Congressional Research Service
Informing the legislative debate since 1914

The Veterans Health Administration and Medical Education: In Brief

Updated February 13, 2018

Congressional Research Service
https://crsreports.congress.gov
R43587

CRS REPORT
Prepared for Members and
Committees of Congress

Contents

Background 1
The VA's Involvement in Medical Training 1
Academic Affiliations 2
VA Funding of Physician Training 3
Ongoing GME Expansion 4

Figures

Figure 1. VA Spending on Health Care Professional Education and Training (FY2010-FY2018 request) 4

Tables

Table 1. VA Medical Training at the Trainee Level (Academic Year 2016-2017) 1

Table A-1. VA Health Professional Training, 2009-2017 6

Appendixes

Appendix. VA Health Professional Training 6

Contacts

Author Information 7

Background

Training health care professionals—including physicians[1]—is part of the VA's statutory mission.[2] It does so to provide an adequate supply of health professionals overall and for the VA's health system. This mission began in 1946, when the VA began entering into affiliations with medical schools as one strategy to increase capacity.[3] Some trainees—in particular, those in the later years of training—may provide direct care to patients, thereby increasing provider capacity and patient access. In the long term, training physicians at the VA creates a pipeline for recruiting physicians as VA employees.[4] In 2014, the Veterans Access, Choice, and Accountability Act of 2014 (VACAA, P.L. 113-46, as amended) initiated an expansion of the VA's medical training by requiring the VA to increase the number of graduate medical education positions at VA medical facilities by 1,500 positions over a five-year period beginning July 1, 2015, through 2019.[5] P.L. 114-315 extended this time period to 10 years (i.e., through FY2024).

The VA's Involvement in Medical Training

The VA is the largest provider of medical training in the United States and is involved in training at all levels: medical students, medical residents, and medical fellows (see **Table 1**).[6]

Table 1. VA Medical Training at the Trainee Level (Academic Year 2016-2017)

Trainee Type	Description	Number in Training	
		VA	U.S. Total (including VA)
Medical Students	The VA serves as a site for clinical rotations during medical school; this is also called undergraduate medical education.[a]	24,683	117,203[b]
Medical Residents	Through affiliations with hospitals and academic medical centers, the VA serves as a training site for medical residents; this is also called graduate medical education (GME).	43,565	124,096[c]
Fellows	Through affiliations with hospitals and academic medical centers, the VA serves as a training site for fellows (individuals who have completed residency training and are pursuing additional training in order to subspecialize.)	463	21,263[c]

[1] This report focuses on physician training; information on the full complement of VA health professional training is available in this report's appendix.

[2] 38 U.S.C. §7302.

[3] See U.S. Department of Veterans Affairs, *Policy Memorandum No. 2*, Subject: Policy in Association of Veteran's Hospitals with Medical Schools, Washington, DC, January 30, 1946, http://www.va.gov/oaa/Archive/PolicyMemo2.pdf.

[4] The VA reports that nearly 60% of VA physicians had trained at the VA prior to their employment. U.S. Department of Veterans Affairs (VA). Office of Academic Affiliations, "Mission of the Office of Academic Affiliations," https://www.va.gov/oaa/oaa_mission.asp.

[5] CRS Report R43704, *Veterans Access, Choice, and Accountability Act of 2014 (H.R. 3230; P.L. 113-146)*, by Sidath Viranga Panangala et al.

[6] U.S. Department of Veterans Affairs (VA). Office of Academic Affiliations, "About Medical & Dental Education Programs," https://www.va.gov/oaa/gme_default.asp#GMEPrograms.

Sources: VA data from U.S. Department of Veterans Affairs. Office of Academic Affiliations, "2017 Statistics: Health Professions Trainees," https://www.va.gov/OAA/docs/OAA_Statistics_Short_2017.pdf. Medical school enrollment data from the Association of American Medical Colleges, "Table B-1.2: Total Enrollment at U.S. Medical School and Sex, 2013-2014 through 2075-2018," and American Association of Colleges of Osteopathic Medicine, "Preliminary Enrollment Report Fall 2017"; these data are totaled to determine the total number of medical students. Medical Resident and Fellow data from Sarah E. Brotherton and Sylvie I. Etzel, "Graduate Medical Education, 2016-2017," *Journal of the American Medical Association*, vol. 318, no. 23 (December 19, 2017), pp. 2368-2387.

a. In general, medical education consists of four years of college education leading to a bachelor's degree followed by four years of medical school (also known as undergraduate medical education). Medical students during their first two years are generally receiving classroom instruction and not clinical training; therefore, they would not be eligible to rotate to any type of a facility for clinical instruction.

