

VHA POLICY MANAGEMENT

1. SUMMARY OF CONTENT:

a. Amendment dated, January 10, 2024:

(1) Incorporates Appendix A and establishes the roles and responsibilities in the Veterans Health Administration (VHA) Central Office Policy Field Advisory Committee charter.

(2) Adds Local Document Requirements to the transmittal sheet (see paragraph 4).

(3) Revises the definition of Interagency Agreement in paragraph 10.j.

(4) Clarifies the requirement that policy owners contact all individuals who submitted disagree responses on VHA national policy during the VHA Policy Informal Review Process in paragraph 2.h.(9). The contact requirement remains for non-Bargaining Unit Employee commenters.

b. As published March 29, 2022, this VHA directive stated policy and responsibilities for developing, distributing, communicating and managing VHA national and local policy within a comprehensive policy management program. This directive replaced VHA Directive 6330(4), National Controlled Policy/Directives Management System, dated June 24, 2016. Major changes included:

(1) Replacing the term “responsible program office” with “policy owner.”

(2) Adding roles and responsibilities for VHA upper-level leadership; Executive Policy Committee; and Executive Director, Office of Regulations, Appeals and Policy (RAP).

(3) Adding a mandatory Oversight and Accountability paragraph in VHA directives.
NOTE: See paragraph 5 for more information.

(4) Referencing VHA Notice 2022-01, Waivers to VHA National Policy, dated February 10, 2022, which establishes a mandatory process for Department of Veterans Affairs (VA) medical facilities and Veterans Integrated Service Networks (VISNs) to request waivers from policy compliance.

(5) Integrating and thereby rescinding Under Secretary for Health Memo 10-2016-01, Validity of VHA Policy Documents, dated June 29, 2016, which mandated the continued use and adherence to VHA policy beyond its recertification date until the policy is rescinded, recertified or superseded by a more recent policy.

(6) Modifying the format of VHA directives to align with the standardized format for medical center policies (MCPs), including:

(a) Eliminating Reason for Issue and Purpose paragraphs from the transmittal sheet and body of directives respectively, and moving any necessary material to the Policy or Background paragraphs.

(b) Relocating Policy and Responsibilities paragraphs to paragraphs 1 and 2 of directives, respectively, and relocating Definitions and Background paragraphs further in the directive.

(c) Adding Implementation Schedule to the transmittal sheet.

(7) Integrating and thereby rescinding VHA Notice 2021-22, Mandatory Business Rules for Local Policy Development, dated December 13, 2021, and VHA Notice 2021-23, Mandatory Business Rules for VHA Program Offices, dated December 13, 2021, which established mandatory business rules that each VA medical facility and VISN must implement throughout their local policy development process, and established mandatory business rules for VHA program offices, respectively. Incorporated requirements include, but are not limited to:

(a) Local policy (that is, VISN policy and MCP) may be established only by exception.

(b) All VHA policy is recertified or rescinded on a 5-year cycle.

(c) All VA medical facility policy is referred to as “medical center policy” or MCP.

(d) Mandatory use of standardized templates for local standard operating procedures (SOPs) and MCPs.

(e) All MCPs must be accessible to all VA employees.

(f) All local SOPs, with exceptions, must be accessible to all applicable VISN or VA medical facility employees.

2. RELATED ISSUES: VA Directive 0999, Enterprise Directives Management (EDM), dated October 9, 2018; VA Directive 0000, Delegations of Authority, dated November 13, 2018; VHA Directive 0000, Delegation of Authority, dated October 11, 2023.

3. POLICY OWNER: The Office of Regulations, Appeals and Policy (10BRAP) is responsible for the overall content of this directive. Questions may be referred to VHA10BRAPPolicy@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local documents required by this directive.

5. RESCISSIONS: VHA Directive 6330(4), Controlled National Policy/Directives Management System, dated June 24, 2016; Under Secretary for Health Memo 10-2016-01, Validity of VHA Policy Documents, dated June 29, 2016; VHA Notice 2021-22, Mandatory Business Rules for Local Policy Development, dated December 13, 2021; and VHA Notice 2021-23, Mandatory Business Rules for VHA Program Offices, dated December 13, 2021, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

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

/s/ Jon Jensen
VHA Chief of Staff

DISTRIBUTION: Emailed to the VHA Forms and Publications Distribution List on March 30, 2022.

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

CONTENTS

VHA POLICY MANAGEMENT

1. POLICY 1

2. RESPONSIBILITIES 1

3. TYPES OF DOCUMENTS 12

4. RELIANCE ON POLICY 15

5. OVERSIGHT AND ACCOUNTABILITY..... 16

6. VHA NATIONAL POLICY DEVELOPMENT, AMENDMENT AND RESCISSION PROCESSES 17

7. TRAINING 18

8. RECORDS MANAGEMENT..... 19

9. BACKGROUND..... 19

10. DEFINITIONS..... 19

11. REFERENCES..... 23

APPENDIX A

VHA POLICY FIELD ADVISORY COMMITTEE CHARTERA-1

1. PURPOSE.....A-1

2. SCOPE.....A-1

3. QUORUM.....A-1

4. COMMITTEE RESPONSIBILITIESA-2

5. MEETINGSA-2

6. RESPONSIBILITIESA-2

7. CHARTER REVIEWA-4

8. SIGNATORY AUTHORITYA-4

VHA POLICY MANAGEMENT

1. POLICY

This Veterans Health Administration (VHA) directive establishes requirements for VHA policy development, distribution, communication and management. It is VHA policy that, in order to set standards for VHA, documents must conform to the publication requirements of this directive. **NOTE:** For more information, see paragraphs 3 and 4, *Types of Documents and Reliance on Policy*, respectively. **AUTHORITY:** 38 C.F.R. § 2.6(a)(1).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** **NOTE:** The Secretary of Veterans Affairs has delegated the authority to approve and issue VHA national policy to the Under Secretary for Health. The Under Secretary for Health has further delegated signature and decisional authority for VHA national policy to VHA upper-level leadership, in accordance with VHA Directive 0000, *Delegation of Authority*, dated October 11, 2023. The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Resolving any VHA national policy issues that cannot otherwise be resolved by VHA upper-level leadership or the Executive Policy Committee.

b. **Chair, Executive Policy Committee.** The Chair of the Executive Policy Committee is the Deputy Under Secretary for Health or designee. The Chair, Executive Policy Committee is responsible for ensuring accountability for, and overseeing, Executive Policy Committee actions in accordance with its roles and responsibilities set forth in this directive.

c. **Executive Policy Committee.** The Executive Policy Committee serves as an oversight body on VHA policy development and is responsible for:

(1) Modifying, as necessary, timelines for VHA national policy development and the recertification process. **NOTE:** Current timelines are in VHA Directive *Recertification Process* available at: <https://dva.gov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. This is an internal VA website that is not available to the public.

(2) Reviewing waivers in accordance with requirements in VHA Notice 2023-02, *Waivers to VHA National Policy*, dated March 29, 2023 (or subsequent guidance).

