

VA



U.S. Department of Veterans Affairs
Veterans Health Administration



VHA WORKFORCE AND SUCCESSION STRATEGIC PLAN

FY 2020-21

VHA National Workforce Planning
Workforce Services

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ACRONYMS

Best Places to Work	BPTW
Certified Registered Nurse Anesthetists	CRNA
Department of Defense	DoD
Department of Veterans Affairs	VA
Diagnostic Radiologic Technologist	DRT
Education Debt Reduction Program	EDRP
Electronic Health Record	EHR
Employee Education System	EES
Employee Incentive Scholarship Program	EISP
Enrollee Health Care Projection Model	EHCPM
Equal Employment Opportunity	EEO
Federal Employee Viewpoint Survey	FEVS
Fiscal Year	FY
Full-Time Equivalent	FTE
Government Accountability Office	GAO
Graduate Healthcare Administration Training Program	GHATP
Health Care Leadership Development Program	HCLDP
Health Professional Scholarship Program	HPSP
Healthcare Leadership Talent Institute	HLTI
High-Reliability Organization	HRO
Hire Right Hire Fast	HRHF
Human Resources	HR
Human Resources Management	HRM
Information Technology	IT
Integrity, Commitment, Advocacy, Respect, and Excellence	I CARE
Leadership VA	LVA
Leadership, Effectiveness, Accountability, and Development	LEAD
Learning Management System	LMS
Licensed Practical Nurse	LPN
Manpower Management Service	MMS
Medical Center Director	MCD
Medical Support Assistant	MSA
Mental Health Hiring Initiative	MHHI
Maintaining Internal Systems and Strengthening Integrated Outside Networks Act	MISSION Act
Mission Critical Occupation	MCO
National Center for Organization Development	NCOD
National Recruitment Service	NRS
New Executive Training Program	NExT
New Supervisors Essentials	NSE
Nursing Solutions, Inc.	NSI
Office of Diversity and Inclusion	ODI
Office of Federal Procurement Policy	OFPP

Office of Management and Budget	OMB
Office of Personnel Management	OPM
Office of The Inspector General	OIG
Patient Aligned Care Teams	PACT
Post-Traumatic Stress Disorder	PTSD
Recruitment, Retention, and Relocation Incentives	3R
Registered Nurse	RN
Relative Value Units	RVU
Senior Executive Service	SES
Senior Executive Service Candidate Development Program	SESCDP
Specialty Productivity Access Report and Quadrant Tool	SPARQ
Technical Career Field	TCF
Traumatic Brain Injury	TBI
United States	U.S.
VA Acquisition Academy	VAAA
VA Learning Opportunity Residency	VALOR
Veterans Access, Choice, and Accountability Act	VACAA
VA Medical Center	VAMC
Veterans Benefits Administration	VBA
Veterans Health Administration	VHA
Veterans Integrated Service Network	VISN
Virtual Aspiring Leaders Program	vALP
White House Leadership Development Program	WHLDP

LETTER FROM THE VHA EXECUTIVE IN CHARGE

In the Veterans Health Administration (VHA), our employees are not only our most valuable resource, they are essential to our mission of caring for our Nation's Veterans.

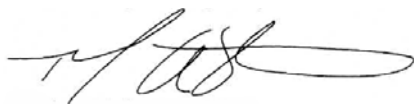
Every day, approximately 350,000 loyal and dedicated VHA employees provide essential health care services to more than 9 million of our Nation's Veterans. Employing the best people with outstanding skills and abilities is critical to successfully delivering exceptional patient-centered health care in the largest integrated health care system in the United States. VHA provides care at 1,255 health care facilities, including 170 Department of Veterans Affairs (VA) medical centers and 1,074 outpatient sites of care, such as community-based outpatient clinics.

The fiscal year (FY) 2020-21 VHA Workforce and Succession Strategic Plan identifies unique workforce planning and analysis to address potential workforce gaps and challenges and ensure VHA has the finest workforce ready to meet the changing needs of Veterans in our country. This plan is the culmination of input from VA medical centers (VAMC), Veterans Integrated Service Networks (VISN), and VHA program offices. It is anchored to the VA strategic goals and VHA priorities of customer service, full implementation of the VA Mission Act, modernization of the electronic health record, and business systems transformation. Each of these priorities supports and sustains both the VHA workforce and the Veterans we serve.

I encourage all VHA leaders and staff throughout the organization to familiarize themselves with the contents of this plan and to use it to aid in guiding local strategic planning and decision making. Attention to these workforce priorities and the diligent implementation of the goals and strategies in this plan will result in positive and enduring outcomes for VHA. An electronic version of this document is available on the VHA National Workforce Planning SharePoint site.¹

By proactively and creatively addressing potential workforce challenges, including recruitment and retention, employee development and competency gaps, succession planning, and workforce engagement, we will position VHA to continue to deliver world-class health care to those who have borne the battle and served our Nation proudly.

My sincere thanks to the employees of VHA for your daily commitment to serving our Nation's Veterans and making VHA a great place to work!



