

**MONITORING THE TIME AND ATTENDANCE OF PART-TIME PHYSICIANS  
PROGRAM**

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) directive supplements VA Handbook 5011, Hours of Duty and Leave, dated April 15, 2002, by assigning responsibilities related to monitoring the time and attendance of part-time Title 38 physicians.

**2. SUMMARY OF MAJOR CHANGES.** None.

**3. RELATED ISSUES.** VA Handbook 5011, Hours of Duty and Leave, dated April 15, 2002 .

**4. RESPONSIBLE OFFICE.** The Workforce Management & Consulting Office (10A2A) is responsible for the contents of this Directive. Questions may be directed to 202- 461- 7263.

**5. RESCISSIONS.** VHA Directive 1035, Oversight and Improvement of the Part-Time Physician Program, dated November 29, 2013, is rescinded.

**6. RECERTIFICATION.** This VHA directive is scheduled for recertification on or before the last working day of April 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Steven Lieberman, MD, MBA, FACHE  
Acting Principal Deputy Under Secretary for  
Health

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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## MONITORING THE TIME AND ATTENDANCE OF PART-TIME PHYSICIANS PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) directive supplements Department of Veterans Affairs (VA) Directive 5011, Hours of Duty and Leave, dated April 15, 2002, by providing oversight through monitoring the time and attendance of part-time Title 38 physicians. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7405.

### 2. BACKGROUND

a. VHA Directive 2003-001, Time and Attendance for Part-Time Physicians (dated January 3, 2003) was issued to provide official policy and procedures for addressing part-time physician time and attendance issues in response to an Office of the Inspector General (OIG) audit. **NOTE:** *VHA Directive 2003-001 was rescinded on January 31, 2008.*

b. This policy recertification provides the policy for accountability systems to ensure the effectiveness of the part-time physician program.

c. VA is authorized to employ, without regard to civil service or classification laws, rules, or regulations, physicians on a temporary full-time basis, part-time basis, or without compensation basis. VA Handbook 5011 provides the policy to employ qualified physicians on a part-time basis when necessary to alleviate recruitment difficulties and when VHA work requirements do not support employment on a full-time basis.

d. VHA has an obligation to ensure the appropriate use and oversight of the part-time physician program. To meet this obligation, VHA utilizes appropriate oversight procedures that balance institutional accountability and effort. The monitoring of the part-time physician program must be implemented in a risk-based, accountable structure, with clear and transparent decision rules.

e. Part-time physicians may work either fixed or adjustable work hour tours. Part-time physicians can be authorized to work adjustable work hours when their VA or non-VA patient care, research, education, or administrative duties routinely make it difficult or inappropriate for them to adhere to a regular tour of duty every pay period, provided that the total work requirement established for each bi-weekly pay period is met, and adjustments do not interfere with VA's ability to meet its patient care and other VA work requirements. An adjustable work hour arrangement may include both fixed and variable components; a part-time physician may be placed on an entirely variable work tour of duty if this is deemed to be appropriate. **NOTE:** *Policies and procedures on adjustable work hours may be found in VA Handbook 5011, Part II, Appendix I, Prescheduled Part-time Tours and the Utilization of Adjustable Work Hours (Title 38).*

### 3. DEFINITIONS

a. **Adjustable Work Hours.** Adjustable work hours refer to a program established to accommodate varying VA needs and part-time VA physicians who have VA or non-VA patient care, research, educational or administrative responsibilities that make adherence to the same regularly scheduled tour of duty every pay period difficult or inappropriate.

b. **Administrative Workweek.** An administrative workweek is a period of 7 consecutive calendar days, Sunday through Saturday.

c. **Authorized Absence.** Authorized absence without charge to leave may be given when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, or when the activity will clearly enhance an employee's ability to perform the duties of the position.

d. **Fixed Work Hours.** Fixed work hours are an agreed upon regular tour of duty that remains the same, on a bi-weekly basis.