(3) Resolving overdue concurrences by upper-level leadership on directives in the expedited review and concurrence process. **NOTE:** An expedited process request by upper-level leadership is approved by the Executive Director, Office of Regulations, Appeals and Policy (RAP).

(4) Adopting, as necessary, continuous improvement actions required for VHA policy maintenance and implementation. **NOTE:** *More information is available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. This is an internal VA website that is not available to the public.*

(5) Resolving VHA national policy issues presented to the Executive Policy Committee by the Executive Director, RAP.

(6) Taking appropriate action in response to recommendations from the VHA Policy Field Advisory Committee presented by the Executive Director, RAP.

d. **VHA Upper-Level Leadership.** VHA upper-level leadership oversees VHA program offices and consists of the Deputy Under Secretary for Health, VHA Chief of Staff, each Assistant Under Secretary for Health and other identified senior leaders as determined by the Executive Policy Committee. VHA upper-level leadership is responsible for:

(1) Providing decisional and signature authority for VHA national policy as delegated by the Under Secretary for Health, including establishing internal controls that maintain oversight and accountability, and professionally addressing and resolving identified issues. **NOTE:** *VHA upper-level leadership must provide a written list of further delegations of these responsibilities to Executive Director, RAP.*

(2) Notifying RAP of any realignment of VHA program offices, change in ownership or responsibility or other similar change in VHA national policy within 48 hours of the change. **NOTE:** *All VHA national policy must have a policy owner. Changes not governed by a reorganizational structure require agreement in writing from both the previous and new policy owners and their respective Assistant Under Secretaries for Health. RAP must be notified at VHA10BRAPPolicy@va.gov. Policy owners are identified in VHA national policy and on VHA Forms and Publications website at: <https://vaww.va.gov/vhapublications/index.cfm>. This is an internal VA website that is not available to the public.*

(3) Approving charters for field advisory committees or boards constituted to develop VHA national policy.

(4) Ensuring rescission or recertification of VHA national policy over which they have authority, including but not limited to:

(a) Ensuring that policy owners submit a draft VHA national policy to RAP no later than 9 months prior to the recertification date and, if that deadline has passed, ensuring the policy owner submits an action plan for the recertification.

(b) Complying with VHA national policy development and recertification processes and timeframes outlined on the VHA Policy Management SharePoint site, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(c) Identifying obsolete VHA national policies and coordinating with the policy owner and designated point of contact (POC) in RAP to rescind those policies. **NOTE:** To request a POC from RAP, email VHA10BRAPPolicy@va.gov.

(d) Ensuring that criteria for program oversight and consistent implementation are incorporated by the policy owner into each VHA national policy, including metrics or outcomes for program success that will be reviewed as part of the recertification process. **NOTE:** This information will be captured in a mandatory Oversight and Accountability paragraph in VHA directives.

(5) Resolving all non-concurrences on VHA national policy during the formal VA Integrated Enterprise Workflow System concurrence stage when the policy owner and a non-concurring principal office, program office or other entity to which concurrence is assigned are unable to agree on a resolution.

(6) Ensuring that issued guidance (see paragraph 3.b.) related to VHA national policy over which they have authority is consistent with VHA national policy.

(7) Engaging in and ensuring that VHA program offices over which they have authority engage in the concurrence process for all VHA national policies.

(8) Requesting expedited review and concurrence for VHA national policy. **NOTE:** To submit a request, email VHA10BRAPPolicy@va.gov.

(9) Ensuring VA employee training required in VHA national policy complies with VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018, which requires concept approval and inclusion of the requirement in a VHA national policy. **NOTE:** Direct questions about training to VHACO10A2AWS@va.gov.

(10) Ensuring requested waivers from policy compliance are approved or denied within the required timeframe by policy owners over which they have authority in accordance with VHA Notice 2023-02.

e. **Assistant Under Secretary for Health for Operations.** In addition to responsibilities for VHA upper-level leadership in paragraph 2.d. above, the Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with and the effectiveness of this directive.

f. **VHA Chief of Staff.** In addition to responsibilities for VHA upper-level leadership in paragraph 2.d. above, the VHA Chief of Staff is responsible for:

(1) Overseeing the VHA policy management program in accordance with this directive.

(2) Ensuring VHA policy sets the standards that govern VHA and the standards are, to the extent possible, fully resourced and able to be implemented.

(3) Supporting the concurrence process for all VHA policies, and submitting concurrences within the required timeframes outlined in the VHA Directive Recertification Process document, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Taking appropriate action to ensure recertification of VHA national policies that are overdue for recertification based on reports submitted every 3 months by the Executive Director, RAP.

(5) Delegating the Executive Director, RAP to serve as Executive Policy Committee (EPC) co-chair. **NOTE:** This authority is formally delegated to the Executive Director, RAP, as well as all decisional and management authorities necessary to serve as co-chair and implement EPC decisions.

g. **Executive Director, Office of Regulations, Appeals and Policy.** The Executive Director, RAP is responsible for:

(1) Reviewing and preparing all VHA national policy for certification in accordance with this directive, including but not limited to:

(a) Overseeing the removal of unnecessary local policy mandates in VHA national policy in collaboration with the appropriate policy owner.

(b) Establishing and updating, as needed, the process and requirements for the review and development of VHA national policy, to include planning for policy implementation. **NOTE:** Processes and requirements are available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. This is an internal VA website that is not available to the public.

(c) Complying with development and recertification processes and timeframes in VHA Directive Recertification Process, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(d) Determining whether VHA national policy must be reviewed by Office of General Counsel (OGC) consistent with established criteria in accordance with the

Memorandum of Agreement on Review of VHA Policy Documents between the Under Secretary for Health and General Counsel, dated July 14, 2016.

(2) Approving expedited review and concurrence requests from VHA upper-level leadership.

(3) Collaborating with policy owners upon their request in the development of guidance to ensure it is consistent with VHA national policy. **NOTE:** *It is the responsibility of the policy owner or subject matter expert (SME) to draft guidance. RAP does not review guidance unless the policy owner has identified specific issues for review.*

(4) Serving as EPC co-chair.

(5) Presenting to the EPC on any policy issues of national importance, including but not limited to:

(a) Unresolved issues on proposed VHA national policy based on quality, lack of conformance with this directive, substantive content, timeliness and other editorial content for review and action.

(b) Insufficient participation by VHA staff (that is, VHA program offices, VISNs and VA medical facilities) in the VHA national policy concurrence and review process. **NOTE:** *See paragraph 6.a. for additional details on VHA's national policy concurrence and review process.*

(c) Overdue upper-level leadership concurrences on VHA national policy in the expedited process.

(6) Presenting any issues unresolved by members of VHA upper-level leadership and the Executive Policy Committee to the Under Secretary for Health for decision.

