

## STAFFING

1. **REASON FOR ISSUE:** To revise the Department of Veterans Affairs (VA) qualification standard for Podiatrist, GS-0668, appointed under 38 U.S.C. § 7401(1) and 38 U.S.C. § 7405(a)(1)(B).
2. **SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains mandatory procedures on staffing. The pages in this issuance replace the corresponding page numbers in VA Handbook 5005, Staffing, Appendix G4. The revised standards are effective on the date of this publication; however, no action may be taken by the Human Resources Officer to convert or promote employees until training and guidance is received on the implementation of the standard. These changes will be incorporated into the electronic version of VA Handbook 5005 that is maintained on the [Office of the Chief Human Capital Officer website](#). Significant changes include:
  - a. New podiatrist staff requirements.
  - b. Changes to resident licensure and registration.
  - c. Clarification of education requirements.
3. **RESPONSIBLE OFFICE:** Recruitment and Placement Policy Service (059), Office of the Chief Human Capital Officer.
4. **RELATED DIRECTIVE:** VA Directive 5005, Staffing.
5. **RESCISSION:** VA Handbook 5005, Part II, Appendix G4, dated April 15, 2002.

**CERTIFIED BY:**

**BY DIRECTION OF THE SECRETARY OF  
VETERANS AFFAIRS:**

/s/  
Melissa S. Glynn, Ph.D.  
Assistant Secretary for  
Enterprise Integration

/s/  
Daniel R. Sitterly  
Assistant Secretary for  
Human Resources and Administration/  
Operations, Security, and Preparedness

**DISTRIBUTION:** Electronic Only



**APPENDIX G4. PODIATRIST QUALIFICATION STANDARD**  
**GS-0668**  
**Veterans Health Administration**

**1. COVERAGE.** The following are the overall requirements for appointment as a Podiatrist in the Veterans Health Administration.

**2. BASIC REQUIREMENTS.**

- a. **Citizenship.** Candidates must be a United States citizen. (Noncitizens may be appointed when it is not possible to recruit qualified citizens, in accordance with chapter 3, section A, paragraph 3g, this part.)
- b. **Education.** Applicants must possess a doctor of podiatric medicine degree, or an equivalent degree resulting from a course of education in podiatric medicine and surgery. The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed.

(1) Approved schools are United States schools of podiatric medicine and surgery, approved by the Council on Podiatric Medical Education of the American Podiatry Medical Association in the year in which the degree was granted.

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

- c. **Licensure or Registration.** Applicants must possess a current, full, and unrestricted license to practice medicine or surgery in a state, territory, or commonwealth of the United States, or in the District of Columbia. The podiatrist must maintain current registration in the state of licensure if this is a requirement for continuing active, current licensure.
  - (1) **Impaired Licensure.** A podiatrist who has, or has ever had any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 14 of this part.
  - (2) **Waiver of Licensure.** Licensure requirements may be waived by the Under Secretary for Health, or designee in Central Office, for individuals in research, academic, or administrative assignments, involving no direct patient care responsibilities, in accordance with current regulations. In addition, the facility director may waive this licensure requirement if the

## PART II

## APPENDIX G4

podiatrist is to serve in a country other than the United States, and the podiatrist has licensure in that country. (See section B, chapter 3, paragraph 14 of this part, for waiver of licensure provisions.)

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

- d. **Residency Training.** Podiatrists must have completed residency training, or its equivalent, approved by the Secretary of Veterans Affairs in an accredited core specialty training program leading to eligibility for board certification. VA Podiatrists involved in academic training programs may be required to be board certified for faculty status. Approved residencies are:
  - (1) Those approved by the accrediting bodies for graduate medical education, the Council on Podiatric Medical Education, in the list published for the year the residency was completed, or
  - (2) Other residencies and training experiences, or their equivalents, which the local Professional Standards Board determines to have provided an applicant with appropriate professional training.
- e. **Physical Standards.** See VA Directive and Handbook 5019.
- f. **English Language Proficiency.** Podiatrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7402(d), 7407(d).

### 3. PODIATRIST STAFF REQUIREMENTS

- a. **Staff Podiatrist Medical.** None beyond the basic requirements. The individual must have completed an accredited residency, and/or possess experience to perform general podiatric duties and some specialized functions and procedures, without supervision. Staff podiatrists may also include attending podiatrists who train physician residents, assigned in facilities with residency training programs, and consultants who are capable of giving authoritative views and opinions on subjects in their field of medicine. These podiatrists perform office based procedures only and generally work a set 40-hour per-week schedule.