e. **Part-Time Physician.** A part-time physician is a physician who works a scheduled tour of duty on less than a full-time basis. The physician may be required to perform duty on an unscheduled basis in addition to the regularly scheduled tour of duty.

f. **Present.** Part-time physicians are required to be present unless they are absent on approved leave, travel authority or authorized absence. Approved leave should be requested in advance, if possible. To be considered present, part-time physicians on adjustable work hours must be engaged in assigned VA duties as outlined in VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive).

g. **Tours of Duty.** Tours of duty are the specific days and times during the bi-weekly pay period that employees are scheduled to work or otherwise be accounted for through the use of approved leave, travel authorization or authorized absence. Tours of duty are established to meet VA patient care and other work requirements and must be scheduled in advance of the administrative workweek.

### 4. POLICY

It is VHA policy to monitor time and attendance of part-time Title 38 physicians to ensure that sufficient numbers and kinds of personnel are scheduled to be present to carry out operations in an efficient and economical manner, including ensuring that there is adequate coverage during public business hours.

## 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Service Network (VISN).

(2) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive in all the VHA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive, relevant standards, and applicable regulations.

(4) Reviewing the quarterly report provided by the Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations.  
**NOTE:** *On a yearly basis, in November following the end of a fiscal year. VA medical facilities will report their analysis of information regarding non-compliant part time physicians. This information will be medical facility Chief of Staff monthly call (see Appendix A, paragraph 6).*

c. **Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations.** The Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations is responsible for:

(1) On a quarterly basis, and within 10-calendar days of the reporting period, reviewing and analyzing the VISN reports.

(2) Providing the reports to the Deputy Under Secretary for Health for Operations and Management.

(3) Taking any necessary actions to assure compliance of time and attendance for part-time physicians (PTP) (see appendix A, paragraph 6).

d. **Veterans Integrated Service Network (VISN) Directors.** Each VISN Director is responsible for ensuring facility compliance with this directive, and for incorporating such compliance into written agreements of appropriate subordinate employee responsible for ensuring facility reports are completed timely, as well as reviewing the facility reports and recommending appropriate actions based on those reports.

e. **VA Medical Facility Directors.** Each VA medical facility Director, or designee, is responsible for:

(1) Ensuring that this directive is applied in conjunction with VA Handbook 5011, Part II, Chapter 3, Establishment of Workweeks, Tours of Duty, and Work Schedules for Employees Appointed to Title 38 Positions and VA Handbook 5011, Part II, Appendix I, (see paragraph 8.e. in this directive) Prescheduled Part-Time Tours and the Utilization of Adjustable Work Hours (Title 38), and in conjunction with VA time and attendance procedures.

(2) Establishing procedures for monitoring compliance with this directive in accordance with the provisions of VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive) and local labor management.

(3) Ensuring decisions concerning utilization of staff on a less than full-time basis are related to VA medical facility needs and work requirements.

f. **VA Medical Facility Chief of Staff.** Each VA medical facility Chief of Staff is responsible for:

(1) Assisting the facility Director in fulfilling the requirements of this directive and establishing applicable time and leave procedures for part-time physicians.

(2) Reviewing the utilization of all part-time physicians on at least an annual basis to ensure that VHA needs or staffing requirements are met. This review should take place in consultation with the appropriate service chief as described in Appendix A of this directive and ensuring that documentation of the required review is filed consistent with records control procedures. **NOTE:** *In addition to part-time appointments, other employment authorities, such as intermittent work schedules, VA Community Care appointments, or dual appointments, can be used when the demand for part-time physicians varies over time, as defined in VA Handbook 5011 Part II, Appendix I.*

**NOTE:** *These responsibilities may be assigned to the VA Medical Center Associate Director for Patient Care Services (ADPCS) if the ADPCS is accountable for physicians.*

g. **VA Medical Facility Service Chiefs or Equivalent Individual(s).** VA medical facility Service Chiefs or equivalent are responsible for:

(1) Monitoring compliance with the provisions of this directive and for taking or initiating disciplinary action where appropriate.