Richard A. Stone, M.D.
VHA Executive in Charge

¹ | <https://dvagov.sharepoint.com/sites/vhawmcWFP/default.aspx>



Every day, more than

350,000

loyal and dedicated VHA employees provide superior and essential health care services to over

9 MILLION

of our Nation's Veterans.

VHA provides care at

1,255

health care facilities, including

170

VAMCs and

1,074

VHA outpatient clinics of varying complexity.

EXECUTIVE SUMMARY

The FY 2020-21 VHA Workforce Succession and Strategic Plan is intended to provide leaders and staff throughout VHA with the information needed to meet the workforce needs of today while planning for the workforce needs of tomorrow. In this document, you will find important information related to VA and VHA strategic direction, environmental drivers of supply and demand, and legislative and government oversight factors that impact workforce priorities and organizational needs. You will also find a thorough workforce analysis, identification of top clinical and nonclinical shortage occupations, and informative infographics for the workforce overall and each of the 19 top shortage occupations. Last, but not least, this plan provides a cohesive summary of the workforce priorities, initiatives, and specific action planning occurring nationally for implementation at the local facility level.

As the largest integrated health care provider in the U.S., VHA currently has approximately 350,000 full- and part-time employees providing care at 1,255 health care facilities, including 170 VAMCs and 1,074 outpatient sites of care. Occupations range from direct patient care providers such as physicians and nurses to schedulers, food service workers, police officers, and all manner of nonclinical administrative support functions, covering approximately 300 different occupations. Despite its size and complexity, VHA provides some of the most cutting-edge approaches to health care, especially for traumatic brain injuries (TBI), post-traumatic stress disorder (PTSD), and integrated mental health care. In addition, VHA contributes to the education and training of nearly 120,000 health professions trainees annually.

The FY 2019 workforce planning cycle identified 10 clinical and 9 nonclinical shortage occupations in VHA. “Shortage occupations” as defined here are those determined by at least 20% of VAMCs having a shortage in the labor market that creates challenges for recruitment and retention in VHA. Designation as a shortage occupation does not necessarily mean that there are actual shortages at a facility. In actuality, most of these shortage occupations continue to experience net growth year over year and are not critically short in most facilities, but instead, represent a challenge for recruitment and retention.

The top 10 clinical shortage occupations identified in FY 2019 ranked as 1) registered nurse, 2) physician, 3) practical nurse, 4) psychologist, 5) medical technologist, 6) diagnostic radiologic technologist, 7) medical instrument technician, 8) physician assistant, 9) pharmacist, and 10) nurse assistant. The primary drivers for the clinical occupation shortages were competition with other health care employers and a limited supply of candidates.

The top 9 nonclinical shortage occupations identified in the FY 2019 workforce planning cycle ranked as 1) human resources management, 2) police, 3) custodial worker, 4) general engineering, 5) medical support assistant/scheduler, 6) food service worker, 7) medical records technician, 8) medical supply aide and technician, and 9) human resources assistant. The primary drivers for the nonclinical occupation shortages were a lack of qualified applicants, high staff turnover, and non-competitive salary.

Despite the recruitment and retention challenges faced by VHA and the health care industry as a whole, VHA has grown the size of its workforce by 2% to 5% annually, for an average growth rate of 3.4% over the last 5 fiscal years and has maintained turnover rates at or below 9.5% annually, compared with industry rates as high as 20% to 30% according to the Bureau of Labor Statistics.² In addition, according to VHA employee feedback, the VHA climate and culture improved over the last 2 years, reflected in significant improvement in scores on the Federal Employee Viewpoint Survey (FEVS) Best Places to Work (BPTW) metric, with VA ranking sixth among large federal agencies in 2018.³

Recent studies have reported that Veterans are receiving the same or better care at VAMCs as patients at private sector hospitals.⁴ In addition, VHA recently reached a telehealth milestone, achieving more than 1 million video telehealth visits in FY 2018, a 19% increase in video telehealth visits over the prior year.⁵ And, Veterans who choose VHA for their health care have a higher chance of survival beyond 30 days after hospital discharge if admitted for heart attacks, severe chronic lung disease, heart failure, and pneumonia as compared with non-VA hospitals.⁶

The VHA workforce is indeed providing outstanding care to our Nation’s Veterans and contributing to positive outcomes for Veterans and their families every day. The purpose of this workforce plan is to ensure that VHA will continue to meet the demand of Veterans needing care today and, in the future, and to provide the necessary information, analysis, and strategies to make that possible.

