of VA. VHA has the responsibility to oversee and manage the health care training occurring in VA medical facilities. VHA strongly promotes a policy of cooperation and professional interaction with educational institutions. This policy is based on the premise that the best health care is provided in an environment in which the spirit of inquiry and investigation exists in combination with teaching and learning. In partnership with academic affiliates, VA serves as the largest provider of advanced clinical training for medical, nursing, and associated health professions in the nation.

b. Academic partnerships are designed to provide clinical training opportunities for health care trainees. Throughout the decades since its inception, these partnerships continue to improve health care for veterans, enhance the nationwide supply of health professionals, assist in recruitment and retention of quality staff at VA facilities, and create patient care environments enhanced by clinical research and scholarship.

3. SCOPE

This Handbook pertains to educational relationships between VA facilities and institutions sponsoring educational programs for trainees in undergraduate, graduate, and post graduate curricula in medicine, dentistry, nursing and associated health disciplines, and organizations offering training sites for trainees in VA-sponsored educational programs.

4. DEFINITIONS

a. **Academic Institution.** An academic institution is an organization with the primary purpose of providing educational programs for trainees and issuing degrees, certificates or diplomas (e.g., college, university, medical school, dental school, and nursing school).

b. **Academic Program.** An academic program is an organized unit of study or pattern of courses and related experiences to accomplish a specific educational objective such as an academic degree, certificate, diploma, or other formal recognition.

c. **Affiliation.** An affiliation is a relationship between VA and an educational institution or a health care organization sponsoring educational programs or activities. These are for the purpose of education, research, and/or enhanced patient care. The affiliation relationship implies that VA and the affiliate have a shared responsibility for the educational enterprise while the training site retains full responsibility for the care of

patients, including related administrative and professional functions. Affiliations are not exclusive relationships. A VA facility may maintain multiple affiliations in the same discipline or specialty.

d. **Affiliation Agreement.** An affiliation agreement is the legal document that enables the clinical education of trainees at a VA or non-VA medical facility. Affiliation agreements are required for all education or training that involves direct patient contact or contact with patient information by trainees from a non-VA institution. Affiliation agreements are also required for all education and training that involves direct patient contact or contact with patient information at a non-VA organization by trainees in a program accredited in the name of a VA institution. A VA Affiliation Agreement must conform to the language of one of the affiliation agreement templates maintained on the Office of Academic Affiliations (OAA) Web site (<http://www.va.gov/oaa/agreements.asp>). VA General Counsel must approve any wording changes in the text of these agreements. Requests for changes must be submitted to General Counsel through the Office of Academic Affiliations.

e. **Affiliation Partnership Council.** An Affiliation Partnership Council is an advisory body formed to assist in the management and coordination of the relationships between VA and its academic affiliates.

f. **Accreditation.** Accreditation is a status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's established standards and requirements. Accreditation represents a professional opinion about the quality of an educational program. VHA can accept trainees only when the sponsoring institution and the educational program are accredited, except in circumstances described in paragraph 7.c.(2).

g. **Accrediting Agency.** An accrediting agency is an external educational association of regional or national scope that develops and publishes standards and criteria by which it conducts evaluations to assess whether those standards and criteria are met. Institutions or programs that request an agency's evaluation and that meet an agency's established criteria are deemed "accredited" by that agency.

h. **Accrediting Agencies for Associated Health Professions and Nursing Education.** The nationally recognized accrediting agencies for associated health and nursing programs are designated by the United States Department of Education (ED) or the Council for Higher Education Accreditation (CHEA). The list of ED-recognized accrediting agencies for associated health professions and nursing education programs is found at <http://www.ed.gov/admins/finaid/accred/index.html>. The list of specialized and professional accrediting organizations published by CHEA is found at http://www.chea.org/public_info/index.asp#how.

i. **Accrediting Agency for Dental Education.** The Accrediting Agency for undergraduate and graduate dental education is the Commission on Dental Accreditation (CODA).

j. **Accrediting Agencies for Physician Education.** Accrediting agencies recognized by VA for undergraduate medical education are the Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation

of the American Osteopathic Association. Authorized accrediting agencies recognized by VA for postgraduate medical education are the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association Program and Trainee Review Council (PTRC).

k. **Associate Chief of Staff for Education.** An Associate Chief of Staff for Education is the designated facility educational leader with expertise in health professions education. **NOTE:** *ACOS/E is the preferred organizational title for individuals assigned the responsibilities of the designated education officer (DEO) role.* (See definition of Designated Education Officer.)

