

APPROPRIATE AND EFFECTIVE USE OF VHA EMPLOYEE MANDATORY AND REQUIRED TRAINING

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy for VHA employee mandatory and required training. This policy supersedes all other VHA policies which require mandatory or required training. All future VHA policies requiring mandatory training must be reviewed to ensure that they do not conflict with this policy.
- 2. SUMMARY OF MAJOR CHANGES:** The changes to this directive include:
 - a. Updating definitions, such as federally mandated training, agency-required training, administration-required training, Veteran Integrated Service Network (VISN) - and facility-required training, and test-out options.
 - b. A revised policy statement that further clarifies the role of the Mandatory Training Subcommittee which is now aligned under the Learning Organization Transformation (LOT), which reports to the Workforce Committee of the VHA National Leadership Council. This policy clarifies the need for strategic management (to include concept approval, course review and communication review) of federally mandated training implemented by VHA, and VHA required training.
 - c. Adding the responsibility that a member of the Chief Medical Officer (CMO) Community of Practice reviews all new mandatory and required training affecting field staff.
- 3. RELATED ISSUES:** VA Directive 5015, Employee Development, dated April 15, 2002, VA Handbook 5015, Employee Development, dated April 15, 2002, and VA Handbook 5015-1, Employee Learning and Professional Development, dated June 25, 2010, or subsequent policies.
- 4. RESPONSIBLE OFFICE:** The VHA Chief Learning Officer, Employee Education System (10A2B) is responsible for the content of this directive. Questions may be directed to Employee Education System at 501-250-4284.
- 5. RESCISSION:** VHA Directive 2011-045, Appropriate and Effective Use of Mandatory Training dated December 23, 2011, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of June 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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VHA DIRECTIVE 1052

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APPROPRIATE AND EFFECTIVE USE OF VHA EMPLOYEE REQUIRED TRAINING

1. PURPOSE

The purpose of this Veterans Health Administration (VHA) directive is to issue VHA's policy on the appropriate and effective use of those trainings required to be completed by VHA employees and outlines the policy regarding the appropriate processes for initiating, renewing, consolidating, expanding, substituting, and discontinuing mandatory trainings required for VHA employees. **AUTHORITY:** Title 5 United States Code (U.S.C.) 4103; Title 5 Code of Federal Regulations (CFR) part 410; Executive Order 11348, as amended by Executive Order 12107.

2. BACKGROUND

Federally mandated trainings and those trainings required by VA/VHA cost VA more than \$200 million annually in personnel time. Often, the impact of these trainings on organizational outcomes is unclear. For example, employees frequently spend time completing training that otherwise would have been devoted to the care of Veterans. Thus, effective training must advance the mission of VHA, and help employees maintain their competencies, skills, licensure, and confidence needed for them to perform their jobs in a way that best serves Veterans. (See 5 CFR 410.101.) Accordingly, it is critical that a program of mandatory training include only those training programs which meet these organizational goals.

3. DEFINITIONS

a. **Federally Mandated Training.** Federally Mandated Training (FMT) is training mandated by Federal statute, Executive Order, Federal regulation, or court ruling. All Federal employees are subject to these requirements. Federally mandated training is subdivided into mandatory trainings (e.g., computer security training and ethics training) for all Federal employees and role-specific mandatory training (e.g., executives, managers, supervisors, or teleworkers) for designated employees. **NOTE:** *This directive addresses review and approval of Federally mandated training only to the extent that such training is left to VHA to develop and implement even though some specifics of the training (e.g., target audience, length) are clearly directed by statute, regulation, Executive Order, or the Secretary of Veterans Affairs.*

b. **VA Agency-Required Training.** VA Agency-required training is training required by VA, approved by VA's Chief Learning Officer, and provided to VA employees to achieve VA's mission, goals and objectives. There is no Federal mandate requiring VA to provide or complete training; rather it has been determined by VA to benefit all VA employees and to further VA's mission. VA Agency-required training is required across VA in all Administrations, staff offices, and field facilities. VA Agency-required training is subdivided into agency-required training for all VA employees, and role-specific agency-required training for designated VA employees. A VA-level Mandatory Training Subcommittee has oversight for VA Agency-Required Training topics and is beyond scope of this directive.