(7) Constituting a VHA Policy Field Advisory Committee (PFAC) with at least one representative from each VISN that meets at minimum two times per year, and presenting all committee recommendations to the Executive Policy Committee at least twice annually (see Appendix A for additional responsibilities of the Executive Director, RAP in PFAC Charter). **NOTE:** *Participation and membership in this committee are on a voluntary basis and will comprise VISN and VA medical facility policy managers, or equivalent. Information about the Committee will be included in a SharePoint site in the future.*

(8) Ensuring the maintenance of a VHA Forms and Publications and archives website available at <http://vaww.va.gov/vhapublications/>. **NOTE:** *This is an internal VA website that is not available to the public*

(9) Ensuring that all VHA national policies are published on the VHA Forms and Publications website within 2 business days after receiving notification that VHA national policy has been signed by the appropriate signatory authority. **NOTE:** *See*

<http://www.va.gov/vhapublications> (external) and <http://vaww.va.gov/vhapublications> (internal) for VHA Forms and Publications website. The latter is an internal VA website that is not available to the public.

(10) Maintaining a VHA Publications Distribution group for distributing VHA national policy to liaisons in VHA program offices, VISNs and VA medical facilities within 2 business days after receiving notification that VHA national policy has been signed by the appropriate signatory authority. **NOTE:** Please reach out to 10BRAP policy to be added to the group. It is recommended to add mail groups, rather than individuals.

(11) Ensuring that all Federal records related to VHA national policies are maintained as required by VHA Records Control Schedule (RCS) 10-1.

(12) Notifying policy owners of the due date for a directive's recertification by email 18 and 12 months prior to the recertification date, and informing the Executive Policy Committee when RAP has not received draft recertifications of VHA national policies 9 months prior to the due date.

(13) Reporting every 3 months to the VHA Chief of Staff on VHA national policies that are overdue for recertification.

(14) Maintaining a list of delegations of responsibilities in this directive submitted by VHA upper-level leadership.

(15) Publishing, maintaining and reporting data to the Executive Policy Committee on waivers received from the policy owner as required in VHA Notice 2022-01.

(16) Maintaining standard templates for local policy, including for VISN policies, MCPs and local SOPs, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(17) Providing training materials for local document development, as needed. **NOTE:** For more information, see paragraph 9, Training.

(18) Monitoring compliance by VA medical facilities and VISNs with this directive by reviewing VA medical facility and VISN action plans for policy maintenance required to be submitted every 6 months, and any continuous improvement action adopted by the Executive Policy Committee. **NOTE:** For guidance on how to submit a required action plan, see the Action Plan SOP document linked at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.

h. **Policy Owner.** The policy owner is the VHA entity (typically a VHA program office) listed on the transmittal sheet of VHA national policy. The policy owner is responsible for:

(1) Serving as the SME on the development and maintenance of VHA national policy over which they have authority.

(2) Drafting VHA national policy and amendments in accordance with processes and timeframes in VHA Directive Pre-SharePoint and Post-SharePoint Guidance and other drafting guidance and template, available at:

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Complying with development and recertification processes and timeframes outlined in VHA Directive Recertification Process available at:

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Determining criteria for program oversight and consistent implementation and incorporating into each VHA national policy, including metrics or outcomes for program success that will be reviewed as part of the recertification process. **NOTE:** This information will be captured in a mandatory Oversight and Accountability paragraph in VHA directives.

(5) Developing implementation guidance, plans and timelines for VISNs and VA medical facilities to implement VHA national policy and amendments and ensuring that all guidance is consistent with VHA national policy.

(6) Ensuring, where appropriate, alignment with applicable regulatory guidelines, oversight requirements and industry standards in VHA national policies or implementation guidance and plans.

(7) Receiving approval from Employee Education System (EES) before publishing any VHA national policy that establishes mandatory or required training. **NOTE:** For more information on this requirement and process, see VHA Directive 1052. For questions regarding this please email directly the VHA EES Mandatory Training at VHA EESMANDTRN@va.gov.

(8) Providing a template with required elements for all local documents required by a VHA directive, as provided in the Document Templates link at

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** This is an internal VA website that is not available to the public. The standard template must be used unless an exemption exists, (for example, due to a regulatory requirement or required use of current sterile processing service templates.

(9) Reviewing to all comments from VHA employees received through SharePoint during the VHA Policy Informal Review Process, including:

(a) Making the commenter's suggested change in the policy, or explaining, in writing (in the mandatory comment log), why the suggested change was rejected.

(b) Only contacting non-Bargaining Unit Employees who submitted disagree responses and noting the contact and resulting course of action in the comment log. BUEs may not be contacted regarding their comments submitted through SharePoint during the VHA Policy Informal Review Process.

(10) Resolving all non-concurs received from VHA upper-level leadership during the formal VA Integrated Enterprise Workflow System concurrence stage.

(11) Ensuring appropriate communication of VHA national policy to affected staff within 4 business days of publication and in accordance with the communications plan established during policy development.

(12) Serving as a POC for their VHA national policy and responding to questions about policy content and interpretation, reports of barriers to field implementation, proposed changes to VHA national policy and other issues related to the policy.

(13) Approving or denying waiver requests from VISNs or VA medical facilities and maintaining data on waivers in accordance with VHA Notice 2023-02.

(14) Incorporating changes based on active and rescinded waivers into the recertification process, where applicable.

(15) Submitting VHA national policy drafts to RAP no later than 9 months prior to the recertification date and, if that deadline has passed, submitting to RAP an action plan for recertification.

(16) Removing unnecessary local policy mandates in VHA national policy.

(17) Actively engaging in the concurrence process for all VHA national policies.

(18) Collaborating with RAP and appropriate VHA upper-level leadership on the rescission of obsolete VHA national policies.

i. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that this directive is appropriately resourced, and that its requirements are communicated and adhered to by all VISN staff.

(3) Appointing at least one representative from the VISN to the VHA Policy Field Advisory Committee. **NOTE:** *Participation and membership in this committee are on a voluntary basis and will comprise VISN and VA medical facility policy managers, or equivalent.*

(4) Ensuring that VISN employees have access to the VHA Policy Informal Review Process, available at <https://dvagov.sharepoint.com/sites/VACOVHACOS/10B4/PIRP/SitePages/Community%20Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Establishing and maintaining a process for distributing electronic copies of VHA national policy and required supporting materials to the VISN and all VA medical facilities within their VISN within 2 business days of publication.

(6) Submitting requests from the VISN and VA medical facilities within the VISN for waivers from VHA national policy compliance in accordance with VHA Notice 2022-01.

(7) Submitting and updating a VISN action plan for VISN policy maintenance to RAP every 6 months and complying with all subsequent continuous improvement action required by the Executive Policy Committee. **NOTE:** *For guidance on how to submit a required action plan, see the Action Plan SOP document linked at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.*

(8) Ensuring that all VA medical facilities within the VISN submit and update a VA medical facility action plan for medical center policy maintenance to RAP every 6 months and comply with all subsequent continuous improvement action required by the Executive Policy Committee. **NOTE:** *For guidance on how to submit a required action plan, see the Action Plan SOP document linked at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.*

(9) Establishing a process to review, revise and rescind VISN policies that includes:

(a) All new or recertified VISN policies and SOPs must be formatted using the standard templates and meet the elements of the standardized definitions, as listed in paragraph 10, Definitions. **NOTE:** *The standard template must be used unless an industry-specific template is otherwise required (for example, by regulation). The standard templates are available at:*

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. *This is an internal VA website that is not available to the public.*

(b) A template provided by the policy owner must be used when VISN policy is required by the VHA national policy.