2 | Bureau of Labor Statistics, U.S. Department of Labor, Job Openings, and Labor Turnover Survey. The United States health care industry had a 21.5% quit rate and a 30.3% total loss rate for 2016. <https://www.bls.gov/ooh/healthcare/home.htm>

3 | Partnership for Public Service, “Best Places to Work Agency Rankings,” (2019), <https://bestplacestowork.org/rankings/overall/large>

4 | Weeks and West, *Annals of Internal Medicine*

5 | U.S. Department of Veterans Affairs, “VA Exceeds 1 Million Video Telehealth Visits in FY 2018” (February 2019), <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5196>

6 | Weeks and West, *Annals of Internal Medicine*



VA GOALS AND PRIORITIES:

1. Greater choice for Veterans
2. Improve timeliness
3. Suicide prevention
4. Modernize systems

STRATEGIC DIRECTION

VA Mission

VA's mission is to fulfill the promise President Lincoln made in his second inaugural address to care for those who shall have borne the battle and for their families and survivors by serving and honoring the men and women who are America's Veterans.

VA Core Values

VA's core values underscore a moral obligation to those who served and to their families and beneficiaries. These values—Integrity, Commitment, Advocacy, Respect, and Excellence—set the tone for how VA employees interact with one another and with those we serve, and they remind us and others that "I CARE."

VA GOALS AND PRIORITIES

VA goals and priorities defined in the VA Strategic Plan⁷ have an important impact on the strategic direction and workforce planning priorities for VHA. These include:

1. **Greater choice for Veterans:** VHA is committed to ensuring Veterans can make decisions that work best for them and their families, including [community care](#)⁸ and telehealth services. VHA is committed to ensuring Veterans have a wide variety of options for their health and well-being, especially through a community care network and expansion of support to caregivers of Veterans.
2. **Improve timeliness:** Veterans must receive the benefits, care, and services they need, when they need them, no matter where they are. We will be driven by customer

7 | <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>

8 | <https://www.va.gov/communitycare/>

feedback, Veteran data, and employees characterized by a customer-centric mindset to make accessing VHA services seamless, effective, efficient, and emotionally resonant for our Veterans.

3. **Suicide prevention:** Suicide prevention is VHA's highest clinical priority. Suicide is a national health crisis, especially for our Veterans, that requires all government and public-private partnerships to address. Outreach to provide urgent mental health services for other than honorable discharged Veterans and the consolidation of the Mental Health and Suicide Prevention offices ensure the goal to save lives is addressed.
4. **Modernize systems:** VHA employees need systems and technologies that can enable them to deliver the high-quality care and services Veterans deserve. We will modernize our scheduling system utilizing electronic health records (EHRs) that allow VHA to share and exchange vital health information with the Department of Defense (DoD), private health care providers, and private pharmacies. Through a complete business systems transformation, VHA resources will be spent on the care and services Veterans need most, and systems and technology will enable employees to enhance the quality of the care and services Veterans receive.

DIVERSITY AND INCLUSION

The mission of the VA Office Diversity and Inclusion (ODI) program is to grow a diverse workforce and cultivate an inclusive work environment where employees are fully engaged and empowered to deliver outstanding services to our Nation's Veterans, their families, and beneficiaries. The VA FY 2017-2020 Diversity and Inclusion Strategic Plan⁹ defines ODI's 3 primary goals:

1. **A Diverse Workforce:** Grow a diverse, high-performing workforce that reflects all segments of our society and values all aspects of our human diversity
2. **An Inclusive and Engaged Organization:** Cultivate an inclusive work environment and create an engaged organization that leverages diversity and empowers all contributors
3. **Outstanding Public Service:** Facilitate outstanding, responsive public service through principled leadership, shared accountability, and educated stakeholders

VHA is strongly committed to equal employment opportunities (EEO) and diversity in the workforce and

uses multiple approaches to embrace and promote both by fostering an environment of open, responsive, and proactive communication. To strengthen the message of the importance of EEO, diversity, and inclusion, senior executives are accountable for their efforts related to EEO through performance measures and other policies.

To ensure representation of high-level minority supervisors, VHA is actively encouraging minority employee participation in leadership development courses and conducting targeted recruitment at minority colleges.

Managers and supervisors also receive training on procedures to provide reasonable accommodation to persons with disabilities. Events such as a large interactive workshop on disability awareness are open to all employees.

In this area, VHA is also:

- ▶ Continuing active involvement in committees and organizations that support people with disabilities
- ▶ Increasing the focus on outreach to people with targeted disabilities
- ▶ Expanding partnerships with organizations to provide summer internships and Schedule 'A' (disability) non-competitive hires

VHA is also conducting outreach with regional Veteran employment coordinators to strengthen ties with Veterans entering the civilian workforce. Coordinators establish relationships with local military bases and Veterans organizations at local educational institutions to include them in recurring job fairs to reach service members discharging from the military and Veterans completing their education.

VA SECRETARY PRIORITIES AND VHA ALIGNMENT

VA Secretary Robert Wilkie's priorities focus on improving the Department's culture and providing world-class customer service. These efforts include increasing access to care and benefits through implementation of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act; transforming business systems through the adoption of a new EHR system and new claims and appeals processes; and modernizing VHA human resources (HR), financial management systems, construction programs, and supply systems. VHA priorities align with and strongly support these efforts.