l. **Clinical Care Site.** A clinical care site is an entity whose primary purpose is clinical care; it may serve as the sponsor for trainees coming to VA facilities or it may accept the rotation of VA-sponsored trainees to its premises for educational purposes.

m. **Designated Education Officer.** The VA Designated Education Officer (DEO) is the single designated VA employee who has oversight responsibility for all clinical training at each VA facility that either sponsors or participates in accredited training programs. Each facility involved with clinical training programs must appoint a DEO for coordination of local education activities as assigned. The organizational title for this education leader may be the Associate Chief of Staff for Education, Director of Education, Chief Education Service Line, or other similar title. **NOTE:** *The term DEO describes a functional assignment and not an organizational title. The DEO role should be distinguished from the Designated Learning Officer role (DLO), a senior learning leader appointed at each facility and VISN office whose primary focus is on integrating and aligning employee and trainee learning across the entire facility/Veterans Integrated Service Network (VISN).*

n. **Disbursement Agreement.** A disbursement agreement is a payroll mechanism by which VA allows a “disbursing agent” to centrally administer either salary payments and fringe benefits (full disbursement agreements) or fringe benefits alone (partial disbursement agreements) for medical and dental residents assigned to a VA facility. The “disbursing agent” may be the sponsoring institution for the residency training programs itself or an entity delegated by the sponsoring institution(s) to handle stipend and benefit disbursements (e.g., a graduate medical education consortium). Disbursement agreements cover residents training in VA locations whether inpatient or outpatient and provide a mechanism to achieve equity between resident salaries. (See VHA Handbook 1400.05, Disbursement Agreements Procedures.)

o. **Educational Program Letter of Agreement or Memorandum of Understanding.** An Educational Program Letter of Agreement (PLA) or Memorandum of Understanding (MOU) is a document required by some accrediting agencies, such as the Accreditation Council for Graduate Medical Education. A PLA or MOU is drafted jointly by VA and a specific educational program or health care facility. Most associated health accrediting bodies do not require a PLA or MOU. When required, an educational PLA or MOU is required in addition to a formal affiliation agreement and may not substitute for an affiliation agreement. These documents should conform to the standards of the appropriate accrediting body. The PLA identifies faculty who will ensure teaching, supervision, and evaluation of trainee performance including duty hours; outlines trainee educational objectives; specifies periods of trainee assignment;

and establishes policies and procedures for maintaining trainee education during the assignment. Neither OAA nor VA General Counsel needs to approve an educational PLA or MOU. However, whenever requested, OAA will review draft PLAs in consultation with facilities. There must be an affiliation agreement between the parties in place before an educational program agreement can be signed. In addition, educational PLAs or MOUs cannot conflict with the affiliation agreement, address issues already covered in the agreement, or address other legal issues, such as liability or payments between parties or to the trainees.

p. **Educational Programs.**

(1) **Medical and Dental Programs.** Medical and dental training programs are health care academic programs in allopathic and osteopathic medicine or dentistry.

(2) **Associated Health Education Programs.** Associated health training programs are health care academic programs other than allopathic and osteopathic medicine or dentistry.

(3) **Nursing Programs.** Nursing training programs are academic programs in nursing.

(4) **Non-clinical Programs.** Non-clinical training programs are educational programs in which trainees are not involved directly with patient care but may train in patient care areas and have incidental patient contact, or contact with patient records.

q. **Gifts and Donations to VA.** A gift or donation is cash or in-kind goods or services from for-profit, non-profit, public, or private entities or individuals, provided to further a mission of VA without any compensation received in return. For additional information on gifts and donations to VA for research and education see 38 U.S.C. 8301, 7361-7366; VHA Handbook 1200.17, VA Research and Education Corporations; VHA Handbook 1200.2, Research Business Operations; VHA Directive 4721, VHA General Post Fund; VHA Handbook 4721 VHA General Post Fund Procedures; and VHA Handbook 1004.07, Financial Relationships Between VHA Health Care Professionals and Industry.

r. **Memorandum of Understanding.** See definition of “Educational Program Letter of Agreement.”