c. **VHA Required Training.** VHA required training is determined by the Under Secretary for Health to achieve the mission, goals and objectives of VHA. VHA Agency-required training is subdivided into agency-required training for all VA employees, and role-specific agency-required training for designated VA employees. A VHA-level Mandatory Training Subcommittee has oversight for VHA-Required Training topics.

d. **Veteran Integrated Service Network Required Training and Facility Required Training.** Veteran Integrated Service Network (VISN) and facility-required training is required by VISN or facility leadership, respectively, to meet VA's mission, goals, and objectives. Facility-required training is required by the VA medical facility Director based on local needs or delegated to the discretion of the facility by national policy.

4. POLICY

a. It is VHA policy that all requests for new or increased (e.g., increased length, frequency, larger target audience) VHA required training (either role-based or all staff) must be submitted to, and reviewed by, the Learning Organization Transformation (LOT) Mandatory Training Subcommittee of the National Leadership Council (NLC) Workforce Committee for compliance with this directive. Training which impacts the field will be coordinated with the Network Support Office. If agreement is reached, this subcommittee can approve the training requirement. Where agreement is not reached, the issue will be forwarded to the NLC Workforce Committee for a decision.

b. It is also VHA policy that annual review and recertification of existing VHA-required national training courses is required to renew existing approvals, and that, in the absence of such recertification, the course will no longer be required.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for oversight of VHA-required training programs, including review and approval of all new VHA-wide training and changes to existing VHA-wide training.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary of Health for Operations and Management, or designee (e.g., CMO Community of Practice member), is responsible for:

(1) Reviewing, and making recommendations on, proposals for new, or changes to existing, VHA-required trainings that apply to VA medical facilities.

(2) Forwarding recommendations to the LOT Mandatory Training Subcommittee.

(3) Ensuring no operational memos that create mandatory or required training are published

c. **NLC Workforce Committee.** The NLC Workforce Committee is responsible for approving or disapproving a proposal for an entirely new, or an increase in an existing,

VHA-required training when the VHA Mandatory Training Sub-committee is unable to reach an agreement with the program office; or for mandatory training, when specifics are not clearly directed by the statute, regulation, executive order, or the Secretary of Veterans Affairs.

d. **LOT Mandatory Training Subcommittee.** The LOT Mandatory Training Subcommittee is responsible for: approving and overseeing federally mandated training for VHA employees when such training is left to VHA to develop and implement but certain elements of such training are clearly directed by statute, regulation, executive order, or the Secretary of Veterans Affairs. Oversight includes but is not limited to:

(1) Concept approval for reasonable training parameters to designate a course as a VHA-required training topic. Accurate estimation of course length, target audience, frequency, modality, and other information is required to determine this prior to the development of the course to ensure that they are appropriate and are likely to accomplish their intended purposes. See VA Form 10-0456a, Mandatory Training Justification and Recertification Form linked here <http://vaww.va.gov/vaforms/medical/pdf/FINAL%2010-0456A.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(2) Approving federally mandated training for VHA employees when such training is left to VHA to develop and implement but specifics are clearly directed by statute, executive order, or the Secretary of Veterans Affairs.

(3) Reviewing all newly proposed or proposed increases to, VHA required training for compliance with this directive, and developing and submitting related recommendations on proposals to the NLC Workforce Committee. The LOT Mandatory Training Subcommittee will provide a recommendation, to include the review of a member of the Chief Medical Officer (CMO) Community of Practice on all mandatory and required training affecting field staff. This should occur prior to development/issuance of the required course to ensure that interventions to improve organizational performance are not disruptive, burdensome, or unnecessarily consume organizational resources, such as employee time.