b. The total number of medical students is composed of medical students enrolled in allopathic schools of medicine (i.e., MD granting schools) and osteopathic schools of medicine (i.e., DO granting schools). Medical school graduates who complete their education at foreign medical schools may also spend a portion of their residency at VA facilities.

c. These data indicate the number of residents or fellows in training at programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or those jointly accredited by the ACGME and the American Osteopathic Association (AOA). The two systems are merging to create a single accreditation system that should be fully in effect in 2020. During the 2015-2016 academic year, there were 6,745 residents and fellows in programs accredited by the American Osteopathic Association. See American Osteopathic Association, "OMP Report: Postdoctoral Training," http://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Pages/osteopathic-postdoctoral-training.aspx.

Academic Affiliations

The VA's physician training programs are conducted primarily through its affiliations with medical schools and, in some instances, with teaching hospitals. In general, the purpose of these affiliation agreements is to enhance patient care and education, but some may also include medical research. Under these affiliation agreements, the VA and the relevant educational institution share responsibility for the academic program. The affiliation agreement promotes common standards for patient care, medical student and resident education, research, and staff appointments.[7] In 2017, the VA's physician education program included affiliations with 144 of 149 allopathic medical schools and all 34 osteopathic medical schools.[8] Under affiliation agreements, VA clinicians may, at the discretion of the academic institution, be granted academic appointments to medical school faculty. Approximately 70% of VA staff clinicians have a faculty appointment at an affiliated school of medicine.[9] VA staff clinicians may be jointly employed by the VA and the affiliated medical center, may volunteer their time as faculty, or the VA may contract with the academic affiliate for faculty.

Generally, the VA is not the primary sponsor of medical education.[10] Specifically, the VA does not operate its own medical schools, but medical students from affiliated institutions may do one or

[7] Drawn from a sample copy of VA Form 10-0094a, "Medical Education Affiliation Agreement Between Department of Veterans Affairs (VA), and A School Of Medicine and its Affiliated Participating Institutions."

[8] Allopathic medical schools grant a Doctor of Medicine degree (M.D.); osteopathic medical schools grant a Doctor of Osteopathic Medicine degree (D.O.). The 34 osteopathic medical schools operate programs at 49 locations; for more information, see American Association of Colleges of Osteopathic Medicine, "U.S. College of Osteopathic Medicine," http://www.aacom.org/become-a-doctor/us-coms.

[9] Department of Veterans Affairs, *20 Reasons Doctors Like Working for the Veterans Health Administration*, https://www.va.gov/HEALTH/docs/20ReasonsVHA_508_IB10935.pdf.

[10] The VA reports that 99% of its graduate medical education training programs are sponsored by an affiliate. See U.S. Department of Veterans Affairs, Office of Academic Affiliations, "Medical and Dental Education Program," http://www.va.gov/oaa/gme_default.asp.

more clinical rotations at affiliated VA facilities. Similarly, the VA does not typically operate its own residency programs. Instead, residents apply to the medical school or teaching hospital that is the primary sponsor of the residency program and then spend a portion of their residency training at the VA. The exception to this model is fellowship level training, where the VA directly operates fellowship training programs in subspecialties that are of high importance to the VA.[11]

VA Funding of Physician Training

The VA is the second-largest federal payer for medical training after Medicare, which subsidizes graduate medical education (GME) at teaching hospitals. Medicare GME payments totaled $11.2 billion in FY2013.[12] Between FY2010 and FY2017 (est.), the VA has spent $13.9 billion on health professionals training, including but not limited to physician training (see **Figure 1**).[13] Funds appropriated for training are divided into *direct training costs* and *indirect training costs*, both of which support some aspects of physician training. Direct training costs are generally administered centrally and are provided to VA medical facilities to fund, among other things, residents' stipends and fringe benefits. Indirect training costs are used in part to fund administrative costs of residency training programs such as salaries of VA instructors in the GME and associated health professional training programs, and space and equipment needs.[14]

[11] For more information, see U.S. Department of Veterans Affairs, Office of Academic Affiliations, "Advanced Fellowships and Professional Development," http://www.va.gov/oaa/specialfellows/default.asp.