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

t. **Sponsoring Institutions.** A sponsoring institution is an organization or entity that assumes the legal responsibility for trainees who are enrolled in VA educational experiences, and in whose name the program is accredited.

u. **Trainees.** Trainee is a general term to describe undergraduate, graduate, and continuing education students; interns, residents, fellows, and VA advanced fellows; and pre- and post-doctoral fellows who spend all or part of their clinical training experiences at VA facilities. Some trainees may be in non-clinical training programs.

v. **VA-Department of Defense Affiliation Agreement.** A VA-Department of Defense (DoD) Affiliation Agreement is a legal document to be used when DoD individuals are trained at a VA facility while enrolled in a structured educational program. These programs are generally accredited or approved by a regulatory or professional organization. For example, a practical nursing program, sponsored by a military organization and approved by a state board of nursing, sends students to a VA facility for clinical experience/training. Agreements between VA and DoD organizations that are part of DoD sustainment training should follow the procedures and requirements in VHA Directive 1660, Health Care Resources Sharing with the Department of Defense, and VHA Handbook 1660.04, Department of Veterans Affairs-Department of Defense Health Care Sharing Agreements. Additional information about these agreements can be found at the following Web site:

http://vaww.dodcoordination.va.gov/Sharing_Agreements.asp. **NOTE:** This is an internal VA Web site not available to the public.

w. **VA-DoD Healthcare Resources Sharing Agreement.** A VA-DoD Healthcare Resources Sharing Agreement is a legal document that enables DoD individuals, such as those in reserve units, in national or air guard units, or on active duty, to train at VA facilities for the purpose of sustaining or improving their skills to meet the requirements of their military job. For example, an army reserve hospital unit may send reservists to a VA facility on weekend “drills” to work in their military jobs such as nursing assistants, laboratory assistants, physician assistants, or nurses. These individuals are trained in clinical military jobs but do not necessarily work in similar civilian jobs. Agreements between VA and DoD organizations that are part of accredited educational programs must be developed in accordance with the procedures and requirements in VHA Directive 1660, Health Care Resources Sharing with the Department of Defense, and VHA Handbook 1660.04, Department of Veterans Affairs-Department of Defense Health Care Sharing Agreements. Additional information about these agreements can be found at the following Web site:

http://vaww.dodcoordination.va.gov/Sharing_Agreements.asp. **NOTE:** This is an internal VA Web site not available to the public.

x. **VA Research and Education Corporations.** VA Research and Education Corporations are non-profit entities authorized to facilitate VHA research and education described by 38 U.S.C. 7361-7366 and in VHA Handbook 1200.17.

5. ROLES AND RESPONSIBILITIES

a. **Chief Academic Affiliations Officer.** The Chief Academic Affiliations Officer is responsible for defining national policies pertinent to trainees in VA facilities and VA trainees in non-VA facilities. The Chief Academic Affiliations Officer will present pertinent decision-making information to VHA leadership. The Chief Academic Affiliations Officer signs all medical school affiliation agreements, and approves affiliation agreements with non-accredited programs (see paragraph 7.c.(2)). This responsibility cannot be delegated.

b. **Veteran Integrated Service Network Director.** The Veteran Integrated Service Network (VISN) Director is responsible for oversight at the VISN level for training obligations, VISN educational planning and decision-making, and making necessary educational resources available to the respective health care facilities. The VISN

director is the designated official for signing affiliation agreements for VISN facilities. This function can be delegated to other VISN officials or to Facility Directors for associated health or nursing affiliation agreements. Agreements with medical schools must be signed by the VISN Director. If the VISN Director delegates signing of associated health or nursing affiliation agreements to the VA medical facility director, then the VA medical facility Director signs both as the facility director and as the VISN Director.

c. **Network Academic Affiliations Officer.** The Network Academic Affiliations Officer assists the VISN Director in ensuring that educational needs and obligations are considered, providing guidance to network educational institutions, assisting individual medical centers in negotiating specific affiliation agreements, fostering good relationships with individual VA medical facilities and their affiliated sponsoring institutions, and helping VISNs to accomplish and comply with system-wide education policies.

d. **VA Facility Medical Director.** The VA medical facility Director is responsible for establishing local policy to fulfill the requirements of this Handbook and the applicable accrediting and certifying body requirements. The VA medical facility Director is the designated official for signing affiliation agreements. ***NOTE: If there is a discrepancy between local VA medical facility and affiliate policies, the VA policy will take precedence. VA's Office of General Counsel reviews all affiliation agreements and will advise the Facility Director how to resolve any conflicts.***

e. **Chief of Staff.** The Chief of Staff is responsible for establishing, maintaining, and evaluating the quality of clinical training programs at the VA medical facility and the quality of care provided by supervising practitioners and residents. An Associate Chief of Staff for Education or similar education leader may assist the Chief of Staff in fulfilling these requirements.

