

**Veterans Access, Choice, and Accountability Act (VACAA) Frequently Asked Questions (FAQs)**  
**Office of Academic Affiliations (OAA)**

***What is the length of the VACAA graduate medical education (GME) initiative?***

Up to 1,500 physician resident positions may be awarded over a five-year period. 204 positions were awarded to begin July 2015. An additional 1,300 positions will be awarded via an annual *Request for Proposals (RFP)* format over the next four years. The first of four additional RFPs will be posted by OAA in the late spring or early summer of 2015 for positions to begin in July 2016.

***Does ACGME or AOA accreditation have to already be in place for VA to partner with a GME program?***

Yes, accreditation must be in place before VA can formally award positions and provide funding – i.e., before any position may be filled. However, if an application for accreditation has already been made, you may make preliminary application submission for VACAA funding (in collaboration with your local VA facility), in anticipation of successfully securing accreditation.

***Are the awarded positions under VACAA considered ‘permanent’?***

If the new affiliate partnership is successful, the awarded positions become part of a VA facility’s permanent or ‘base’ positions, *subject to VA appropriations*. In addition, all awarded base positions are periodically reviewed by OAA to determine if they are being utilized. If not utilized over a period of several years, they may be removed from a facility’s base.

***Can VA Medical Centers be AOA or ACGME program or institutional sponsors?***

No, VA policy prohibits VA medical centers from being AOA or ACGME program or institutional sponsors.

***Can positions awarded by OAA to a VA facility be used to pay residents who are seeing patients at outside clinics, such as Family Health Centers, since VA cannot provide this experience?***

No, VA’s resident funding must be used to pay for experiences that take place at VA sites of care.

***Can VACAA-awarded positions be shifted to another program, such as moving a Family Medicine position to Cardiology?***

No, VACAA awarded positions must be used only for the specific program and affiliate for which they were approved. All VACAA positions are subject to Congressional reporting. If a position, e.g., in Family Medicine, cannot be filled in one recruitment cycle, then it must be reported as unfilled and returned to OAA for that cycle. [It will still be part of a facility’s ‘base’ and available to be filled in coming academic year cycles.]

***Can VA share in affiliates’ cost of running a residency program?***

[VHA Handbook 1400.10](#) allows VA to pay, via contract mechanism, on a *pro rata* basis, selected program costs such as accreditation and match fees. However, at the present time, the Office of the Inspector General is questioning VA’s authority to pay these costs; therefore currently this mechanism is on hold.

***I've heard that VACAA priorities are for primary care and mental health residency programs. How do you define these categories?***

Primary care is defined as programs in Internal Medicine, Family Medicine, and Geriatrics. Mental Health includes psychiatry and all psychiatry subspecialties (with the exception of child psychiatry).

***What if my institution is more interested in placing residents in subspecialty fellowships or in specialties other than primary care or mental health? Can we still apply under VACAA, in collaboration with our local VA facility?***

It is anticipated that the vast majority of physician resident positions awarded under VACAA legislation will be in primary care and mental health, and/or in rural or underserved areas. For example, in Phase I, two thirds of all positions awarded were in mental health and primary care. If your VA has specific Veteran healthcare needs or provider shortages (demonstrated by recruiting difficulties, delays in providing care, etc) then you may be able to apply through your local VA facility for certain types of specialty residents under an option called "critical needs". All such position requests will need to be thoroughly documented and related to improving Veteran access to care. Recall that the focus of the VACAA legislation is on meeting the needs of Veterans for access to care and only programs for which additional residents/fellows are likely to improve access of Veterans to care will be approved.

***I have been having problems getting my local VA medical center to set up affiliations and fund positions with our program. Can OAA assist in obtaining positions at the local VA facilities?***

Most VA medical centers have existing affiliations. Each facility must evaluate its capacity to take on additional trainees, including the availability of appropriate patients, space, supervising practitioners, and challenges in coordinating multiple affiliates. The initial point of contact at the local VA facility should be the Associate Chief of Staff for Education or Designated Education Officer (DEO). If you are unable to determine who that person is, OAA can obtain that contact information for you and can assist in making your connections with appropriate personnel at your nearest VA facility. VA medical centers are being encouraged to consider their Community Based Outpatient Clinics (CBOCs) as new teaching sites; these new sites may host trainees from new or existing affiliates. Infrastructure funding is available for VA sites which have not previously had Graduate Medical Education. However, while OAA can facilitate connections between new VA training sites and institutions sponsoring GME and can strongly encourage and incentivize affiliations, OAA cannot force local facilities to enter into affiliation agreements or host physician residents.

***Our nearest VA facility is a community-based outpatient clinic (CBOC). How can my institution affiliate with a VA CBOC and place VA-funded physician residents there?***

CBOCs may *not* enter into affiliation agreements on their own initiative. Only the parent VA facility for the CBOC can execute an affiliation agreement. The parent facility's clinical and education leadership would have to determine if the CBOC has the appropriate resources to support residency training.

***Our local VA does not have any physician trainees, and they don't seem to know how to even get started. How can OAA help?***

An RFP for infrastructure "start-up" costs for VA facilities, new to educating physician residents, has been issued for those facilities with resident positions approved under VACAA to start July 2015. Similar RFPs will be forthcoming in future VACAA RFP

cycles for VA facilities that have no residents and which need considerable infrastructure support. OAA provides extensive support to VA medical centers who need assistance in creating and maintaining affiliation relationships.