- b. **Staff Podiatrist Surgical.** Should be board qualified or board certified by a Council on Podiatric Medical Education certification board, or other equivalent certification to grant surgical privileges. The individual must possess experience to perform duties as a podiatrist and surgeon, and have completed an accredited residency, and/or possess experience to perform general and surgical duties and some specialized functions and procedures, without supervision. Staff podiatrist surgeons also includes attending physicians who train podiatrist residents, assigned in facilities with residency training programs, and consultants who are capable of giving authoritative views and opinions on subjects in their field of medicine. These podiatrists will perform office based procedures and operating room procedures and are responsible for surgical patients 24 hours a day, seven days a week. Added work responsibilities may include seeing hospital patients daily and carrying a pager or be available by phone for emergency consultations.
  
- c. **Chief of Staff.** A chief of staff must serve on a full-time basis and must be a Doctor of Medicine or podiatric medicine. The chief of staff develops and maintains currently accepted management practices throughout the clinical services. The chief of staff develops and presents budgetary requirements of the clinical services and assists in the formulation of the annual budget program. The chief of staff is fully responsible to the medical center director for programs of patient care and for the educational and research activities of clinical services. To carry out these responsibilities, the chief of staff:
  - (1) Formulates and recommends plans for a comprehensive program of medical care;
  - (2) Develops the requirements of staff, facilities, equipment, and supplies needed to carry forward such an integrated program, utilizing necessary reviews and controls; and
  - (3) Appraises the effectiveness of the various medical programs in meeting the needs of patient care.
  
- d. **Medical Center Director/VISN Director.** Podiatrists appointed as directors of medical centers (including facility and regional office center directors, directors of outpatient clinics (independent), and (domiciliaries) or VISNs must meet the requirements specified in 38 U.S.C. § 7306. The individual assigned at this level will be a qualified Doctor of Medicine or podiatric medicine with demonstrated leadership ability.
  - (1) The medical facility director (includes directors of outpatient clinics (independent) and (domiciliaries) has overall responsibility for planning, organizing, directing, coordinating, and controlling medical, administrative, and supporting operations of a medical facility, which administers a variety of medical care and treatment for a large geographic area. The director is responsible for maintaining and improving the health care facility and VA relationships through personal, active participation in administrative, educational, community, and social events of federal, state, local, and other affiliated organizations involved in health care delivery, Veterans service organizations, and appropriate civic organizations. These duties are critical to successfully accomplish the patient care mission, as well as teaching and research.

## PART II

## APPENDIX G4

- (2) The VISN or regional office center director has delegated authority and responsibility for executive level management of a consolidated VA healthcare and Veterans benefits facility, which covers a large geographic area. The director has responsibility for planning, organizing, directing, coordinating, and controlling administrative and supporting operations, and for establishing policies and procedures, delegating authority, as appropriate, to subordinate staff for program administration (often statewide), directing program planning, and directing and participating in the organization, formulation, and presentation of the annual budget. The director is responsible for maintaining and improving the healthcare facility and VA relationships through personal, active, participation in administrative, educational, community, and social events of federal, state, local, and other affiliated organizations involved in healthcare delivery, Veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care and Veterans benefits missions.
- e. **Distinguished Podiatrist.** A distinguished podiatrist will be nationally and internationally recognized for scientific, academic, and administrative medicine expertise.
- f. **Service Chief, Section Chief or Line Manager.** A service chief or line manager podiatrist must demonstrate the following:
- (1) Outstanding professional ability in the practice of medicine or a medical specialty; and
  - (2) Ability to guide the development and implementation of programs, within their respective domain. These programs would include, but are not limited to, medical practice, professional standards, personnel issues, and quality and performance improvement.
- g. **Residency Director.** A residency director must demonstrate the following:
- (1) Outstanding professional ability in the academic practice of medicine or a medical specialty; and
  - (2) Ability to guide the development and implementation of academic and training programs within their respective domain. These programs would include, but are not limited to, clinical training, didactic training, professional and ethical standards, personnel issues, and quality and performance improvement, and proper program administration, with regard to maintaining accreditation.

**Authority: 38 U.S.C. § 7304, 7402.**