(4) Obtaining review and approval by the Office of the Deputy Under Secretary for Health for Operations and Management for all new VHA required training affecting field staff.

(5) Conducting the annual review and recertification of existing VHA national required training courses to renew existing approvals; examining compliance rates; evaluating each course's effectiveness in closing the performance gap; and determining when a course is no longer needed. In the absence of an application for renewal, the LOT can convert from mandatory to highly recommended training.

(6) Reviewing and concurring on all newly-proposed national VHA directives and memoranda that include federally mandated or VHA-required training for compliance

with this directive. Ensuring that communication matches the agreed-upon concept approval and includes clear instructions for implementation by the field.

(7) Presenting recommended actions to VHA's program office to reduce VHA-required training where possible. **NOTE:** *All changes to previously approved VHA-required training must be approved by the Under Secretary for Health.* Recommended actions include:

(a) **Reduction or Elimination.** This may be accomplished by:

1. Eliminating the training requirement.
2. Changing the training requirement to highly recommended but not required, based on the source document.
3. Combining topics that have overlapping content or have the same target audience. This effectively reduces the number of training courses required, reducing the administrative impact of taking and tracking multiple courses and eliminating any duplicative material.
4. Reducing the length of time needed to complete a required course (e.g., reducing a training from one hour to 15 or 30 minutes). The shortest training will be offered which is consistent with the depth and scope the average employee needs to know in relation to their job responsibilities, rather than that which reflects a subject matter expert's depth of knowledge.
5. Reducing the frequency of VHA-required training, unless set by statute or regulation. Recommend VHA-required training to be required once and then its effect measured to determine the efficacy of the training. If the training is effective in resolving the issue and system changes are in place to perpetuate the change, no further training will be required. If issues remain and retraining would be beneficial, recurrences (annual, biennial, or triennial) may be considered. New or revised content may also require a recurrence of training. The measurement of an employee's competency, as determined by the employee's supervisors, trainers, and other staff as appropriate, is the preferred method for determining if additional training is needed.
6. Reducing or limiting the required target audience to the smallest, most appropriate target audience to minimize negative impact on VHA workload and employee productivity. For example, reduce to full time paid staff, with exclusion of contractors, trainees, volunteers, fee-basis, or low eighths personnel (less than 3/8ths FTE for example) when feasible.
7. Ensuring that if post-training evaluations are conducted (Level 3 or above in Kirkpatrick Model), they should only be conducted with the smallest sample size required to be statistically significant. This will reduce the length of course time.

(b) **Substitutions.** Substitutions include:

1. Replacing a recurring VHA-required training with a competency-based assessment process to determine if an individual requires refresher training.

2. Replacing a VHA-required training with a stepped training delivery method, focusing intensive training on a small highly-involved target audience, awareness training for a larger group, and only information dissemination for other groups. If content is for awareness only, with no prescribed behavior change sought, training is not the solution. If awareness is desired, memos, posters, pocket cards, and other communication devices will be used. Training will be limited to topics requiring both knowledge acquisition and behavior change. Training will be reserved for subjects where the employee needs knowledge as a prerequisite for performing their duties differently.

3. Replacing VHA-required training with a menu of training resources for self-directed learners. This allows learners to assess their learning need with a pre-test and choose resources that fit into time, schedule, or learning style constraints. These resources can be video, audio, online, paper-based, or live training. **NOTE: Having a choice in methodologies greatly increases learner satisfaction.** In accordance with adult learning principles, training will not require employees to spend a minimum amount of time per screen but will allow employees to advance through the course at their own pace, unless prohibited by statute. Employees must be allowed to turn accompanying audio on or off in any course based on preferred learning styles. To accommodate various learning styles, employees must be allowed to download Portable Document Format files (PDFs) of courses as an authorized substitute and take post-tests based on acquired knowledge.