f. **Associate Chief of Staff for Education or Designated Education Officer.** The Associate Chief of Staff for Education (ACOS/E; or similar title) or Designated Education Officer (DEO) assists the Chief of Staff in establishing, maintaining, and evaluating the quality of training programs and the quality of care delivered by trainees at the VA facility. Each facility involved with clinical training programs must appoint a DEO for coordination of local education activities as assigned. The DEO is responsible for ensuring that affiliation agreements are executed for all programs that send clinical trainees to VA facilities for educational purposes and for VA sponsored programs that send trainees to non-VA facilities. The DEO serves as the primary point of contact for all matters pertaining to the establishment and oversight of affiliation agreements. As part of the DEO's responsibilities for affiliation management, the DEO reviews and signs appropriate residency training program letters of agreement or MOUs prepared by the affiliated institution. [*Note: DEO is a functional role; whereas, ACOS/Education is an organizational title.*]

g. **Preceptor.** The preceptor, who may or may not be the supervising practitioner, provides clinical care or performs a service within the clinical environment and participates in the teaching or clinical instruction of trainees. Preceptors may also convey information via more formalized instruction methods.

h. **Training Program Director.** The Training Program Director is the individual responsible for the maintenance, evaluation, and improvement of a particular education and training program across all affiliated sites. This individual ensures that the program complies with standards and policies of the respective accrediting and or certifying bodies. The Program Director is responsible for program operations and logistics, educational objectives and curriculum development, evaluation methodologies and mechanics, and relationships with accrediting agencies and certifying bodies. The Training Program Director may be paid by the affiliate and based at the affiliate or may be employed and paid by VA.

i. **VA Site (Training) Director.** The Site Training Director is the individual responsible for implementing the training program curriculum at the VA medical facility. This individual develops the local educational program based on the educational plan of the training program director, specifically ensuring that core curricular objectives are met. The site training director is responsible for site logistics, ensuring at a minimum that trainees are oriented to site, policies, and practices; that the details of rotations, schedules, and objectives are communicated to the trainees; and that evaluations of trainees, preceptors, or supervisors and the training site are performed. The site training director is responsible for assessment and improvement (if necessary) of trainee supervision. The site training director is generally of the same discipline as the trainees and may be assisted in his or her duties by a clerical or administrative assistant. The VA Site Director must be a VA employee, which may be a collateral duty and may be assumed by the service chief or delegated by the service chief to another academically qualified clinical staff member in the profession that is being trained.

j. **Supervising Practitioner.** The supervising practitioner is the individual responsible for directly supervising the activities of the trainee. The supervising practitioner is generally of the same discipline or specialty in which the trainee is being educated. The supervising practitioner is ultimately responsible for the care of the patient, both longitudinally and for each patient encounter. Supervising practitioners may also use didactics to convey information. Supervising practitioners provide both formative evaluations to trainees and summative evaluations of trainee performance to the sponsoring institution as required by program and accreditation standards.

k. **Trainees.** All trainees must receive sufficient orientation to be familiar with relevant VA regulations and policy. They are expected to comply with ethical standards, especially those related to patient confidentiality and relationships. They are also responsible for following security and privacy standards and policies related to patient care and electronic records, and for adhering to safety standards regarding equipment and the environment. Trainees are expected to be prepared for their clinical assignments and to demonstrate competencies within the appropriate educational level when providing care to patients. During VA educational rotations, trainees are expected to adhere to professional and program specific standards as well as VA regulations and applicable laws. Trainees will be asked periodically to evaluate their VA preceptors or supervising practitioners and their training program within VA.

6. AFFILIATION AGREEMENTS

a. **General.** An affiliation agreement must be in place before trainees in affiliate-sponsored educational programs receive clinical training at VA facilities and before

trainees in VA-sponsored educational programs receive training at non-VA facilities. An affiliation agreement is a central part of the “affiliation” relationship between VA and the affiliated institution and may involve patient care, education, and research. The affiliation agreement delineates the duties of VA and the affiliated institution, with respect to the clinical education of the trainees. Affiliated institutions can include academic institutions and other sponsoring institutions such as community hospitals, clinics, state agencies military treatment facilities, or Federal Health Education Consortia.

b. **Legal Agreements.** A VA Affiliation Agreement is a legal agreement and must conform to the language of one of the approved affiliation agreement templates. The appropriate form to be used will be dictated by the types of trainees and the kind of sponsoring institution or program. Affiliation Agreement templates are maintained on the OAA Web site (<http://www.va.gov/oaa/agreements.asp>). VA General Counsel must approve any wording changes in the text of these agreements. Requests for changes must be submitted to General Counsel through the Office of Academic Affiliations. Appropriate VA and partner institution officials must sign each affiliation agreement. For VA, the appropriate VA officials are those specified on the last page of each of the affiliation forms.