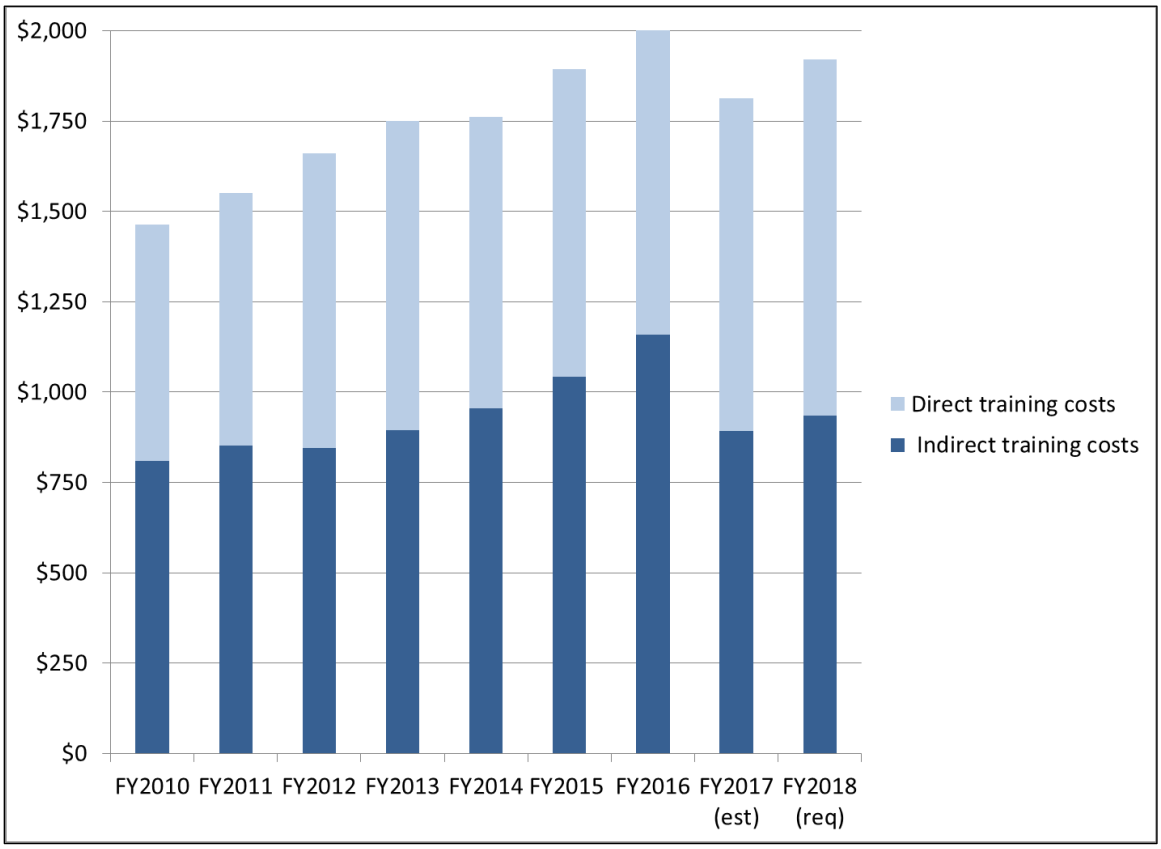
[12] See CRS Report R44376, *Federal Support for Graduate Medical Education: An Overview*, coordinated by Elayne J. Heisler.

[13] Department of Veterans Affairs, *FY2018 Congressional Budget Submission*, Medical Programs and Information Technology Programs, vol. 2 of 4. May 2017, p. VHA-136.

[14] Until the *FY2018 Congressional Budget Submission*, the VA presented "direct" and "indirect" training costs as specific purpose funding and general purpose funding respectively under the Veterans Equitable Resource Allocation (VERA) allocation methodology. Beginning with the FY2018 Congressional Submission funding is depicted as "direct" and "indirect" training costs.

Figure 1. VA Spending on Health Care Professional Education and Training (FY2010-FY2018 request)

(not limited to physicians, dollars in millions)



Source: CRS analysis of various years of VA Budget Justifications. FY2017 and FY2018 numbers were obtained from Department of Veterans Affairs, *FY2018 Congressional Submission,* Medical Programs and Information Technology Programs, vol,. 2 of 4, May 2017 p. VHA-136. Numbers for previous fiscal years were obtained from similar VA budget submissions to Congress for FY2012-FY2017; the number for each fiscal year is taken from the budget submission two years later (e.g., the FY2016 number is from the FY2018 budget submission).

Notes: Est.=estimated; req.=requested. Direct training costs are allocated to directly fund the stipends and benefits of VA clinical trainees who rotate through VA medical centers during the year. Indirect training costs support costs of VA medical centers that have clinical training programs. These funds help offset costs such as faculty time, education office staffing, accreditation costs, and space and equipment needs. Until the *FY2018 Congressional Budget Submission,* the VA presented "direct" and "indirect" training costs as specific-purpose funding and general-purpose funding, respectively, under the Veterans Equitable Resource Allocation (VERA) allocation methodology. Beginning with the *FY2018 Congressional Submission* funding is depicted as "direct" and "indirect" training costs.

