POLICY NUMBER: 007

TITLE: Research Staff Training, Credentialing and Appointment Status

1.0 PURPOSE

This policy outlines the requirements related to appointment status, training and credentialing of Research Staff at VA Pittsburgh Healthcare System.

2.0 DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>R&amp;D Committee Approval Date</th>
<th>Version #</th>
<th>Change</th>
<th>Reference Section(s)</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>August 8, 2017</td>
<td>2.0</td>
<td>Updating to be in line with new 1200.02</td>
<td>1.0-7.0</td>
<td>August 9, 2017</td>
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<tr>
<td>April 22, 2014</td>
<td>N/A</td>
<td>New policy/procedure</td>
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<td>April 23, 2014</td>
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3.0 SCOPE

This policy applies to all research staff conducting research at or under the auspices of VA Pittsburgh Healthcare System (VAPHS).

4.0 DEFINITIONS

A. **Clinical Privileging**: Clinical Privileging is defined as the process by which a practitioner, licensed for independent practice (i.e. without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and the facility to practice independently, to provide specified medical or other patient care services within the scope of the individual’s license, based on the individual’s competence as determined by peer references, professional experience, health status, education, training and licensure. Clinical privileges are facility-specific, practitioner-specific, and within available resources. NOTE: some practitioners, by the nature of their positions, are not involved in patient care (e.g. researchers, administrative physicians or VHA Central Office Staff). These health care professionals must be credentialed, but may not need to be privileged.

B. **Credentialing**: Credentialing refers to the systematic process of screening and evaluating qualifications and other credentials, including, but not limited to, licensure, required education, relevant training and experience, and current competence and health status.

C. **Research Scope of Practice**: A Research Scope of Practice outlines the procedures, actions, and processes that a VA Investigator and research team members are permitted to undertake in a VA medical facility based on education, training, licensure, certification and experience, and specific demonstrated competency. In short, a scope specifically defines an individual’s roles and responsibilities on a VA research project. A research scope of practice is required for all individuals conducting VAPHS research, including individuals who do not function as health care providers, and must define duties and be consistent with the position to which the individual is appointed.
D. **Trainees**: Trainees are defined as a subset of employees who are:

1. Appointed under trainee authority (38 U.S.C. 7405 or 7406), and
2. Enrolled in one of two types of training programs: (a) Enrolled in an accredited training program sponsored by an affiliated educational institution under a current and existing academic affiliation agreement (e.g. VA Form 10-0094A-J), or
   - (b) Enrolled in a VA sponsored training program (either accredited or non-accredited). Examples of these VA sponsored training programs include Office of Academic Affiliation (OAA)-funded advanced fellowship programs, OAA-funded Chief Residents in Quality and Safety, or OAA-funded and VA-sponsored accredited training programs.

E. **VA Investigator**: A VA Investigator is any individual who conducts research while acting under a VA appointment, including full and part-time employees, Without Compensation (WOC) employees, or individuals appointed or detailed to VA under the Intergovernmental Personnel Act (IPA) of 1970. Individuals working under a contract with VA cannot conduct research as a Principal Investigator under a WOC appointment.

### 5.0 POLICY

A. Training Requirements

Research Staff are required to complete a series of training courses. All VAPHS Research Staff whether paid by VA or WOC must complete VA Privacy and Information Security Awareness and Rules of Behavior Training as well as VHA Privacy and HIPAA Focused Training on an annual basis. Other mandated trainings as related to their job duties and responsibilities may also be required. In order to be added to a research study all required training must be complete. Training is tracked by the Research Office and notifications of upcoming training expiration and new requirements are issued to staff. Any research staff person who is delinquent in training is reported to the ACOS/R&D or his/her designee and action is taken as appropriate.

B. VA Appointment

1) VA Investigators and research team members must hold a VA appointment prior to conducting any aspect of VA research.

2) All research staff (clinical and non-clinical) conducting VA research must be credentialed and privileged (if applicable) as required by VAPHS, VA, and VHA requirements

3) Research staff may only perform those activities in a research study that are allowed by the job series to which they were appointed, have the relevant credentials and privileges, and are allowed by their Research Scope of Practice.

4) All research staff who are licensed health care professionals permitted by VAPHS to provide patient care services independently must be credentialed and privileged as required by VAPHS.

5) Only practitioners who are licensed and permitted by VAPHS to practice independently may be granted clinical privileges.
C. Human Resources Management Service (HRMS) is responsible for credentialing all research employees prior to offering these individuals a VA appointment

1) HRMS must review applications from non-United States citizens for their current residency status in the United States prior to employment that may involve the conduct of research or granting access to VA research laboratory areas. The residency status must be reviewed to ensure the status is in compliance with all applicable laws and regulations.

2) HRMS is responsible for reviewing, verifying, and tracking citizenship and visa status. Follow-up with appropriate external agencies such as the Immigration and Naturalization Service may be necessary to clarify or validate a non-citizen’s credentials, e.g., graduation from educational institutions and licenses. The Research Office must verify that this has been done.

3) The non-U.S. citizen R&D employee’s residency status must be verified annually.

D. Trainee Research

1) Trainees as defined in Section 4.0 may conduct research at VAPHS and serve as a co-investigator, use VA data, or use human biological specimens that have been collected within VAPHS for clinical, administrative, or research purposes, but may not serve as a PI on VA research projects. Trainees who do not fulfill the requirements specified in Section 4.0 must contact the VAPHS Research Office to discuss eligibility to participate in VA research.

2) Trainees must have a VA Investigator sufficiently experienced in the area of the trainee’s research interest to serve as the PI.

3) Students from unaffiliated academic institutions in the community may not be permitted to conduct student projects at VAPHS or be given a WOC appointment for the sole purpose of conducting student research.

6.0 REFERENCES

VHA Directive 1200.02
VHA Handbook 1200.05
VAPHS MCM MS-001
VAPHS MCM HR-009
VAPHS MCM LD-079

7.0 SIGNATURES

//signature on file in Research Office//
Gretchen Haas, PhD
Research and Development Committee Chair

//signature on file in Research Office//
Steven H. Graham, MD, PhD
Associate Chief of Staff for Research and Development