7. ESTABLISHING ACADEMIC EDUCATIONAL RELATIONSHIPS

a. **Overview.** The provision of education for future health care providers is a statutory mission of VA. By virtue of close relationships between VA and academic institutions, VA plays a leading role in health education. VA maintains effective affiliations with multiple educational institutions, which contribute to excellence in VA patient care, education, and research. VA must ensure that there are sufficient patient care opportunities, educational infrastructure, and qualified preceptors to accommodate trainees from affiliates that enter into an affiliation agreement with VA. Usually, affiliated educational institutions accept primary responsibility for the integrated education programs conducted with VA while VA retains full responsibility for the care of VA patients and administration of VA facilities and operations. Specific affiliation templates detail other areas of separate and shared responsibilities.

b. **Establishment of a New Affiliation.** There are several sequential steps that must be addressed to develop a new affiliation. An academic program director or institutional official may contact the VA counterpart in order to seek an affiliation. After discussion between the affiliate and VA discipline and education leadership, consensus by all participants is developed on the scope, purpose, and number of trainees for the proposed VA educational experience. The DEO and service-level staff will review the possible benefits to the VA facility of the new educational program and the infrastructure needs of the proposal. The DEO will consult with local VA leadership for conceptual approval before execution of an affiliation agreement for a new training program or affiliation.

c. **Proposal for a New Clinical Training Program or Affiliation.** The proposal for a new clinical training program or affiliation should consist of the following:

(1) Infrastructure Assessment, to ensure that there is capacity to train individuals anticipated from the new program:

- (a) Impact on existing clinical and training programs,
- (b) Appropriate numbers and types of patients for the learning objectives of the affiliate,
- (c) Access to educational materials from the facility and VISN office,
- (d) Adequate space for patient care, trainee study, and supervising practitioner,
- (e) Adequate equipment and supplies to meet educational needs,
- (f) Presence of adequately trained supervising practitioners with time for teaching clinical trainees, and
- (g) Appropriateness and availability of stipends for trainees.

(2) Accreditation status of proposed affiliated programs should be verified. All programs affiliated with VA are expected to be nationally accredited, or if new programs, to be progressing towards accreditation. In the case of a newly-organized program, a VA facility may establish an Affiliation Agreement on a provisional basis and accept trainees, provided there is documented evidence that the program is pursuing accreditation at an acceptable pace. If the program fails to make progress toward accreditation, the affiliation must be terminated. Exceptions may be approved only by the Chief Academic Affiliations Officer. Some associated health programs may become affiliated programs in the absence of accreditation. The Chief Academic Affiliation Officer must approve any affiliations with non-accredited programs. To request such approval, a letter describing the details of the proposed affiliation, along with justification for the proposed affiliation in the absence of accreditation must be sent to the Chief Academic Affiliation Officer for concurrence. A program may be appropriately non-accredited for the following reasons:

- (a) There is no nationally recognized accreditation body for the discipline.
 - (b) The program is state approved by the designated board (i.e., nursing).
- (3) The results of the proposal will be reviewed by the DEO, local VA leadership, and as appropriate, the VISN office.
- (4) All parties will complete the appropriate affiliation agreements and program letters of agreement or memoranda of understanding as appropriate.
- (5) A disbursement agreement for medical or dental affiliations will be executed if appropriate.
- (6) The joint educational program may begin after the necessary arrangements have been completed and an affiliation agreement has been executed/signed.
- (7) The VA facility will complete systematic monitoring and written evaluation of the program.

(8) The VA facility will monitor trainee evaluations using the annual national Learner's Perceptions Survey data, supplemented by more frequent local surveys or learners' feedback as appropriate.

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

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

b. The Standards of Ethical Conduct for Employees of the Executive Branch, 5 CFR Part 2635, govern VA employees' personal acceptance of gifts including payments, goods, or services. Under those standards, an employee cannot accept a gift in return for being influenced in the performance of an official act, such as the provision of health professions education services (e.g., clinical supervision). See 5 CFR section 2635.202(c)(1). Contact your agency's ethics official, usually the local Regional Counsel or, in Central Office, the Assistant General Counsel to discuss questions with a VA ethics official.