9 | <https://www.diversity.va.gov/products/files/StrategicPlan.PDF>



Delivering on Priorities

VHA will benefit the Veteran and the public by increasing the understanding of Veteran-specific illnesses and injuries and developing new treatments. By advancing the fields of genomics and personalized medicine, VHA will work to prevent future illness and improve the effectiveness of current treatments. These advances will be critical as VHA serves a growing demand for health care and an aging Veteran population.

To better adapt to future operating challenges, including the growing and changing Veteran demand for services, VHA is currently undertaking a modernization effort to reform the Department, per the 2017 Executive Order 13781, “Comprehensive Plan for Reorganizing the Executive Branch”¹⁰ and the White House Office of Management and Budget (OMB) memo M-17-22, “Comprehensive Plan for Reforming the Federal Government and Reducing the Federal Civilian Workforce.”¹¹

Five priorities guide the modernization effort.¹² These priorities challenge VA to:

1. Improve service delivery
2. Improve internal organization by reducing bureaucracy
3. Improve internal governance by increasing accountability
4. Upgrade systems
5. Enhance access for Veterans

By December 2020, VHA will have the ability to produce workload and market-based manpower requirements. These capabilities will enable informed budget submissions and strategic workforce plans. VHA will have accurate and functional staffing models driven by empirical data derived from the manpower governance structure.

VHA will use manpower management to determine the staffing levels needed to accomplish its mission and program objectives. The VHA Manpower Management Office, together with the VA Manpower Management Service (MMS), will devise staffing standards using

¹⁰ | <https://www.federalregister.gov/documents/2017/03/16/2017-05399/comprehensive-plan-for-reorganizing-the-executive-branch>

¹¹ | <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2017/M-17-22.pdf>

¹² | <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5075>

models, time studies, and industry benchmarking data and validate and revise these standards periodically to ensure VHA is always prepared to support Veterans.

HIGH-RELIABILITY ORGANIZATION (HRO)

With congressional and presidential backing, VHA has the necessary support to complete an organizational transformation that enables VHA to provide seamless, high-quality, integrated, coordinated care anytime, anywhere.

Since 2015, several assessments by the Government Accountability Office (GAO) and others have identified organizational and operational weaknesses within VHA. The assessments identify common criticisms of VHA's strategy, leadership development and management, organizational structure, accountability, performance management, and culture.

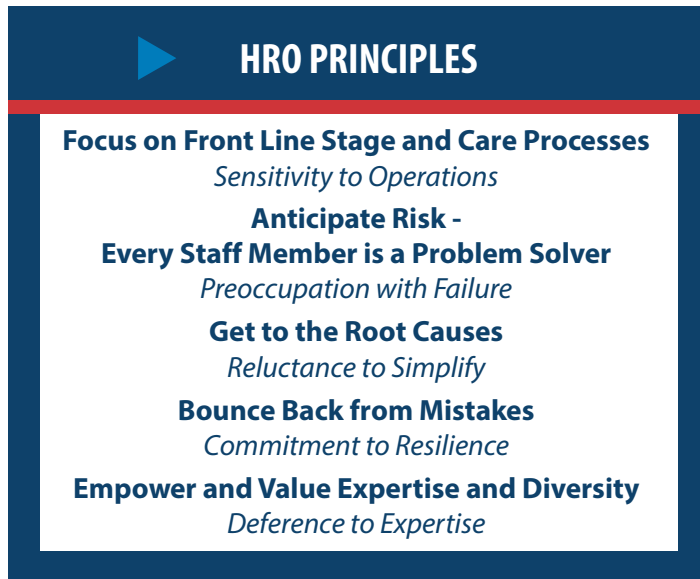
The VHA Plan for Modernization outlines a framework for a clinically-integrated, community-supported, reliable, and deliverable system of care. This system focuses on providing the highest-quality and safest outcomes while restoring trust among Veterans and their families, employees, and others who count on VHA's health care system. The plan is responsive to the broader trends affecting health care, including advances in information and communications technology.

VHA commits to supporting these key priorities and will execute the following improvements to affect system-wide transformative change:

- ▶ Restoring trust in VHA by ensuring Veterans receive top-quality service and highly reliable care that improves their health and prevents harm
- ▶ Creating a learning organization in which science and informatics, Veteran-clinician partnerships, incentives, and culture are aligned to promote and enable continuous and real-time improvement in both the effectiveness and efficiency of care
- ▶ Modernizing VHA's structure, culture, governance, and systems

The health care HRO model is the managerial framework for facilitating this transformational change. HROs across several complex, high-risk industries such as commercial aviation, nuclear power, and health care avoid catastrophic, harmful events despite operating in environments with significant hazards and demanding time-sensitive processes. An HRO focuses

Figure 1. HRO Principles



on continuous improvement while enhancing the customer experience.