(c) VISN policies must be signed by the VISN Director.

(d) VISN policies must be recertified no later than 5 years after publication. They may be amended or recertified more frequently if content change is required.

(e) VISN policies are prohibited if:

1. Citation of national policy is sufficient for operation at the VISN, as determined by appropriate VISN leadership.

2. The policy only restates national policy, regulations or clinical practice guidelines.

3. Used to establish councils, boards, committees, subcommittees or equivalent types of standing groups. **NOTE:** *These groups must be established by charter. See paragraph 10, Definitions, for the full definition of a charter. For a sample charter and guidance on how to develop a charter, see the Document Types and Document Templates links available at:*

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. *This is an internal VA website that is not available to the public.*

4. Content is procedural in nature or describes processes. **NOTE:** *Where appropriate, these documents must be converted to SOPs. See paragraph 10, Definitions, for the full definition of an SOP. Samples and guidance on how to develop an SOP, are available at <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.*

(10) Ensuring that all VA employees have access to any VA website that hosts their VISN policies.

(11) Ensuring that all VISN employees have access to all of their VISN's SOPs in a local SOP repository, with exceptions for specific services with separate SOP sites, for sensitive emergency response protocols and by specific exemption by the VISN Director.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that requirements of this directive are communicated, and that its requirements are communicated and adhered to by all VA medical facility staff.

(2) Reporting to the VISN Director barriers to implementation, proposed changes to VHA national policy and other issues related to VHA national policy.

(3) Ensuring that VA medical facility employees have access to the VHA Policy Informal Review Process, available at <https://dvagov.sharepoint.com/sites/VACOVHACOS/10B4/PIRP/SitePages/Community%20Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Establishing and maintaining a process for distributing electronic copies of VHA national policy and required supporting materials to all appropriate VA medical facility staff within 7 business days of publication.

(5) Ensuring that the VISN Director is notified of the VA medical facility's complete implementation of VHA national policy and programs consistent with deadlines established in national policy, and identifying barriers to compliance and implementation and notifying the appropriate VISN POC and policy owner of these barriers.

(6) Submitting and updating a VA medical facility action plan for MCP maintenance to RAP every 6 months and complying with all subsequent continuous improvement action adopted by the Executive Policy Committee. **NOTE:** For guidance on how to submit a required action plan, see the Action Plan SOP document linked at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.

(7) Ensuring that the following local publication requirements are met:

(a) All new or recertified MCPs and SOPs must be formatted using the standard templates and meet the elements of the standardized definitions, as listed in paragraph 10, Definitions. **NOTE:** The standard template must be used unless an industry-specific template, or a template provided by a program office is otherwise required (for example, by regulation). The standard templates are available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.

(b) A template provided by the policy owner must be used when an MCP is required by the VHA national policy.

(c) All MCPs must be signed by the VA medical facility Director. **Note:** For signature guidance, see paragraph 3.b.

(d) All MCPs must be recertified no later than 5 years after publications. They may be recertified more frequently if content change is required.

(e) MCPs are prohibited if:

1. Citation of national policy is sufficient for operation at the VA medical facility, as determined by appropriate VA medical facility leadership.

2. The policy only restates national policy, regulations or clinical practice guidelines.

3. Used to establish councils, boards, committees, subcommittees or equivalent types of standing groups. **NOTE:** These groups must be established by charter. See paragraph 10, Definitions, for full definition of a charter. For a sample charter and guidance on how to develop a charter, see the Document Types and Document Templates links available at:

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.

4. Content is procedural in nature or describes processes. **NOTE:** These documents must be converted to SOPs. See paragraph 10, Definitions, for the full definition of an SOP. For samples and guidance on how to develop an SOP, see <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.

(8) Ensuring that all VA employees are granted access to any VA website that hosts their MCPs.

(9) Ensuring that all VA medical facility employees have access to all of their VA medical facility's SOPs in a local SOP repository, with exceptions for specific services with separate SOP sites (for example, Sterile Processing and Pathology & Laboratory Medicine), for sensitive emergency response protocols (for example, SOPs overseen by the VA Police and Facilities Management) and by specific exemption by the VA medical facility Director.

3. TYPES OF DOCUMENTS

The enterprise-wide framework for VHA standards is comprised of three categories of documents: policy, guidance and clinical practice guidelines. All such documents must be authorized by law, be fully resourced, establish an effective system of internal controls and conform to the standards and practices established in this directive. **NOTE:** For full definitions of each document type, see paragraph 10, Definitions.

a. **Policy Documents.** Policy documents are considered signed and given authority with either a handwritten (sometimes referred to as "wet signature") or electronic signature of the appropriate signatory. The signature remains valid until rescinded by an appropriate administrative action.

(1) **VHA National Policy.** VHA national policy sets minimum acceptable standards for which compliance is mandatory and accountability is absolute. To ensure Veterans receive the same quality of care wherever they enter the system, VHA national policy must establish standards that eliminate the need for VISN policies and MCPs to the greatest possible extent. VHA mandates continued adherence to VHA national policy beyond its recertification date until the policy is rescinded or recertified. **NOTE:** This does not include VHA notices, which automatically expire after 1 year and are removed from the VHA Publications website.

(a) **Directive.** A VHA directive establishes VHA national policy. A directive is subject to the following requirements:

1. Directives must be recertified within 5 years from their date of publication. Rescinded versions are archived on VHA Forms and Publications Archives website, available at: <https://ba.va.gov/policy/>. **NOTE:** This is an internal VA website that is not

available to the public. VHA Archives is located under VHA National Policies on the left side toolbar.

2. Directives must be formatted in accordance with requirements found on the VHA Policy Management SharePoint site, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

3. Directives must only contain content that is required to be applied across VHA. Guidance or procedure that is essential to understanding the policy and any program governed by the policy may be stated in appendices or internal websites. **NOTE:** There is an exception where process is the policy (for example, surgical “time out” procedure).

(b) Notice. A VHA notice establishes VHA national policy. **NOTE:** Notices may be used as interim policy vehicles when policy needs to be communicated immediately to VISNs and VA medical facilities. A notice is subject to the following requirements:

1. Notices automatically expire 1 year after their date of publication and are archived on VHA Forms and Publications Archives website, available at: <https://ba.va.gov/policy/>. **NOTE:** This is an internal VA website that is not available to the public. VHA Archives is located under VHA National Policies on the left side toolbar.

2. Notices must be formatted in accordance with requirements found on the VHA Policy Management SharePoint site, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(c) Under Secretary for Health Memorandum. An Under Secretary for Health memorandum can be policy or guidance, depending on content. Under Secretary for Health memoranda are available at: <https://vaww.va.gov/vhapublications/publications.cfm?Pub=5>. **NOTE:** This is an internal VA website that is not available to the public.