4. Replacing VHA-required training requirements with measurement of appropriate data and design system or individual interventions based on the data.

5. Suggesting that the organization which requires the training enact system changes (e.g. changes in work processes or forcing functions) that address learning needs and simultaneously ensure improved system outcomes. These might be critical system revamps that avoid repetitive mistakes, costly errors, or life threatening situations (example, time-outs before surgery to ensure correct patient, surgery site, etc.).

6. Utilizing a read and understand Talent Management System (TMS) option for compliance based issues (i.e. those that do not require training to be completed) that are not training issues.

7. Developing or making available to staff just-in-time and just-in-place learning resources that allow staff to easily access specific information at the time of need while on the job to promote fast and accurate responses on the spot, as well as serving as a resource that can be thoroughly reviewed and referenced at any time.

e. **Chief Learning Officer, VHA Employee Education System.** The Chief Learning Officer, or designee, of EES is responsible for:

(1) Serving as the co-chair of the NLC Workforce Committee LOT Mandatory Training Subcommittee.

(2) As co-chair, provides leadership to the subcommittee in overseeing and tracking VHA-required training and reviewing all VHA-required training initiatives. **NOTE:** *This oversight process ensures training that minimizes unnecessary use of resources and encourages alternative employee learning mechanisms.*

(3) Working with VHA program offices when VHA-required training is determined appropriate, to design, develop, implement, and test a training solution that meets VHA performance goal(s) and mission in alignment with the LOT Mandatory Training Subcommittee's concept approval.

(4) Ensuring all VHA-required training modules and resources are tested on a representative sample of the target employee group as a pilot to assess target audience satisfaction, appropriate content level, reading level appropriate to the full range of the target audience, time, bookmarking, and other technical considerations. All training courses developed by EES must be developed consistent with the design and technical standards outlined in VA Directive 0003, Technical Specifications and Design Standards for VA Learning, dated April 26, 2012, or subsequent policy.

(5) Maintaining VHA's Mandatory Training Web site, <https://myees.lrn.va.gov/Learn/SitePages/Mandatory%20Training.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(6) Ensuring the educational format is compatible with VA TMS.

(7) Consulting with VHA Program Offices to determine the appropriateness of training as a solution to a problem or performance issue, or if another intervention is appropriate.

(8) Ensuring all VHA-required training is coordinated, maintained, and tracked in the VA TMS.

(9) Ensuring all VHA employees have access to VHA-required training.

(10) Ensuring all VHA-required training is available in multiple formats (to include at least one asynchronous option to allow staff to complete as time permits) and delivery methodologies.

(11) Ensuring all new VHA-required training includes a test-out option.

(12) A requirement for VHA-wide training may not be communicated by newsletters or email communications, but must be included in VHA memoranda or directive.

(13) EES will review and concur on any drafts of VHA directives containing training, if the full draft is unavailable, the training requirements can be reviewed separately. EES should be included on the review of all documents containing national training

requirements, whether in the [Policy Informal Review Process, https://vaww.vha.vaco.portal.va.gov/sites/VHACOS/10B4/PIRP/SitePages/Community%20Home.aspx](https://vaww.vha.vaco.portal.va.gov/sites/VHACOS/10B4/PIRP/SitePages/Community%20Home.aspx), or other correspondence approval system, for compliance with this policy. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(14) Ensuring any policy requiring or mandating training applicable to trainees is referred to the Office of Academic Affiliations (OAA) for review. Per VHA Directive 1400, Office of Academic Affiliation, dated September 14, 2009, VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015, , and VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016, or subsequent policies, all required training for trainees must be inserted into the Mandatory Training for Trainees course and is not to be free-standing.

(15) Assisting program offices with completing form VA Form 10-0456a, <https://vaww.va.gov/vaforms/medical/pdf/FINAL%2010-0456A.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(16) Notifying program offices to recertify their training requirements and providing appropriate forms.