VHA will address identified risks by focusing on the Secretary's priorities and executing clinical, operational, and administrative improvements. VHA will ground all initiatives in a broader set of foundational HRO principles, tools, and techniques and apply the "3 Lines of Defense" model, which includes:

1. Management control
2. Risk control and compliance oversight
3. Independent assurance (to provide overall quality assurance)

Clinical and administrative elements of the transformation will work to create a VHA in which:

- ▶ Policy shapes correct behavior and is implemented consistently
- ▶ Business processes are integrated and efficient
- ▶ Resources are used effectively and efficiently
- ▶ Systems are interoperable and meet business needs
- ▶ Data is useful, available, accurate, reliable, complete, and used to inform decisions
- ▶ Governance and oversight mechanisms assure requirements are met

These transformative elements will take place through VHA's Lanes of Effort that align with the Joint Commission's HRO guidance.¹³

¹³ | <https://www.jointcommission.org/>

COORDINATION OF CARE

To tailor the choice of benefits and services for Veterans, VHA must continuously assess how, why, when, and where Veterans are accessing benefits, care, and services. VHA must also understand the outcomes and impacts Veterans experience because of services provided by VHA or VHA’s partners. Simply measuring internal activities such as the number of forms processed, or appointments made on time is no longer enough. The focus must be on understanding whether efforts improve Veteran health and well-being.

This focus on enhanced outcomes also requires VHA to implement “choice” as a system based on clinically and customer-driven priorities, informed by Veterans’ needs, rather than the rule-based administrative system currently in place. VHA will provide Veterans with the information they need to make choices that work best for them.

VHA works to significantly improve Veteran health outcomes by shifting away from a “find it, fix it” disease management model to a model guided by Veterans’ preferences and priorities. This “whole health” approach partners with Veterans throughout their lives and focuses on self-empowerment, self-healing, self-care, and improvements in the social determinants of health as well as clinical care. The “whole health” approach supports

and considers the needs and well-being of Veterans, their families, caregivers, and supporters.

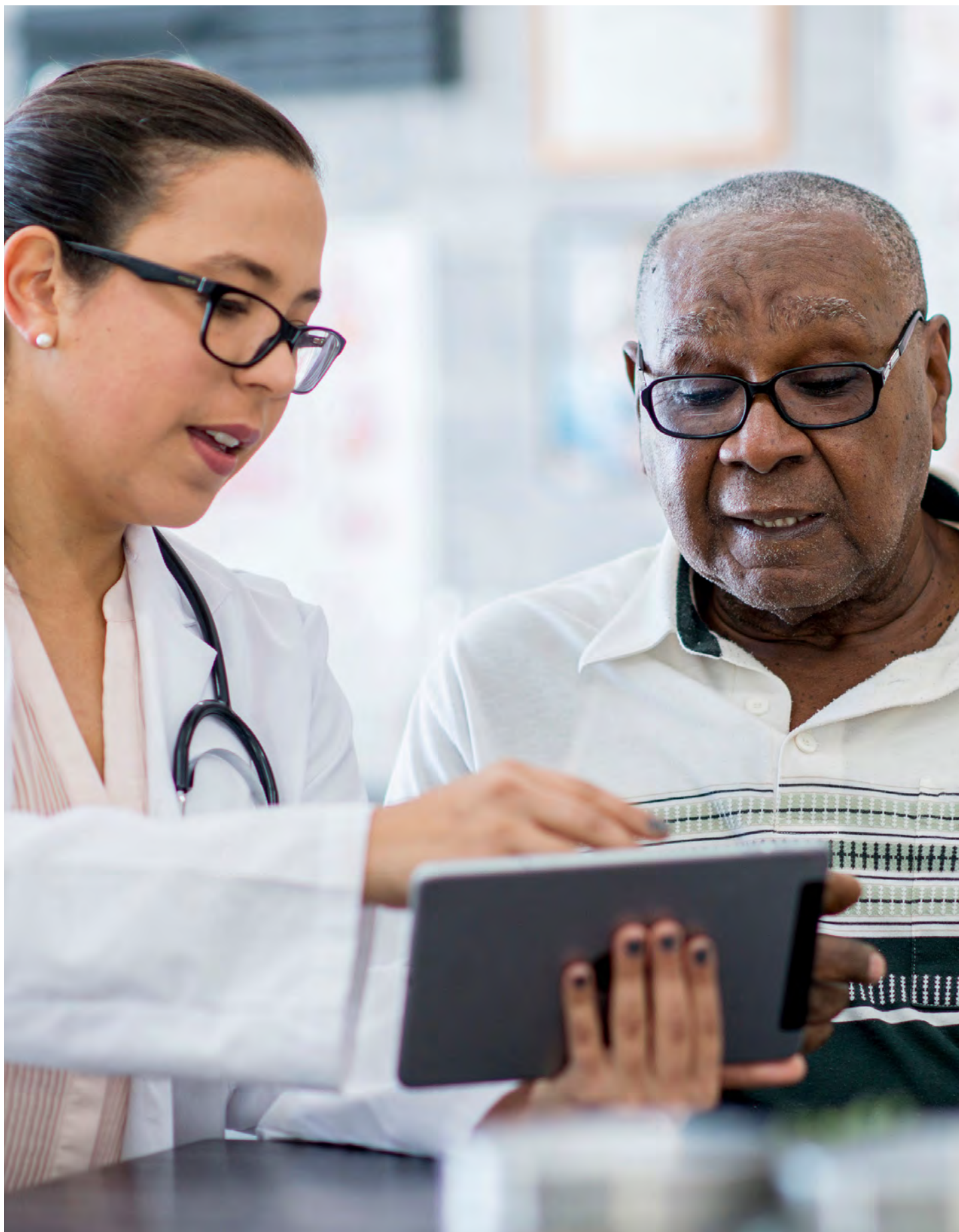
VHA emphasizes coordination of care and services, both within VHA and with community care providers. VHA fosters coordination between providers of medical, psychological, life skills, and home support services to deliver lifetime comprehensive support to address the medical and life challenges suffered by combat, catastrophically ill, injured, or wounded Veterans. VHA further ensures caregivers and families of Veterans receive the support they need.