(d) Interim Cerner Supplements. The implementation of VHA’s new electronic health record (EHR) creates a system where a single VHA national policy must be implemented in two distinct electronic record systems. To ensure and facilitate consistency in implementation, VHA created Interim Cerner (IC) Supplements to VHA national policies that are impacted by the new EHR, with the intent to incorporate into one VHA national policy. IC supplements are available at: <https://dvagov.sharepoint.com/sites/VACOVHACOS/10B4/CIS/SitePages/Community%20Home.aspx>. **NOTE:** This is an internal VA website that is not available to the public. See paragraph 10, Definitions, for a full definition of IC Supplements.

(2) **Local Policy.** Local policy encompasses VISN policies and medical center policies (MCPs) and sets mandatory standards and responsibilities on VISN and VA medical facility matters respectively. To ensure Veterans receive the same quality of

care wherever they enter the system, local policy can be developed only when facility conditions require an exception to VHA national policy. **NOTE:** *In the event of contradiction with VHA national policy, the national policy supersedes and controls, unless local policy is required to conform with local legislation or regulation.*

(a) VISN Policy. VISN policies are subject to the following requirements:

1. VISN policies must be recertified 5 years from their date of publication and must not contradict or restate information from VA and VHA directives and notices, VA handbooks, regulations or other VISN policies.

2. VISN policies must be reviewed at recertification, within the timeframe stated in the governing document (for example, relevant VHA national policy), and any time there is a change to the governing document. **NOTE:** *VISN policies may require review on a more frequent basis to comply with regulatory standards.*

3. VISN policies must be formatted in accordance with the requirements found on the Document Templates SharePoint site, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(b) Medical Center Policy. MCPs are subject to the following requirements:

1. MCPs must be recertified 5 years from their date of publication and must not contradict or restate information from VA and VHA directives and notices, VA handbooks, regulations or other MCPs.

2. MCPs must be reviewed at recertification, within the timeframe stated in the governing document (for example, a VHA national policy requires local policy), and any time there is a change to the governing document. **NOTE:** *MCPs may require review on a more frequent basis to comply with regulatory standards.*

3. MCPs must be formatted in accordance with the standardized template, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

b. **Guidance Documents.** Guidance is an inclusive term for documents used to convey uniform instructions, guidelines and programmatic processes. Guidance documents provide supplemental information that establishes a course of action or procedures for a program from a SME or policy owner. Guidance documents are not policy and must be consistent with VHA national policy.

(1) **National Guidance.** National guidance must be consistent with VHA national policy.

(a) Guidance Issued by the Policy Owner. Guidance is an all-encompassing term for documents issued under the authority of the policy owner consistent with language found in the authorizing VHA national policy. This guidance must be within reason and

professional parameters of policy. **NOTE:** *It is the responsibility of the policy owner or SME to draft guidance. Guidance is not subject to the process for development and review of VHA national policy.*

(b) Operational Memoranda. Operational memoranda are guidance documents that establish a course of action consistent with VHA national policy. They are issued by VHA Central Office (VHACO) entities, including the Under Secretary for Health, and may be addressed to anyone in VHA, though they are most often addressed to VISNs and VA medical facilities. Operational memoranda are not themselves VHA national policy; their authority is limited to that of the issuer(s) only. Operational memoranda are not subjected to the process for development and review of VHA national policy and do not have the same level of authority as VHA national policy. **NOTE:** *Operational memoranda are rescinded upon request in writing to VHA10BRAPPolicy@va.gov. Any operational memoranda not published on the VHA Forms and Publications website, <https://vaww.va.gov/vhapublications/index.cfm>, are rescinded without further action and no longer in force.*

(c) Under Secretary for Health Memorandum. An Under Secretary for Health memorandum can be policy or guidance, depending on content. Under Secretary for Health memoranda are available at: <https://vaww.va.gov/vhapublications/publications.cfm?Pub=5>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) **Local Implementing Documents.** Local implementing documents are developed at the VISN, VA medical facility or subdivision thereof, to implement a program, process or standard locally. These documents are not policy and must be consistent with VHA national policy. These documents include charters, Director's memoranda, interagency agreements, memoranda of understanding, service line agreements and SOPs. **NOTE:** *For definitions on each of these types of documents, see paragraph 10, Definitions. To assist in determining the appropriate local implementing document, it is recommended that local policy managers (or equivalent) conduct a gap analysis and utilize the Local Document Assessment Tool, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.*

c. **Clinical Practice Guidelines.** Clinical practice guidelines do not constitute policy. RAP does not review clinical professional standards. **NOTE:** *See paragraph 10, Definitions, for a full definition of clinical practice guidelines.*

4. RELIANCE ON POLICY

a. **Reliance on National Standards.** All VA employees must follow VHA national policy. VHA national policy must be relied upon directly and local policy must be developed by exception. Example scenarios where local policy may be appropriate include:

(1) Local policy is mandated by VHA national policy. **NOTE:** A list of VHA national policies with local policy mandates is available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-National-Policies-with-Local-Policy-Mandates.aspx>. This is an internal VA website that is not available to the public.

(2) Local policy is mandated by a regulatory or oversight requirement or by local government entity. **NOTE:** For guidance on local policy development for audits, see guidance at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>.

(3) The VA medical facility Director determines an MCP is required to go above standards (for example, formally adopting best practices) or otherwise be responsive to specific local health care and facility administrative needs.

b. **Waivers.** All VA employees must follow VHA national policy; however, issues such as limitations on physical space or facility complexity levels (for example, building codes and other standards) may impede the ability of VISNs or VA medical facilities to implement certain VHA national policies. In such a circumstance, a waiver may be obtained from compliance with all or part of a VHA national policy either before or after publication of the policy. For policy on waivers and the approval process, see VHA Notice 2022-01. **NOTE:** No waivers are allowed for policies that address Federal regulations, legal requirements or that are adopted to address a specific concern of VA's Office of the Inspector General, Government Accountability Office (GAO) or similar Federal Government entity.

5. OVERSIGHT AND ACCOUNTABILITY

Oversight refers to the actions taken to guide, control, monitor and evaluate the organization to help ensure policies are being implemented as intended; programs, projects or activities achieve expected results; compliance with applicable laws, regulations, policies and standards; barriers to compliance are identified and addressed; and corrective action is taken when non-compliance is identified. The responsibility for providing oversight must be written into policy at multiple levels of the organization: Upper Leadership, VHA program offices, VISNs and VA medical facilities. Oversight mechanisms for this directive include, but are not limited to the following:

a. **Internal Control.** An internal control is a process affected by an entity's oversight body, management and other personnel that provides reasonable assurance that the objectives of the entity will be achieved. The internal controls for this directive are:

(1) **Executive Policy Committee.** The Executive Policy Committee serves as an oversight body on VHA policy development and management, with input from VHA program offices, VISNs and VA medical facilities. The body has the authority to require policy owners to develop, modify and rescind VHA policy.

(2) **Program Management.** Every VHA national policy that enters the development or recertification process following publication of this directive must include metrics for program success that will be reviewed as part of the recertification process.