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

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

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

f. Gifts and donations to VA in support of a VA medical facility's health professions education programs generally may be accepted with approval of the facility's Education Committee and the VA medical facility Director. Donated funds shall be handled through the local VA-Nonprofit Research and Education Corporation (NPC) or the General Post Fund (GPF), and are subject to VHA policy on acceptance and handling of gifts. (See VHA Handbook 1200.17, VA Nonprofit Research and Education Corporations Authorized by Title 38 U.S.C. Sections 7361 Through 7366; VHA Handbook 1200.2, Research Business Operations, VHA Directive 4721, VHA General Post Fund, and VHA Handbook 4721, VHA General Post Fund Procedures). Gifts and donations in support of a particular trainee health professions education program or programs at a VA medical facility may not be accepted. For gifts and donations for official travel to attend a meeting or similar function, see VHA Directive 4721.

g. Intergovernmental Personnel Agreements (IPAs) may be used for faculty sharing arrangements with authorization of the VA medical facility Director and the local Human

Resources Management Service (See 5 U.S.C. 3371-3376 and VA Directive 5005, Staffing, Part I, Section C).

h. Contracts to sell VA health professions education services cannot violate the policy in paragraph 8.c. above and must comply with VHA Handbook 1660.01, Health Care Resources Sharing Authority – Selling. In particular, note that contracts for the sale of services require prior approval from the VA Central Office Rapid Response Team and certification from the VISN Director or the VA medical facility Director that certain conditions have been met.

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

9. MAINTENANCE OF EDUCATIONAL RELATIONSHIPS

a. **Introduction.** Education relationships thrive in a climate of communication, cooperation and trust. Both the VA and the affiliated site (academic institution or clinical care site) bring assets to the relationship and are motivated to provide high quality training. Systematic assessment of educational programs, usually in partnership with academic affiliates, provides the basis for continual improvement. Assessment activities, formal and informal, provide a framework for evaluating the scope, operations, value, and outcomes of all health professions training programs.

b. **Educational Relationship Criteria.** Criteria for maintaining educational relationships differ for individual programs and for institutions that may sponsor multiple programs. However, there is significant overlap between the two sets of criteria. VA medical facilities should review these criteria (single program and/or institution) regularly.

(1) **Individual program criteria.** Individual program reviews using the checklist provided below will be accomplished periodically. The following non-inclusive list of items to be considered includes the following:

(a) Each training program provides tangible or intangible value to VA and to Veteran patients.

(b) The accreditation credentials of all current affiliates and VA-based programs have been maintained as appropriate.

(c) The clinical material is sufficient to meet the needs of the training program and the trainees.

(d) There is adequate access to educational materials for trainee use.

(e) There is adequate space for patient care, trainee study, and the supervision process.

(f) There are adequate equipment and supplies to meet educational needs.

(g) There is sufficient presence of adequately credentialed supervising practitioners with time and skill for teaching clinical trainees.

(h) There is appropriate availability of OAA-funded stipends for trainees.

(i) There is sufficient protected administrative time allowed for VA Program Coordinators and/or Program Directors of VA-based programs to support the educational program.

(j) Where appropriate, there is a current educational PLA or MOU for each program sponsored by an affiliated institution.

(2) **Institutional criteria.** Criteria for maintaining relationships with individual programs are also applicable to institutional educational relationships. In addition to the program criteria, institutional criteria may need to be reviewed annually and may be in the form of a checklist. Some items to be considered are the following:

(a) The number and variety of training programs are appropriate to the VA medical facility's mission.

(b) The accreditation credentials of all current affiliates and VA-based programs have been maintained as appropriate.

(c) Recommendations from accrediting bodies are being addressed.

(d) Training programs are of high quality and graduate qualified practitioners.

(3) **Other aspects.** Other aspects of the regular review process may be performed by communication and interaction with affiliate site personnel and in conjunction with other planned and systematic review processes such as internal reviews or yearly reviews for graduate medical education programs. Feedback from trainees and accrediting bodies is routinely provided and must be considered in the review process.

(4) **Records of training generated by VA facilities.** Currently, all accredited academic Health Professions Education training program records pertaining to the appointment and summary evaluations of the trainees within these programs are considered "unscheduled." Currently, the National Archives and Records Administration (NARA) does not have a records control schedule and deposition timeframe for all accredited academic Health Professions Education training program records pertaining to the appointment of the trainees within these programs and therefore, are considered "unscheduled". As unscheduled records, these records cannot be destroyed and must be maintained indefinitely until a new deposition of authority schedule is approved by the National Archives and Records Administration.