The Office of Rural Health is creating strong partnerships with local, state, and national organizations to better serve Veterans, their families, and the communities where they live. Virtual health care increases access in underserved rural areas by delivering services into the homes of rural Veterans through virtual consultation.

VHA works to achieve accountability by establishing and ensuring high-quality care and service standards delivered consistently across the integrated delivery networks. This across-the-board accountability holds providers to the same high standards and ensures Veterans receive the same excellent level of care and service no matter which VHA facility or community provider they choose in the network.

Figure 2. VHA Lanes of Effort

VHA Lanes of Effort	
Learning Organization	▶ Commit to zero harm
Structure	▶ Streamline VHA Central Office services and governance processes and align decision rights, starting with VAMCs, continuing with Veteran Integrated Services Networks (VISNs), and finishing with VHACO reducing unwarranted variation across integrated clinical and operational service lines
Engaging Veterans in Lifelong Health, Well-being, and Resilience	▶ Deliver 21 st century whole health and mental health
Leadership, Accountability, and Responsibility	▶ VA Mission Act: Improving access to care <ul style="list-style-type: none"> • Conduct market assessments • Consolidate Veterans community care pathways
Modern IT Systems	▶ Modernize electronic health records ▶ Transform financial management system ▶ Transform supply chain





Despite recruitment and retention challenges faced by VHA and the health care industry as a whole, VHA has grown the size of its workforce by **2%** to **5%** annually for a total of

16.5%
GROWTH

OVER THE LAST 5 FISCAL YEARS.

VHA has maintained turnover rates at or below **9.5%** annually, compared with industry rates as high as **20%** to **30%**, according to the Bureau of Labor Statistics. If VHA continues to grow by approximately **3%** annually, it is anticipated we will exceed

400,000
EMPLOYEES

ONBOARD BY FY 2025.

ENVIRONMENTAL SCAN

The environmental scan uses relevant data and information to provide insight into workforce trends and potential gaps and challenges and helps identify future strategies. The information this scan yields enables VHA to simultaneously apply forward-thinking principles and respond to pressing issues identified by the GAO, the Office of the Inspector General (OIG), OMB, and other government agencies, laws, regulations, and policies.

VHA WORKFORCE AND FACILITIES

As the largest integrated health care provider in the U.S., VHA currently has approximately 350,000 full- and part-time employees providing care at 1,255 health care facilities, including 170 VAMCs and 1,074 outpatient sites of care.¹⁴ Occupations range from direct

patient care providers such as physicians and nurses to schedulers, food service workers, police officers, and all manner of nonclinical administrative support functions, covering approximately 300 different occupations.

In addition to being the largest integrated health care provider in the U.S. and the second-largest federal agency, VHA provides some of the most cutting-edge approaches to health care, especially for TBIs, PTSD, and integrated mental health care. Moreover, VHA contributes to the education and training of nearly 120,000 health professions trainees annually. As of the end of FY 2018, Veterans can schedule appointments directly for mental health, audiology, optometry, podiatry, nutrition, social work, weight loss, wheelchair and mobility, and amputation care without a referral from a primary care clinician. In addition, female

14 | Annual VHA Site Classifications Summary FY2019, FY 2018 Q4 Site Records Reclassified for October 1, 2018, https://www.Veterans.senate.gov/imo/media/doc/PVA_percent20Blake_percent20Testimony_percent2006.14.2017.pdf

Veterans can access mammogram screening at 67 VHA sites offering those services.

Despite recruitment and retention challenges faced by VHA and the health care industry as a whole, VHA has grown the size of its workforce by 2% to 4% annually for a total of 16.5% growth over the last 5 fiscal years and has maintained turnover rates at or below 9.5% annually, compared with industry rates as high as 20% to 30%, according to the Bureau of Labor Statistics. If VHA continues to grow by approximately 3% annually, it is anticipated we will exceed 400,000 employees onboard by FY 2025 (Table 5).