(17) Providing staff support to the NLC Workforce Committee Mandatory Training Subcommittee and the LOT Subcommittee.

f. **National Designated Learning Officer (DLO) Coordinator.** The National DLO Coordinator is responsible for requesting ad hoc reports through VISN DLOs as needed and forwarding them through leadership channels as appropriate.

g. **Director, VHA Office of Regulatory and Administrative Affairs (ORAA).** The Director, VHA ORAA is responsible for receiving approval from EES before publishing any controlled national policy (CNP) that establishes mandatory or required training. Without approval, the policy will be published with all non-approved mandatory or required training removed. The published document will be amended with approved trainings upon notification from EES.

h. **VHA Program Officer.** Each VHA Program Officer is responsible for:

(1) Working with EES to identify existing resources, or if none exists, develop any VHA required training. Training must not be developed in isolation by content owners without education and/or instructional design expertise. Sponsors of training must seek coordination and instructional design support for training development from EES. General education content (for awareness and/or information sharing) development can be developed and posted to TMS without EES coordination and support.

(2) Ensuring each request for federally mandated, VA-Agency required, and VHA required training is accompanied by an assessment of the organizational impact of the training. The assessment must include, at a minimum:

(a) The estimated employee time spent on activity,

(b) The cost of time in dollars, and

(c) An assessment of impact on patient care operations. **NOTE:** *An Assessment of Impact of Mandatory/Required Training is in Section 2 of VA Form 10-0456a, <https://vaww.va.gov/vaforms/medical/pdf/FINAL%2010-0456A.pdf>. **NOTE:** This is an internal VA Web site that is not available to the public.*

(d) Recommendation as to whether CME/CEU credit could be awarded upon completion of training (Not recommended for recurring requirements as accredited courses can only be taken once for credit.)

(3) Ensuring requests for federally mandated and VHA required training (either all staff or designated staff) are forwarded to the VHAEES Mandatory Training Helpdesk email group for approval, VHAEESMANDTRN@va.gov, using VA Form 10-0456a, <https://vaww.va.gov/vaforms/medical/pdf/FINAL%2010-0456A.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) Updating any VHA directives or other policy document with training requirements for VHA employees once the NLC Workforce's Mandatory Training Subcommittee has reviewed the request and provided appropriate approvals.

(5) Ensuring any VHA directive that has training requirements for VHA employees defines the training objectives, target audience, deadlines, reporting requirements, instructions for accessing the training, and all other pertinent information as listed on VA Form 10-0456a.

(6) Contacting VHA Labor Relations to obtain concurrence from the appropriate bargaining units (if bargaining unit staff is impacted). Release of VHA directive or memo with training requirements should be delayed to allow time for bargaining requirements to be met.

(7) Submitting VA Form 10-0456a, to the VHAEES Mandatory Training Helpdesk email group, VHAEESMANDTRN@va.gov, to recertify the training on an annual basis. Failure to do so will result in its conversion to highly recommended training. Visit <https://vaww.va.gov/vaforms/medical/pdf/FINAL%2010-0456A.pdf> for a copy of VA Form 10-0456a. **NOTE:** *This is an internal VA Web site that is not available to the public.*

i. **Chief Officer, VHA Office of Academic Affiliations (OAA)**. The Chief Officer, OAA, or designee, is responsible for:

(1) Establishing the training requirements of clinical trainees.

(2) Maintaining and updating the content of the Mandatory Training for Trainees course in TMS.

(3) Developing alternate training formats, methodologies, or content for clinical trainees, if appropriate.

j. **Director, VHA Office of Voluntary Services (OVS).** Director, VHA OVS, is responsible for:

- (1) Establishing the training requirements of volunteers, and
- (2) Developing alternate training formats, methodologies, or content for volunteers, if appropriate.

k. **Chief, VHA Office of Procurement and Logistics (OPL).** The Chief, OPL is responsible for:

- (1) Establishing the training requirements for contractors, and
- (2) Developing alternate training formats, methodologies, or content, for contractors if appropriate.

l. **Veteran Integrated Service Network (VISN) Director.** Each VISN Director is responsible for:

(1) Ensuring VISN wide compliance with federally mandated, VA required, and VHA required training at the VISN level.