(2) Negotiating and maintaining current written agreements with part-time physicians concerning VA's expectations and employee's responsibilities, including, where appropriate, agreements on the amount of time allotted for clinical, administrative, research, and educational activities (mix of duties).

**NOTE:** *Service level agreements are only required when physicians have duties other than clinical activities.*

(3) Reviewing service level agreements for part-time physicians concurrent with the biennial review process for credentialing and privileging; every 2 years or at the time of a substantial change (greater than or equal to 2/8 change over a 12-month period) in clinical duties and updating these agreements as necessary to reflect the current mix of duties.

(4) Ensuring that employees on adjustable work hours request the appropriate type of leave, travel orders, or authorized absence whenever they are absent from scheduled duty or when they do not meet their established work hour requirements.

(5) Evaluating the need for continuation of an adjustable tour arrangement, or modification of the service level agreement as required in VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive), on a quarterly basis to determine if there are consistent patterns of hours worked by a physician that are either significantly above or below the service level expectation; and keeping the physician informed of issues that may result in failure to authorize payment to the physician, or the initiation of collection processes. respectively (see paragraph 8.e. in this directive).

(6) Ensuring that a part-time physician will not be authorized to work or be compensated for hours exceeding 1820 (equivalent to a 7/8 appointment) in a calendar year.

(7) Ensuring that any and all changes to service level expectation contracts in section 1 of the Service Level Agreement are completed on a timely basis and signed by the approving official prior to implementation (see paragraph 8.e.).

(8) Assisting the facility Chief of Staff in oversight as required in VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive).

(9) Informing the Human Resources Officer and Chief Fiscal Officer when severe discrepancies (over or under) in the service level expectation are occurring as required in VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive).

(10) Providing accurate and timely information to timekeepers for all approved tour of duty changes and leave charges on the part-time physician's timecard as required by as required in VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive).

(11) Certifying accurate part-time physician timecards.

(12) Establishing employee work schedules as required by as required in VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive) and adjusting those schedules to meet VA patient care needs.

(13) Orienting part-time physicians (through a written memorandum and a copy of this policy) when hired of their responsibilities to VA, including their responsibilities with respect to time and attendance.

(14) Verifying time and attendance of all PTPs on adjustable work hours, using the electronic Summary Form for Part-Time Physicians Tracking Report..

(15) Reviewing the utilization of all PTPs on a regular (minimum yearly) basis to ensure that VA needs or staffing requirements are met (see Appendix A, paragraph 1.c.(1)).

h. **Part-time Physicians.** All part-time physicians are responsible for knowing and complying with VA Handbook 5011 and this VHA directive on time and attendance and for fully meeting their professional commitments to VA. Part-time physicians appointed under 38 U.S.C. 7405(a)(1)(A) may also be placed on adjustable work hours. **NOTE:** *Part-time physicians with fixed work hours and those who do not routinely need to adjust their tours should not be on adjustable work hours.* In addition:

(1) Physicians on fixed hours are responsible for being on duty at the medical facility (or alternate work site) to meet their obligations during the fixed work hours, unless the physician is on leave, authorized travel, or authorized absence. Leave should be requested in advance, if possible.

(2) Physicians on adjustable work hours are responsible for:

(a) Complying with all policies and procedures associated with adjustable work hours (see paragraph 8.e. in this directive).

(b) Requesting changes to service level expectations on VA Form 0880a on a timely basis and understanding changes are not effective until approved by the appropriate approving official.

(c) Requesting and receiving approval for the appropriate type of leave whenever absent from scheduled duty or when not able to meet established fixed work hour or adjustable work hour requirements.

(d) Understanding the financial obligation which results when there is a failure to meet service level expectations.