(3) **VHA Policy Field Advisory Committee.** The VHA Policy Field Advisory Committee (PFAC) meets at least two times per year. All of its recommendations are presented by RAP to the Executive Policy Committee. **NOTE:** See *Appendix A for more information on the PFAC.*

b. **Metrics.** To facilitate the success of VHA national policy management, it is expected that:

(1) All VHA national policies are current, that is, not overdue for recertification. It is incumbent upon the policy owners to review and recertify their policies within the 5-year cycle **NOTE:** *This does not include VHA national policies that are on hold due to external circumstances, such as pending regulation or legislation.*

(2) There is 100% participation in VHA national policy development from representatives from each Assistant Under Secretary for Health, the Associate Deputy Under Secretary for Health for Oversight, Risk and Ethics and each VISN.

(3) 90% of VHA national policy documents are processed within timeframes developed by the Executive Policy Committee and outlined on RAP's SharePoint site, available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) 100% of operational memoranda of national effect are:

(a) Published on the internal VHA Forms and Publications website.

(b) Reviewed by RAP prior to publication for conformance to existing VHA national policy.

6. VHA NATIONAL POLICY DEVELOPMENT, AMENDMENT AND RESCISSION PROCESSES

Mandatory processes for VHA national policy development, amendments and recertification can be found in this directive and at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. Resources for the implementation of VHA policy can be found at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** *These are internal VA websites that are not available to the public.*

a. **VHA National Policy Development.** The standard VHA national policy development process begins with an email to VHA10BRAPPolicy@va.gov with the policy draft. Informal review of the policy draft is then conducted by RAP after which

VHA national policy formal review process and concurrence occurs. VHA national policy formal review process and concurrence includes VHA-wide review; VHA upper-level leadership concurrence; OGC concurrence (where required); Labor Management Relations concurrence; VHA Chief of Staff concurrence and appropriate signatory by VHA upper-level leadership with authority over VHA national policy.

b. **Expedited Review.** Expedited review is an abbreviated process by which VHA national policy is certified. An expedited review must be requested by VHA upper-level leadership and approved by the Executive Director, RAP.

c. **Amendments.** Whether a proposed amendment to a VHA national policy is substantive or non-substantive is determined by RAP, with oversight by the Executive Policy Committee. For assistance with the amendment process, email VHA10BRAPPolicy@va.gov.

(1) **Substantive Amendments.** A substantive amendment constitutes a major change to policy (for example, a change in Veteran benefits, additional staff responsibilities or the need for additional resources). **NOTE:** See paragraph 10, *Definitions*, for a full definition of substantive amendment. A substantive amendment requires upper-level leadership concurrence, Office of General Counsel concurrence (if necessary), Labor Management Relations concurrence, VHA Chief of Staff concurrence and final certification (by the policy owner).

(2) **Non-Substantive Amendments.** A non-substantive amendment constitutes a minor change to policy. A non-substantive amendment may be a technical amendment such as required to correct factual errors such as dates, or it may revise the policy content in minor ways consistent with program integrity. A non-substantive amendment may not require the commitment of additional resources. Examples include legally required changes or process changes that do not change an existing standard. A non-substantive amendment requires approval from the policy owner, with notification in writing to the VHA upper-level leader with authority over the policy.

d. **Rescissions.** Rescission of VHA national policies is appropriate when the policy becomes obsolete, its subject and responsibilities are incorporated into another policy or it is otherwise no longer required. VHA national policy is rescinded through either incorporation into another directive or a rescission notice. For assistance with rescissions of VHA national policy email VHA10BRAPPolicy@va.gov.

7. TRAINING

There are no formal training requirements associated with this directive. Implementation guidance for this directive and training materials on national and local document management are available at:

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

8. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

9. BACKGROUND

a. In February 2015, GAO placed VA on its High Risk List, citing, among other areas, VHA's ambiguous policies and inconsistent processes as one of the key areas that places Veterans' safety and delivery of health care at risk. GAO stated: "Ambiguous VA policies lead to inconsistency in the way VA facilities carry out processes at the local level. In numerous reports, we have found that this ambiguity and inconsistency may pose risks for Veterans' access to VA health care, or for the quality and safety of VA health care they receive." In March 2019, GAO confirmed VHA's continued placement on the High Risk List, highlighting variation in local policies across VA medical facilities and, by consequence, the inconsistent implementation of national policies as intended. **NOTE:** More information on VHA's placement on the GAO High Risk List is available at: <https://files.gao.gov/reports/GAO-23-106203/index.html#appendix40>. The full GAO High Risk report is available at: <https://www.gao.gov/products/GAO-19-157sp>.

b. This directive provides assistance and direction to VHA policy owners in drafting and publishing VHA policies that best reflect VA's mission and core values, are Veteran-centric and provide clarity to VISNs and VA medical facilities in support of the highest quality health care for Veterans.

10. DEFINITIONS

For a definitional grid that details and defines terminology for national and local policy and policy-related documents, see Implementation Guidance at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

a. **Amendment.** An amendment is a change to a VHA policy through the policy review process and may be categorized as substantive or non-substantive. **NOTE:** VHA national policy amendments are denoted by the number in parentheses following the policy number. For example, VHA Directive 1234(2) means that VHA Directive 1234 has been amended two times. See paragraph 6.c. for additional information on amendments.

b. **Appendix.** An appendix to a policy is an attachment to the body of the policy that is used to convey instructions, guidelines and programmatic procedures related to implementation or operation of the policy. Clinical practice guidelines are generally not appropriate for appendices to VHA national policy. **NOTE:** The type of amendment for an appendix depends on the content but will typically be non-substantive or technical.

For questions regarding information allowed in appendices, contact RAP at VHA10BRAPPolicy@va.gov.

c. **Certification of VHA National Policy.** VHA national policy (that is, a directive or notice) is considered certified and must be followed by VHA when the document is signed by the signature authority (that is, Under Secretary for Health or VHA upper-level leadership, as delegated by VHA Directive 0000). The certification remains valid until the document has been rescinded or recertified.

d. **Charter.** A charter establishes and outlines the responsibilities and function of a committee, council, board, subcommittee or equivalent type of standing group (for example, process improvement teams or workgroups) and its reporting requirements to the appropriate governance body or position. **NOTE:** *A charter, rather than an MCP, is used for establishment of a VA medical facility committee, council, board, subcommittee or equivalent type of standing group. It is strongly encouraged that charters be available on the VISN or VA medical facility intranet for dissemination and communication purposes. A charter template (non-mandatory) is available on the Document Templates page, linked at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. This is an internal VA website that is not available to the public.*

e. **Clinical Practice Guidelines.** Clinical practice guidelines are guidance or non-mandatory recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. Clinical practice guidelines are not policy and may not be included in policy documents. **NOTE:** *More information is available at: <https://www.healthquality.va.gov/policy/index.asp> and <https://www.nationalacademies.org/topics/health-and-medicine>.*

f. **Directive.** A directive is a VHA national policy. As such, a directive establishes mandatory standards for a definite course of action for VHA and assigns responsibilities for executing that course to identifiable individuals or groups within VHA. Directives are under the authority of the Under Secretary for Health and must be recertified or rescinded within 5 years; however, directives do not expire and remain in effect until recertified or rescinded.