(2) Providing oversight for VISN specific training by:

(a) Designating a committee for oversight of VISN required training which will conduct analyses of estimated cost of staff time to complete such trainings;

(b) Reviewing and approving or disapproving all requests for VISN required training;

(c) Developing and maintaining a list of VISN required training. (See VHA MT Web site, <https://myees.lrn.va.gov/Learn/SitePages/Mandatory%20Training.aspx>, for sample format). **NOTE:** *This is an internal VA Web site that is not available to the public.*

(d) Annually re-evaluating and re-certifying the appropriateness of VISN required training;

(e) Reducing or eliminating any VISN required training programs which have not demonstrated achievement of or improvement in organizational goals (i.e., improving the data that prompted the training requirement.).

(3) Implementing a test-out option for all VISN required training unless otherwise prohibited.

(4) Maintaining a current listing of all VISN required training on the VISN Web site.

(5) Monitoring facility-based required trainings in the VISN.

(6) Comparative tracking of all VISN required and facility-required training to minimize redundancy.

(7) Reporting VISN and facility required training through the VISN DLO to the NLC Workforce Committee or designee. **NOTE:** *The national training requirements need not be duplicated on the VISN Web site, but should have links to EES Mandatory Training web page at:*

<http://myees.lrn.va.gov/Learn/SitePages/Mandatory%20Training.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

m. **VISN Designated Learning Officers (DLOs)**. The VISN DLOs are responsible for:

(1) Chairing their respective VISN required training committee.

(2) Making recommendations to the VISN Director regarding VISN required training issues.

(3) Ensuring that training recommendations are in alignment with VISN local policy and guidance.

(4) Submitting reports for their VISNs to the NLC Workforce Committee or designee. Reporting is on an ad hoc basis as requested by the National DLO Coordinator.

n. **VA Medical Facility Director**. Each VA medical facility Director is responsible for:

(1) Designating a committee for oversight of facility required training which includes an analysis of estimated cost of staff time to complete the training;

(2) Reviewing and approving or disapproving all requests for facility required training

(3) Developing a listing for mandatory and required training at the facility (see Mandatory Training Web site, <https://myees.lrn.va.gov/Learn/SitePages/Mandatory%20Training.aspx>, for sample format). **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) Re-evaluating and recertifying annually the appropriateness of facility mandatory and required training; and

(5) Eliminating, reducing or amending, as appropriate, any facility-level training programs which are no longer needed or have very low user satisfaction.

(6) Implementing a test-out option for all facility mandatory and required training unless otherwise prohibited.

(7) Maintaining a current listing of all facility-required training on the facility Web site.

(8) Reporting facility mandatory and required training through the facility DLO to the VISN DLO.

o. Facility Designated Learning Officers (DLOs).

(1) Chairing their respective facility required training committee. This national policy can serve as guidance for developing local processes.

(2) Making recommendations to the VA medical facility Director regarding VISN required training issues.

(3) Ensuring that training recommendations are in alignment with local policy and guidance.

(4) Submitting reports for their facility to the VISN for roll-up to the LOT Mandatory Training Subcommittee or designee. Reporting is on an ad hoc basis as requested by the National DLO Coordinator.