(e) Understanding that VA might not pay for adjustable work hours in excess of the service level agreement and that no more than 1820 hours can be paid in a calendar year.

i. **Chief, Human Resources Management.** The Chief, Human Resources Management is responsible for:

(1) Providing advice and assistance to management officials and employees regarding VA work schedule requirements for part-time physicians, including adjustable work hours.

(2) Working with Fiscal and Payroll to ensure that supervisors have received training required by VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 3, and VA Handbook 5011, Part II, Appendix I (see paragraph 8.e. in this directive) related to time and attendance procedures on a one-time basis. **NOTE:** *Additional training may be indicated if time and leave discrepancies are found.*

j. **Chief, Fiscal, Payroll Officer.** The Chief, Fiscal, Payroll Officer, or equivalent individual is responsible for:

(1) Ensuring desk audits of all timekeepers are conducted on a semi-annual (every 6 months) basis or more frequently, where indicated.

(2) Working with the Human Resources Office to ensure that supervisors have received one-time training required by VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 3, and VA Handbook 5011 Part II, Appendix I (see paragraph 8.e. in this directive) related to time and attendance procedures on a one-time basis. **NOTE:** *Additional training may be indicated if time and leave discrepancies are found* relating to time and attendance procedures.

k. **Timekeepers.** Timekeepers are responsible for posting appropriate tour of duty changes and leave charges on the part-time physician's timecard, at the direction of the supervisor, and for entering leave charges for part-time physicians on an adjustable tour if the physician cannot enter their leave into the electronic time and attendance system by the end of the pay period. **NOTE:** *PTPs on adjustable work hours will be reviewed quarterly for compliance with time and attendance requirements.*

## 6. TRAINING

There are no formal training requirements associated with this directive.

## 7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## 8. REFERENCES

a. 38 U.S.C. Sections 7421, 7304, 7405(a)(1)(A), and 8153.

- b. VA Financial Policy, Volume XV, Payroll, Chapter 3A, Leave and Work Schedules, dated March 20, 2019: <https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXVChapter03A.pdf>.
- c. VA Handbook 5005/92, Part II, Chapter 3, Section A, Paragraph 3, Appointment Requirements and Determinations, dated April 15, 2002.
- d. VA Handbook 5007, Pay Administration, date April 15, 2002.
- e. VA Directive 5011, Hours of Duty and Leave, dated April 15, 2002. **NOTE:** *A consolidated version of this directive, with all updates, can be found at: <https://vaww.va.gov/OHRM/Directives-Handbooks/Documents/5011.pdf>. This is an internal VA Web site that is not available to the public.*
- f. VHA Handbook 1400.01 Resident Supervision, dated December 19, 2012
- g. VA Form 0880a. Memorandum of Service Level Expectations for Part-Time Physicians on Adjust Work:  
<https://www.va.gov/vaforms/va/pdf/VA0880a.pdf>.
- h. Department Veterans Affairs, Office of Inspector General: Follow-up of the Veterans Health Administration's Part-Time Physician Time and Attendance Audit. Report No. 03-02520-85, dated February 18, 2004:  
<https://www.va.gov/oig/52/reports/2004/VAOIG-03-02520-85.pdf>.

## OVERSIGHT AND IMPROVEMENT OF THE PART-TIME PHYSICIAN PROGRAM

The Veterans Health Administration (VHA) has an obligation to ensure the appropriate use and oversight of part-time physicians (PTP). To meet this obligation, VHA utilizes a system of oversight procedures that balance institutional accountability and effort. Monitoring is implemented in a risk-based accountable structure, with clear and transparent decision rules.

### 1. MONITORING

#### a. At Hire.

(1) The VA Medical Facility Service Chief or designee (through a written memorandum and a copy of this directive) orients PTP when hired of their responsibilities to the Department of Veterans Affairs (VA), including their responsibilities with respect to time and attendance.