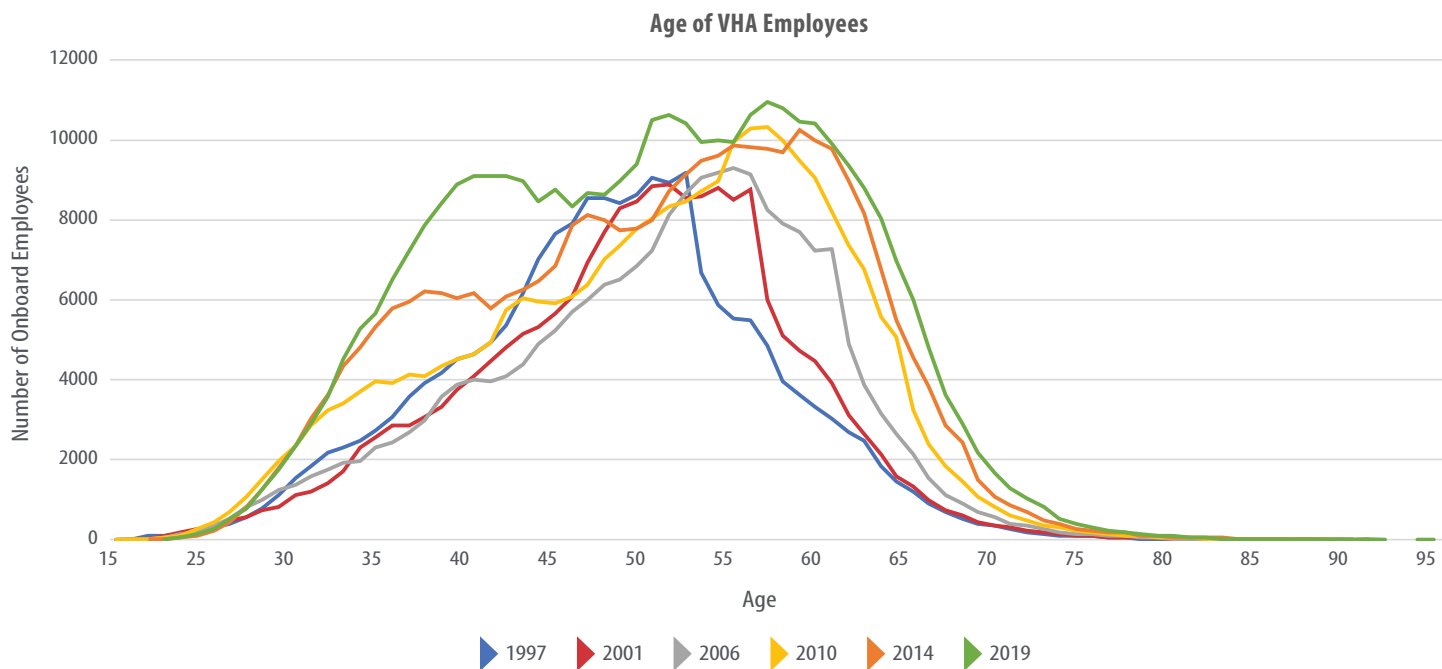
The pipeline of health care employees is increasingly stressed as the projected demand for health care workers in the U.S. labor force is expected to exceed the supply.¹⁵ As the Veteran population and health care provider workforce ages and their health care needs increase, the slowing growth of the labor force and the decline in U.S. student participation and performance in the science and math education needed for health care and research occupations create significant challenges for VHA’s pipeline. Over the past decade, there has been substantial concern regarding the adequacy of the science, technology, engineering, and math (STEM) workforce.¹⁶

The VHA workforce is represented by 4 distinct generations. Traditionalists, those aged 75 or older,

make up the smallest percentage of the workforce at 0.4%. Baby boomers, those who are now 55 to 74 years old, used to make up most of the workforce, but they are now the second-largest segment of the VHA workforce at 31.7%, and Generation X, those aged 40-54, now represent the largest segment of the workforce at 40.7%. Millennials, those under age 40, have increased in the workforce and currently make up 27.2% of the VHA workforce. An historical look at the age distribution of VHA employees shows that while the very oldest employees in the workforce continue to get a bit older, as demonstrated by the green line, there are 2 significant bumps in the age distribution from approximately 33 to 42 and 48 to 51 that have occurred in the years from 2014 to 2019. This is good news for the future of the VHA workforce.

Within VHA, budgets and business processes are changing, and new technologies are being implemented. External factors affecting VHA’s work and its workforce include changes to Veteran demographics, changes in health care legislation that can impact the entire health care industry, economic uncertainties, and new regulations and mandates. Modernization will have both short and long-term impacts on the workforce, potentially driving up the need for staff by as much as 30% in short bursts of approximately 9 months (based on DoD’s implementation experience) as the new EHR is

Figure 3. Age of VHA Employees



15 | <https://www.bls.gov/news.release/ecopro.nr0.htm>

16 | <https://www.bls.gov/opub/mlr/2015/article/stem-crisis-or-stem-surplus-yes-and-yes.htm>

rolled out across the VHA system and requiring providers to be technically competent in using the system.