6. PROCESS FOR APPROVAL OF VHA-REQUIRED TRAINING

a. The program office requesting mandatory training must submit VA Form 10-0456a, and any attachments, to the VHAEES Mandatory Training Helpdesk email group, VHAEESMANDTRN@va.gov. Visit <https://vaww.va.gov/vaforms/medical/pdf/FINAL%2010-0456A.pdf> for a copy of VA Form 10-0456a. NOTE: This is an internal VA Web site that is not available to the public.

b. The NLC LOT Mandatory Training Subcommittee Coordinators (EES staff members) will schedule a virtual meeting with the subcommittee requestor, and the assigned EES Learning Consultant and/or Project Manager.

c. The program office provides justification on the call for the training to include target audience, length of training, frequency, modality, and any other matters which may justify the proposed training.

d. As part of its review of the proposal, the Subcommittee must obtain the approval of the Deputy Under Secretary for Health for Operations and Management for proposals affecting the field. (See paragraph 5.b.)

e. The Subcommittee notifies the program office in writing that the proposal is either approved as required training (with any parameters specified), disapproved for required training (but optional training or other identified interventions can still be pursued). If the program office objects to the disapproval, the proposal is forwarded to the NLC Workforce Committee for final decision.

f. If the proposal is approved, the program office forwards to the Subcommittee Coordinator and designated members of the Subcommittee a link to the course for review of any testing. Members of the target audience should also be included in the course pilot.

g. If the proposal is approved, a directive or memorandum to the field must be prepared by the program office and reviewed by the Subcommittee to ensure compliance with this directive and agreed upon parameters. EES must be included on VA Integrated Enterprise Workflow Solution (VIEWS), Informal Policy Review Process, or other correspondence approval system.

h. Communication to the field must also be reviewed by the Mandatory Training Subcommittee to ensure appropriate information is included and provided in a clear manner to facilitate implementation.

i. After approval, the program office should provide a succinct mock-up for the Mandatory Training Webpage, to include Topic, Target Audience, Frequency, Source Documents, Training Options, Additional Comments, and Responsible Program Office(s) and POC contact.

j. Test-out Option. The test-out option allows an individual to pass a test to affirm the individual's knowledge of information/material that is part of the training rather than taking the training. All Federally mandated and VHA-required training courses must include a test-out option which allows employees to demonstrate appropriate knowledge in lieu of taking the course (unless statute or external sources specifically disallow such an option). Successful completion of a test-out option (at a score agreed-upon by the program office and the appropriate Mandatory Training Subcommittee, but no less than 70 percent knowledge level) is categorized as completion in TMS. Employees who take advantage of the test-out option will not be awarded continuing education credits. Test-out options allow employees to demonstrate pre-existing knowledge, skills, or attitudes, as well as decrease training time, increase training customization, and increase employee satisfaction with training. Behavioral questions that measure staff members' ability to make an appropriate decision in a scenario-based situation are ideal, focusing on what they are expected to do in a particular situation.

7. REFERENCES

a. 5 U.S.C. Chapter 41

b. 38 U.S.C. 1720D

c. 5 CFR Part 410

d. Executive Order 11348, as amended by Executive Order 12107

e. Executive Order 13160

f. VA Directive 0003, Technical Specifications and Design Standards for VA Learning, dated April 26, 2012, or subsequent policy.

g. VA Directive 5015, Employee Development, dated April 15, 2002, or subsequent policy.

h. VA Handbook 5015, Employee Development, dated April 15, 2002, or subsequent policy.

i. VA Handbook 5015-1, Employee Learning and Professional Development, dated June 25, 2010, or subsequent policy.

j. VHA Directive 1018, Nondiscrimination in Federally-conducted Education and Training Programs, dated May 20, 2013, or subsequent policy.

k. VHA Directive 1400, Office of Academic Affiliation, dated September 14, 2009.

l. VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.

m. VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.

n. National Archives and Records Administration (NARA) General Records Schedule, <https://www.archives.gov/records-mgmt/grs>.

o. Report of the Blue Ribbon Panel on VA-Medical School Affiliations (Transforming a Historic Partnership for the 21st Century, accepted Sept 29, 2009 by the Secretary of Veterans Affairs), <https://www.va.gov/oaa/archive/brp-final-report.pdf>.

p. VHA Mandatory Training webpage: <https://myees.lrn.va.gov/Learn/SitePages/Mandatory%20Training.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*