(2) A service level agreement is negotiated, signed, and maintained, that sets out the mix of VA duties to include research, education, clinical or administrative. **NOTE:** *Written agreements are only required when physicians have duties other than clinical activities.*

#### b. Quarterly Reviews.

(1) Each quarter, the VA medical facility Service Chief, or designee, will verify time and attendance of all PTPs on adjustable work hours, using the electronic Summary Form for Part-Time Physicians Tracking Report, to meet monitoring requirements.

(2) The monitoring will be conducted to ensure the time and attendance records reflect actual attendance for PTPs on adjustable work hours using the methods found in VA Handbook 5011, Part II, Appendix J. This monitoring review will also determine appropriate baseline levels to validate time and attendance.

(3) The VA medical facility Service Chief must evaluate the need for continuation of an adjustable tour arrangement or modification of the service level agreement on a quarterly basis to determine if there are consistent patterns of hours worked by a physician that are either significantly above or significantly below the service level expectation; keep the physician informed of these issues that may result in failure to authorize payment to the physician, or the initiation of collection processes (respectively). The Service Chief ensures that any and all changes to service level expectation contracts are completed on a timely basis and signed by approving official prior to implementation.

c. Yearly.

(1) The VA medical facility Chief of Staff reviews the utilization of all PTPs on a regular (minimum yearly) basis to ensure that VA needs or staffing requirements are met. This review takes place in conjunction with the appropriate Service Chief and should specifically include answers to the following questions:

(a) Is there still a VA need for this PTP?

(b) Is the assigned tour of duty for this PTP (fixed, adjustable, etc.) still appropriate?

(c) Has this PTP been conscientious about meeting their VA obligations and assignments?

(d) Has this PTP fulfilled VA assignments in a productive manner (i.e., for a clinical assignment, has the PTP cared for the expected number of VA patients or performed the appropriate numbers of procedures)?

(e) For educational assignments or trainee supervision duties, has the PTP carried out these responsibilities conscientiously per VHA Handbook 1400.01 Resident Supervision, dated December 19, 2012?

(f) For a research assignment, has the PTP generated expected research products such as journal articles, grants or scholarly invitations for presentations?

(g) For an administrative assignment, has the PTP overseen the administrative entity effectively, complied with appropriate policies and procedures, and used VA resources efficiently?

(2) Documentation of this review should be filed in the facility Chief of Staff's office.

## 2. BIENNIAL REVIEWS

The Service Chief reviews written agreements for PTPs at the time of the biennial review process for credentialing and privileging, and updates these agreements as necessary to reflect a current mix of duties every 2 years, or at the time of a substantial change (greater than or equal to 2/8 effort increase or decrease in clinical duties over a 12-month period).

## 3. CONTINUING SUPERVISORY AND MANAGEMENT GUIDANCE

a. Continuing oversight and evaluation of VA patient care needs and the utilization of physician and other provider staff to meet those needs. Utilizing PTPs appropriately to meet bona fide VA needs.

b. Supervisory oversight of time and leave procedures, such as leave requests, travel orders, and authorized absence, including approval of leave requests, certification of time cards, oversight of timekeeping procedures.

c. Assist the facility Chief of Staff in oversight and verification procedures. Consultation with the Chief, Fiscal and Chief, Human Resources on service level agreement discrepancies is the responsibility of the Service Chief.

#### **4. MONITORING REQUIREMENTS FOR FIXED TOUR PART-TIME PHYSICIAN**

PTPs on fixed-tours only (with no adjustable work hour component) will be monitored at the VA medical facility service chief or equivalent position, as circumstances warrant. This for cause monitoring may be precipitated by any or all of the following:

a. More than one failure of the PTP to appear for scheduled work assignments such as clinic duty or operating room cases.

b. More than one failure of the PTP to post appropriate leave in advance or notify VA personnel of their absence.

c. More than one failure of the PTP to fulfill other responsibilities of the VA assignment.