g. **Director's Memorandum.** A Director's memorandum is issued from the VA medical facility Director to the VA medical facility staff. A Director's memorandum is published to have immediate effect and can establish a course of action from the VA medical facility Director to the VA medical facility; alternatively, it may be informational.

h. **Employee Handbook.** An employee handbook describes mandatory standards and procedures for VA employees to conduct work duties and access benefits, including a VA medical facility's internal processes, and has the equivalent authority of policy. An employee handbook informs VA employees of workplace rules and expectations. Requirements in an employee handbook may include but are not limited to dress code, leave requests, alarms, sanitation and safety, key distribution and pay schedules.

i. **Guidance.** Guidance provides supplemental information that establishes a course of action or procedures for a program from a SME or policy owner. Guidance documents are not policy and must be consistent with VHA national policy.

j. **Interagency Agreement.** An interagency agreement is a written agreement entered between federal agencies (Inter), or organizational units within the same agency (Intra), establishing a relationship between a buyer and seller, which specifies the goods to be furnished or tasks to be accomplished. **NOTE:** *Where information, not funds, is exchanged, a memorandum of understanding (MOU) must be used.*

k. **Interim Cerner Supplements.** An IC supplement is a tracked version of the currently published VHA national policy that only applies to VA sites that have deployed the new EHR. **NOTE:** *IC supplements are available at VHA Forms and Publications website (<https://vaww.va.gov/vhapublications/index.cfm>) and directly at: <https://dvagov.sharepoint.com/sites/VACOVHACOS/10B4/CIS/SitePages/Community%20Home.aspx>. These are internal VA websites that are not available to the public.*

l. **Medical Center Policy.** An MCP is VA medical facility policy. It creates mandatory standards and responsibilities on facility-wide matters with the authority of the VA medical facility Director and must be rescinded or recertified within 5 years. MCPs remain in effect until recertified or rescinded.

m. **Memorandum of Understanding.** An MOU is an agreement between a VA medical facility and an external entity, such as another VA medical facility, a non-VA partner, stakeholder, hospital service or an outside agency. An MOU authorizes exchange of information and can be used when there is no exchange of funds, personnel, services or property. **NOTE:** *Where funds are exchanged, an IAA must be used.*

n. **Notice.** A notice is a VHA national policy. As such, a notice establishes mandatory standards for a definite course of action for VHA and assigns responsibilities for executing that course to identifiable individuals or groups of individuals within VHA. Notices are under the authority of the Under Secretary for Health and are automatically rescinded and archived after 1 year unless incorporated into a directive.

o. **Operational Memorandum.** An operational memorandum is guidance that establishes a course of action consistent with VHA national policy. Such memoranda are issued by VHACO entities, including the Under Secretary for Health, and may be addressed to anyone in VHA, though they are most often addressed to VISNs and VA medical facilities, typically to those within the issuer's chain of command. An operational memorandum is not VHA national policy, and its authority is limited to that of the issuer. **NOTE:** *An Under Secretary for Health memorandum can be policy or guidance, depending on content. See paragraph 3, Types of Documents.*

p. **Recertification.** Recertification is the process by which a policy is evaluated for efficacy, updated by the policy owner, reviewed through the concurrence process and signed by the signature authority.

q. **Recertification Date.** A recertification date is the date on or before which the policy must be recertified or extended. The recertification date is specified in all VHA policy. VHA national policy that is overdue for recertification must be followed until superseded by another VHA national policy or is rescinded.

r. **Service Line Agreement.** A service line agreement (SLA) is an agreement between two or more services within a VA medical facility with the authority of the responsible service chiefs. SLAs may include but are not limited to mutually agreed upon responsibilities and processes including targets, goals, key performance indicators, stakeholders, conflict resolution and other guidance, as appropriate. SLAs must be recertified no later than 5 years from their date of publication. **NOTE:** *Services involved in an SLA are encouraged to publish these documents in the VA medical facility intranet for dissemination and communication purposes.*

s. **Standard Operating Procedure.** An SOP details all steps and activities relating to a process or procedure with the authority of the responsible service chief(s), standing group, or Executive Leadership Team (ELT) if applicable. An SOP can also include VISN-wide and facility-wide processes or procedures. SOPs must follow these requirements:

(1) Be available to all VA medical facility or VISN employees. **NOTE:** *Exceptions exist for specific services with separate SOP sites (for example, Sterile Processing and Pathology & Laboratory Medicine) for sensitive emergency response protocols and by specific exemption by the VA medical facility Director.*

(2) Be reviewed by the responsible service chief, SME and any other appropriate policy owner, at minimum, at issuance, recertification and when there are changes to the governing document.

(3) Be recertified 5 years from the date of their publication, when there is a change to either the governing document or regulatory standards that requires an update, or when a change in the process requires an update.

(4) Be formatted in accordance with the standard SOP template, with exception for templates otherwise required by regulation or mandate. The template is available on the Document Templates page, available at:

<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

t. **Substantive Amendment.** A substantive amendment to VHA national policy is based on criteria which include but are not limited to:

(1) Legal and programmatic impact of the change, such as changes to implementation cost (for example, requiring additional, dedicated full- or part-time staff) or changes to the composition of or benefits received by the Veteran population being served.

(2) The significance of the policy itself or the program affected by the policy.

(3) Whether the policy has undergone frequent or multiple technical revisions since its last recertification.

(4) Whether OGC has raised concerns about the policy.

u. **Under Secretary for Health Memorandum.** An Under Secretary for Health memorandum is issued by the Office of the Under Secretary for Health, has immediate effect and can either establish a course of action to any VHA staff or be informational only.

v. **Veterans Integrated Service Network Policy.** VISN policy establishes standards and a course of action required at the VISN level with the authority of the VISN Director and must be rescinded or recertified within 5 years. It assigns responsibilities, as needed, to individuals within the VISN (that is, VISN employees) or all individuals in VA medical facilities within that VISN.

w. **VHA National Policy.** VHA national policy establishes mandatory standards for a definite course of action for VHA, and assigns responsibilities for executing that course to identifiable individuals or groups within VHA. VHA national policy addresses matters of VHA-wide significance and is issued under the authority of the Under Secretary for Health; this authority may be delegated as provided in VHA Directive 0000. VHA national policy is established through either a directive or a notice. VHA national policy must not meet the definition of a “rule” under the Administrative Procedures Act (5 U.S.C. § 551 et seq.).

11. REFERENCES

- a. 5 U.S.C. § 551 et seq.
- b. 38 C.F.R. § 2.6(a)(1).
- c. VA Directive 0999, Enterprise Directives Management (EDM), dated October 9, 2018.
- d. VA Handbook 5013, Performance Management Systems, dated November 18, 2003.
- e. VHA Directive 0000, Delegation of Authority, dated January 3, 2019.
- f. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.
- g. VHA Records Control Schedule 10-1.
- h. Memorandum of Agreement on the Review of VHA Policy Documents, Under Secretary for Health and General Counsel, dated July 14, 2016.

i. VHA Forms and Publications website, available at <https://www.va.gov/vhapublications/> (external) and <https://vaww.va.gov/vhapublications/index.cfm> (internal). **NOTE:** *This is an internal VA website that is not available to the public.*

j. VA/DoD Clinical Practice Guidelines
<https://www.healthquality.va.gov/policy/index.asp>.

k. VHA Policy Management SharePoint
<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

l. Resources for Implementation of VHA Policy SharePoint
<https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Local-Policy-Support.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

m. The National Academies of Sciences, Engineering, Medicine,
<https://www.nationalacademies.org/topics/health-and-medicine>. **NOTE:** *This website is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

VHA POLICY FIELD ADVISORY COMMITTEE CHARTER

1. PURPOSE

The purpose of this charter is to define the function, membership, and procedures of the Veterans Health Administration (VHA) Policy Field Advisory Committee (PFAC).