10. AFFILIATION PARTNERSHIP COUNCIL

a. **Overview.** VA participates in and conducts education and training programs for health care trainees to enhance the quality of care provided to Veteran patients in the VHA health care system. Education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated academic institutions. The Affiliation Partnership Council is designed to be the entity through which local VA

and academic leaders provide oversight for affiliation relationships. Historically, committees commonly known as “Deans Committees” advised local VA medical facilities and their affiliated medical schools on local medical school affiliation matters. In 1996, the name of these committees was changed to Affiliation Partnership Councils (APC), which became the umbrella advisory committee for all affiliation relationships with a VA facility. While there are requirements for establishing, administering, and maintaining APCs and associated sub-councils or subcommittees, the specific arrangements are locally driven and depend on the complexity of the affiliation, number of programs, proximity of the affiliate to the VA medical facility, and desires of local VA and affiliate leadership. Sub-councils for medical education and for nursing education are strongly recommended. The local council and sub-council structure is allowed to be sufficiently flexible to enhance the clinical education of the trainees.

b. **Description.** The APC is the official forum for affiliated academic leaders to meet with local VA leadership. The provision for an Academic Partnership Council is stipulated in 38 U.S.C. 7313. This law states that VA must establish an advisory committee to advise the Secretary and the Under Secretary for Health on policy matters arising in connection with and the operation of an affiliation agreement between VA and any school, institution of higher learning, medical center, hospital, or other public or non-profit agency, institution, or organization for the training or education of health personnel. The intent is for the APCs to act as the strategic planning, oversight and coordinating bodies for the affiliation(s). The council and its sub-councils and subcommittees constitute forums for affiliation partners to advise leadership in attaining VA’s patient care and educational missions and to have dialog on patient care, education, training, and research. The Affiliation Partnership Council and its sub-councils and subcommittees also provide VA with an opportunity to play a leadership role in shaping the education of future health care professionals.

c. **Membership.**

(1) Pursuant to 38 U.S.C. 7313, the Secretary of Veterans Affairs appoints the members of these advisory committees, specifies the number of members, and the term of membership. This authority has been delegated to the Network Directors to allow for a more streamlined process of appointment. The law also specifies that members include appropriate representation drawn from the full-time VA staff and the chief of the nursing service or designee.

(2) APC membership will include representatives of those health care professions with major training programs at the VA medical facility. Representatives of affiliated medical school(s) and the organizational entities sponsoring graduate medical education programs covered by the affiliation agreement(s) should be members. The selection of appropriate representatives from among the non-medical or nursing and associated health care organizations is based on the nature and extent of their educational activities in the VA medical facility. Members need not necessarily have VA appointments. VA members will include the ACOS/E or VA DEO, the director, chief of staff, nurse executive, associate director, or designees, and representatives from programs covered by the affiliation agreements. A representative from a Veterans Service Organization(s) and a representative from VA’s Non-Profit Research and Education Corporation Board of Directors may serve as *ex officio* members.

(3) The VA facility's DEO compiles a list of major affiliates and solicits nominations. Representatives of the affiliated health care organizations are then nominated by the deans or vice presidents of health affairs or similar official of the affiliated institutions. The VA facility's DEO recommends representatives of the associated health programs. The VA chief of staff or equivalent recommends VA members. The VISN Director makes the appointments based on the nominations submitted by the facility.

d. **Roles and responsibilities.** The APC guides the clinical education activities of the local VA and its affiliates and associated programs. In many facilities, the APC participates in the following activities:

(1) Provides input to the VISN and the Office of Academic Affiliations to facilitate VA's provision of high quality, comprehensive care to Veteran patients, while preserving the education and research objectives of the affiliates and its associated programs.

(2) Advises the VA medical facility Director, the VISN, and Chief Academic Affiliations Officer on policy matters concerning the education, training, and research programs conducted in VA facilities.

(3) Participates in strategic planning regarding academic matters involving the VA facility and its affiliated institutions.

(4) Based on trainee feedback, makes recommendations for improvement in the clinical learning environment and training programs.