(1) A single case where the PTP was documented to be performing work elsewhere during their VA tour of duty without charge to leave.

(2) The root cause of each attendance discrepancy should be noted (for example, failure to file a leave request).

(a) For cause monitoring will be conducted by the PTP's Service Chief or the VA medical facility Chief of Staff, as appropriate, and consist of a series of three random, unannounced monthly verifications of attendance/VA work. If the results of the three random and unannounced verifications reveal no additional discrepancies, for cause monitoring is terminated. A finding of continuing attendance discrepancies should precipitate re-evaluation of the physician's tour of duty and continuing VA assignment.

(b) Records of for cause monitoring and any actions taken will be maintained in the Service Chief's or VA medical facility Chief of Staff's office(s).

#### **5. MONITORING REQUIREMENTS FOR ADJUSTABLE TOUR PART-TIME PHYSICIANS**

a. PTPs on adjustable work hours will be reviewed quarterly for compliance with time and attendance requirements. This will consist of electronic review for these PTPs for an entire pay period.

b. Facility monitoring reports are submitted to the respective Veterans Integrated Service Network (VISN), which will enter the findings into the VHA web-based Summary Form of Part-Time Tracking report within 5-working days after the end of the reporting quarter. This report will include:

- (1) Total number of PTP on Adjustable Work Hours at each facility;
- (2) Notation of pay periods included in the report;
- (3) Total number of PTPs that were verified electronically;
- (4) Total number of PTPs that were not verified but excused (i.e. approved leave);
- (5) Total number of PTPs that was not verified and not excused; and
- (6) Comments or actions taken for those verified, not verified, or excused during the reporting periods.

c. Facilities will determine what other reviews are needed to maintain the integrity of monitoring the time and attendance of PTPs on adjustable work hours.

d. The verification of VA work may take place via either physical or electronic means. Verification may include physical viewing of the physician at the worksite, telephonic or verbal confirmation that physicians are physically present at the worksite (through direct contact with a VA staff member), or a review of patient chart entries such as progress note entry or electronic signature and co-signature on resident notes.

(1) Records regarding these verifications should be kept in the VA medical facility Chief of Staff's office or Service Chief's office.

(2) Records should be kept regarding any discrepancies that are found. For example, if the PTP is found to be absent from assigned duty without charge to leave, an annotation should be made in that physician's file. The reason for each attendance discrepancy should be noted (for example, failure to file a leave request).

(3) Physicians whose presence is found to be discrepant from assigned duty are subject to an increased frequency of monitoring (see "for cause monitoring", paragraph 4 of this Appendix).

(4) A finding of continuing attendance discrepancies should precipitate re-evaluation of the physician's tour of duty and continuing VA assignment. **NOTE:** *PTPs on adjustable tours of duty will also be subject to for cause monitoring.*

**6. REPORTING OF PTP ATTENDANCE ISSUES TO THE ASSISTANT DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT FOR CLINICAL OPERATIONS**

As with any quality improvement initiative, it is vital to learn from collected data and experiences and report them thoroughly and widely. Through these oversight and accountability mechanisms, facilities will collect individual reasons for failure to comply with PTP policies and procedures. This collection of information will allow facilities to intervene with non-compliant physicians, but also allow the aggregation of data and the analysis of lessons learned system-wide.

a. On a quarterly basis, within 10-calendar days of the reporting period, the office of the Assistant Deputy Under Secretary for Health for Operations and for Management for Clinical Operations will review and analyze the VISN reports and take any necessary actions to assure compliance of time and attendance for PTPs.

b. On a yearly basis, in November following the end of a fiscal year, facilities will report their analysis of information regarding non-compliant part time physicians. This information will be aggregated system-wide, and lessons learned will be discussed on a VA medical facility Chief of Staff monthly call. Presenters with particular expertise will be invited to discuss problems, solutions and actions.