2. SCOPE

a. **Reporting Structure.** The PFAC will have a Chair and Vice-Chair who report to the Executive Director, Office of Regulations, Appeals, and Policy (RAP). **NOTE:** *The reporting structure of this committee (that is, the PFAC reports to a VHA program office) may differ from similar committees established by the field. For example, committees formed at Veterans Integrated Services Networks (VISNs) or Department of Veterans Affairs (VA) medical facilities may report to a field-based oversight committee.*

b. **Reporting Committees and Programs.** None. **NOTE:** *Subcommittees, workgroups, and teams may be developed by majority committee vote. The chairs of all formed subcommittees, workgroups, and teams must report to the PFAC.*

c. **Membership.** Membership of the PFAC is voluntary and is comprised of VISN and VA medical facility policy managers, or equivalent. Members are comprised of the following:

(1) **Chair.** The Chair of the PFAC is a field representative and serves a 3-year term and may, at the discretion of Executive Director, RAP, be renewed.

(2) **Vice-Chair.** The Vice-Chair of the PFAC is a field representative who collaborates with the PFAC Chair. **NOTE:** *Typically, the PFAC Vice-Chair serves a 3-year term and subsequently assumes the position of the PFAC Chair.*

(3) **Voting Members.** Each VISN has one voting member whose term has no limits. **NOTE:** *This includes where a VISN has more than one representative.*

(4) **Non-Voting Members.** Non-voting members include other attendees (as directed by the Chair), administrative and ex-officio members. Non-voting members do not have term limits.

3. QUORUM

a. All votes require a quorum to be present. A quorum is defined as 50% of representative voting members present rounded up; equals nine (9) voting members present.

b. If a quorum is not present, the meeting may proceed, but no votes will occur.

4. COMMITTEE RESPONSIBILITIES

The PFAC is responsible for developing field recommendations on policy-related issues for local document and program development. Findings of best practices and discussions may also be documented in an annual outcome report. Topics for recommendations and discussions may include, but are not limited to:

- a. Implementation concerns and improving the ability of the field to communicate with VHA central office (VHACO) policy owners that develop VHA national policies.
- b. Local document development (for example, creating standardized documents across VA medical facilities and VISNs and stopping the creation of unnecessary VA medical center policies (MCPs)).
- c. Identification of local and national policy obstacles and critical needs.
- d. Sharing of facility-identified best practices of local Standard Operating Procedures (SOPs) and MCPs to reduce unnecessary variance and facilitate consistent implementation. **NOTE:** *Best practices are also available at: <https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VA-Medical-Facility-Identified-Best-Practices.aspx>. This is an internal VA website that is not available to the public.*

5. MEETINGS

- a. The PFAC meets at least twice a year. Meetings may be held more frequently at the discretion of the Chair and Vice-Chair.
- b. All agenda items that require voting will be resolved (that is, approved, denied, or, in exceptional circumstances, tabled at the discretion of the Chair) before conclusion of the meeting where they appear on the agenda (same-day decisions).
- c. Compliance and action items will be reviewed on an ongoing basis (that is, at each meeting) to ensure proper oversight and management of findings.
- d. The PFAC will develop recommendations for the VHA Executive Policy Committee by collecting input from relevant PFAC sub-committee chairs and other members in the PFAC. The Executive Director will present the recommendations to the VHA Executive Policy Committee twice annually.

6. RESPONSIBILITIES

a. **Executive Director, RAP**. The Executive Director, RAP has oversight responsibility for the PFAC and is a member of VHACO staff. The Executive Director, RAP, is responsible for:

- (1) Presenting recommendations from the PFAC to the VHA Executive Policy Committee at least twice annually.

(2) Reviewing the annual outcome report submitted by the Deputy Director, RAP, and subsequently taking appropriate action as needed.

b. **Deputy Director, RAP.** The Deputy Director, RAP, is responsible for:

(1) Overseeing the administration of the PFAC, including development of PFAC meeting agendas, with guidance and input from the Chair and Vice-Chair.

(2) Attending monthly VHA Executive Policy Committee meetings to share any update on local policy initiatives.

(3) Communicating any policy-related issues or opportunities to the PFAC as identified by the VHA Executive Policy Committee in response to recommendations.

c. Preparing and submitting the PFAC annual outcome report to the Executive Director, RAP.

d. **Committee Chair.** The PFAC Chair is responsible for:

(1) Assisting in development of meeting agendas, distribution of meeting materials (including minutes), and facilitation of meetings.

(2) Elevating field concerns or recommendations to the Executive Director, RAP, on policy-related issues regarding local document and local program development.

(3) Collaborating with the Deputy Director, RAP, as needed, to develop the PFAC annual outcome report, which includes outcomes and other key insights from the PFAC meeting discussions.

(4) Working with the Deputy Director, RAP, to ensure the PFAC accomplishes its stated purpose.

e. **Committee Vice-Chair.** The PFAC Vice-chair is responsible for:

(1) Assuming the role of Chair if Chair is unavailable.

(2) Participating and contributing to PFAC meetings.

(3) Assisting the Chair in coordinating information from the PFAC meetings for the development of the annual outcome report.

(4) Attending subcommittee meetings (if applicable) and supporting those committees' communication, information and advocacy needs.

f. **Committee Members.** The PFAC members are responsible for:

(1) Submitting any items for inclusion on the agenda no later than 10 workdays prior to the scheduled meeting. **NOTE:** *Submissions may be emailed to VHACO10BRAPPolicyRedesign@va.gov.*

(2) Serving as policy subject matter experts during discussions for the resolution and development of the recommendations to the Executive Policy Committee.

g. **Administrative Non-Voting Members**. Administrative non-voting members, that is, RAP representatives, are responsible for:

(1) Developing the agenda, with guidance and input from the Chair and Vice-Chair, based on the work of the PFAC.

(2) Distributing the agenda, with supporting documentation, to all PFAC members at least 5 workdays prior to the scheduled meeting.

(3) Recording attendance of voting and ex-officio non-voting members at meetings.

(4) Maintaining minutes of all meeting activities, including findings, recommendations, action items, and follow-up items.

(5) Distributing meeting minutes, with supporting documentation, to all PFAC members within 14 workdays after meeting date.

7. CHARTER REVIEW

This charter must be reviewed every 5 years upon recertification of this directive.

8. SIGNATORY AUTHORITY

Date approved: January 5, 2023



Ethan Kalett

Executive Director, Office of Regulations, Appeals, and Policy