NOTE: *The most successful APCs deal with both strategic and operational issues.*

e. **Sub-councils and Subcommittees.** The APC may appoint sub-councils, subcommittees or *ad hoc* task groups for the oversight of more specific affiliate programs for VA medical facilities with multiple programs and affiliates. These sub-councils and subcommittees serve as extensions of the larger council, and provide for more focused forums for discussions around specific disciplines, topics or tasks. Creation of sub-councils, subcommittees or task forces and appointment of members are functions of the larger council and do not require the approval of the VISN Director. Sub-councils, subcommittees, and task forces may include members not appointed to the APC, but must include at least one member of the APC. Commonly, discipline or profession-specific sub-councils would include individual sub-councils for medical education and for nursing education and any others as appropriate. Commonly appointed sub-committees may include those to address educational space; input from learner feedback surveys; committees to improve joint recruitment of faculty and staff practitioners, and to address educational aspects of a new building or renovation program.

f. **Meetings and Reporting Requirements.**

(1) The site and frequency of meetings of the APC and of its sub-councils, subcommittees, and task forces will be determined by local needs. The APC will meet at least once yearly, while sub-councils, subcommittees, and task forces may meet more frequently.

(2) Minutes of each APC meeting and of each sub-council, subcommittee, or task group meeting shall be recorded. Minutes shall reflect members present, matters discussed, and recommendations proposed. Minutes shall be kept on file locally according to the document VHA Records Control Schedule (RCS) 10-1.

(3) Information concerning Affiliation Partnership Council activities will be kept on file and reports will be available to OAA upon request.

11. ACADEMIC CALENDAR REPORTS AND FORMS

a. **Introduction.** The following list contains most of OAA's recurring reports, which include requests for trainee positions or funding of positions. The reports are issued annually in a cycle that corresponds to the academic year (AY), which extends from July 1 through June 30.

b. **VA Allocation of Trainee Positions.** VHA's trainee allocation process must provide allocation decisions by program or specialty according to a timeframe that allows available positions to be filled.

(1) **Medical Residents.** The allocation process for medical residents is linked to the "Match" [National Resident Matching Program, a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME) in the United States.] The Match occurs in mid-March of one AY to select resident trainees for the next AY beginning on July 1 of that calendar year. The recruitment of residents generally begins in the fall, and academic institutions or teaching hospitals must submit their ranking lists for selection of residents to the Match by February. Results are announced in mid-March.

(2) **Associated Health Trainees.** Allocations are generally determined by mid-January for positions starting in July or after of that calendar year.

c. **Reports.** The timing of reports concerned with funding trainee positions is designed to facilitate recruitment of high quality trainees from affiliates or independent programs for rotations to VA facilities. The Annual Report on Health Services Training (RCS 10-0161) meets centrally mandated reporting requirements to assess annually the numbers of health professional trainees who use VA as a training site. The Annual Report of Residency Training Programs (ARRTP or RCN 10-0906) monitors the quality of VA resident training programs and is required by VHA Handbook 1400.01, Resident Supervision.

(1) **Medical & Dental Resident Allocation Process (RCS 10-0144).**

Summary: Provides policies and procedures for the preparation and submission of requests for funding support of physician and dental resident positions.

Issue Date: Early October

Due Date: Early November

(2) **Trainee Support in Associated Health Professions.**

Summary: Program announcement providing policies and procedures for the preparation and submission of request for funding support for students in associated health professions.

Issue Date: Early September

Due Date: Early November

(3) Health Services Training Report (RCS 10-0161).

Summary: Facilities report on the number of persons who received health professional training in VA facilities throughout the previous fiscal year.

Issue Date: Early October

Due Date: Mid-November

(4) Announcement and Applications for Advanced Fellowship Program appointments.

Summary: Program announcement providing policies and procedures for the preparation and submission of request for funding support for trainees in Advanced Fellowship Programs.

Issue Date: December

Due Date: Mid-April

(5) Annual Report on Resident Training Programs (ARRTP) (RCN 10-0906).

Summary: Requires the DEO through the VA medical facility Director to report the status of the residency training programs in their facilities annually to the VISN Director or Network Academic Affiliations Officer. This report includes information on post-graduate programs for physician, dental, optometry, and podiatry residents and monitors of trainee supervision.

Issue Date: Mid May

Due Date: Late July from facility & Late August from VISN

(6) Filled Residency Positions by Specialty (RCS 10-0145).

Summary: Report providing information about whether the allocated resident positions in physician, dentistry, optometry, pharmacy and podiatry, and psychology interns and psychology post-doctoral fellows have been filled or recruited and the Post Graduate Year level if appropriate.

Issue Date: Early March

Due Date: Early April