Ongoing GME Expansion

The Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146, as amended) required an increase in the number of GME positions by up to 1,500 over a 10-year period,[15] beginning July 1, 2015, through 2024, with an emphasis on primary care, mental health, and other

[15] The 2014 Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146) initially included a five-year period, that was extended to a ten-year period in 2016 under P.L. 114-315 (i.e., through FY2024).

specialties the VA Secretary deems appropriate. As part of this expansion, the VA has allocated 547 new VA positions for residents; 70% were in primary care or mental health. The remaining new positions were in a specialty designated as a "critical need" by the VA Secretary.[16] The legislation also required that the expansion focus on creating new programs at VA facilities where there had not previously been GME training and the new positions be awarded for training in rural or otherwise underserved areas. As part of the GME expansion, VA's OAA identified VA facilities without GME programs and has worked to establish, or begin the planning process to establish, GME programs at all but 4 of the 22 sites that the VA identified as not having GME.[17] The VA's objective is to add an additional 953 additional GME positions by 2025.[18]

[16] U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Academic Affiliations, "Congressional Report: Veterans Access, Choice, and Accountability Act Section 301(b): Increase of Graduate Medical Education Residency Positions at Medical Facilities," September 2017.

[17] Ibid.

[18] U.S. Government Accountability Office, *Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies*, GAO 18-124, October 19, 2017, p. 8.

Appendix. VA Health Professional Training

The Veteran's Health Administration facilities are the largest sites for health professional training in the United States. Physicians, including medical students, residents, and fellows, are the largest type of health professionals trained, but the VA trains over 40 types of health professionals. In doing so, it partners with over 1,800 unique colleges and universities, including those that serve racial and ethnic minority groups who are traditionally underrepresented in the health professions (such as Historically Black Colleges and Universities, and Tribal colleges).

The table below presents eight years of data on VA's health professional training and shows a 7% increase in total health professionals trained over the time period with the number trained increasing in nearly all fields.

Table A-1. VA Health Professional Training, 2009-2017

	2009	2010	2011	2012	2013	2014	2015	2016	2017[a]
Advanced Fellows (Medicine)	175	239	288	297	253	311	387	452	463
Associated Health[b]	23,483	23,871	24,608	25,122	26,121	26,454	26,135	26.932	25,428
Dental Residents & Students	1,280	1,267	1,231	1,195	1,397	1,398	986	1,044	849
Physician Residents	36,410	36,745	36,816	37,809	40,420	41,697	43,013	43,768	43,565
Medical Students	20,245	20,516	21,502	20,218	21,541	23,031	24,283	25,707	24,683
Nursing Trainees[c]	33,092	32,662	32,349	32,859	29,067	28,086	28,389	28,845	27,549
Non-Health Professionals[d]	N/A	N/A	N/A	N/A	N/A	359	359	463	412
Total	114,685	115,300	116,794	117,500	118,799	121,345	123,552	127,211	122,949

Source: U.S. Department of Veterans Affairs. Office of Academic Affiliations, "2017 Statistics: Health Professions Trainees," https://www.va.gov/OAA/docs/OAA_Statistics_Short_2017.pdf.

Notes: The VA aggregates these data based on information it receives from the "Health Services Training Report," which each facility completes at the conclusion of each fiscal year. Data are not unduplicated (i.e., it is possible, though unlikely, for trainees to have trained at more than one VA facility and therefore be counted more than once in these data).

a. To improve the accuracy of its data collection, beginning in 2017, the VA changed its data collection from fiscal years to academic year time frame.

b. Includes all health disciplines that are not medicine, dentistry, or nursing (e.g., psychologists, pharmacists, and social workers).

c. Includes graduate and undergraduate level trainees.

d. Includes individuals in professions such as engineering, information technology, or finance.

Over the past six years, the VA has also expanded its mental health training. Specifically, since 2012, the VA has supported an additional 750 trainees in various mental health professions. This represents facilities with existing programs that grew in program size and new facilities that commenced mental health training. Trainees were added in a variety of fields, including

- clinical pastoral education,
- licensed professional mental health counseling,
- marriage and family counseling,
- mental health nursing,
- occupational therapy,
- pastoral counseling,
- pharmacy,
- physician assistant,
- psychiatry,
- psychology, and
- social work.

Author Information

Elayne J. Heisler
Specialist in Health Services

Sidath Viranga Panangala
Specialist in Veterans Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.