VETERAN POPULATION SERVED

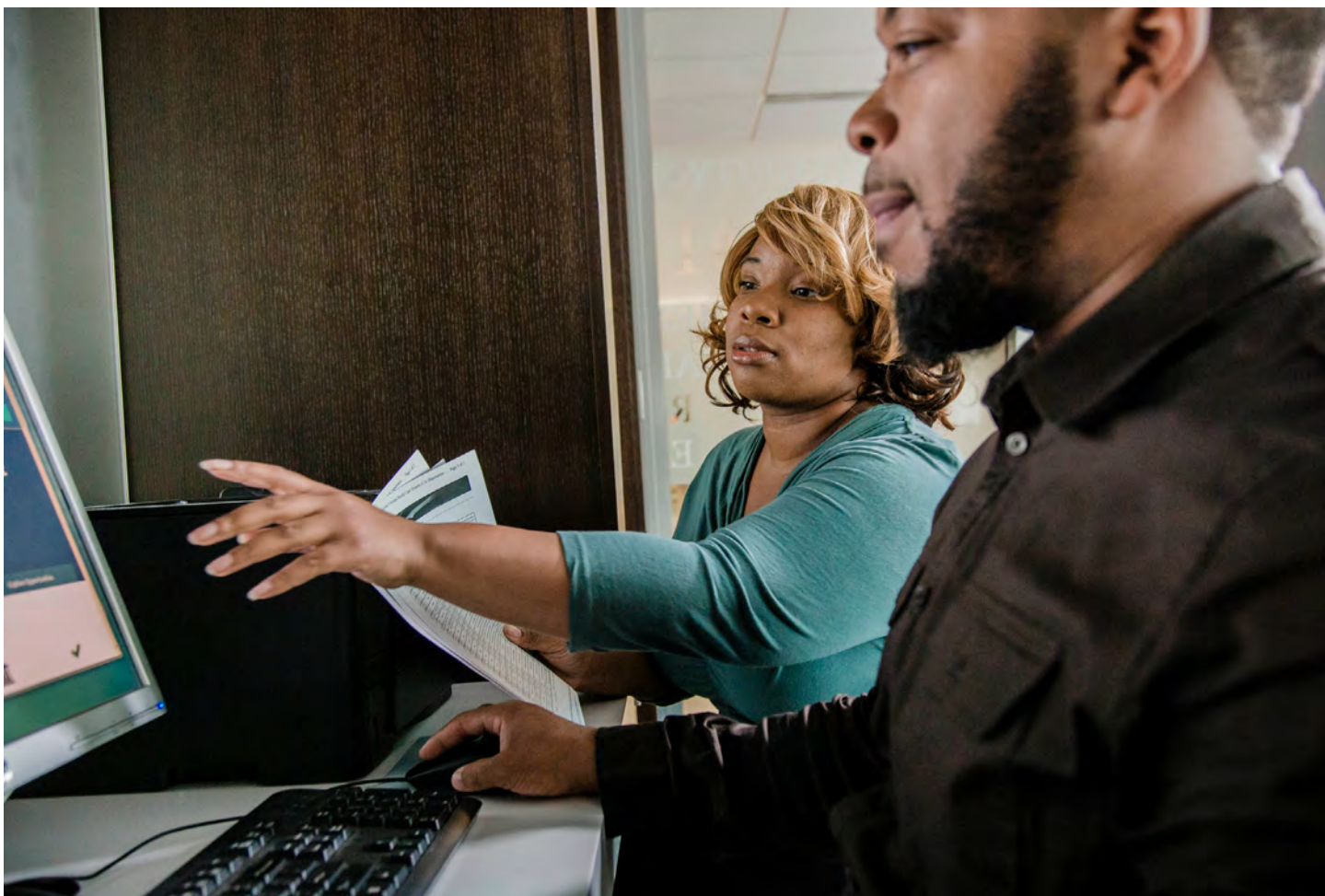
In 2018, out of a population of 19.6 million Veterans, 13.9 million were eligible to enroll in VA health care, and 8.8 million were enrolled. The 2019 Enrollee Health Care Projection Model (EHCPM) indicates that the total population of Veterans, as well as those eligible to enroll all expected to decline from 2018-2028; however, the enrollee population itself is expected to remain constant. This varies across the country, with some VISNs projecting up to a 12% increase in enrollment and some expecting enrollment declines of up to 18%.

Enrollee population trends do not always correlate directly with the trends in demand for VA health care. This is because several factors are driving projected workload, including changing enrollee demographics (e.g., age, gender, morbidity, etc.) and health care trends. Even with the enrollee population remaining relatively constant, VHA expects these factors to drive a net increase in workload, particularly for ambulatory services. This will

vary by service and geography. Between 2018 and 2028, the following changes in demand for health care are projected in VA facilities:

- ▶ Outpatient primary and specialty care combined are projected to grow 33% nationally, and outpatient mental health care is projected to grow 32% nationally. This increased demand for outpatient services is across all VISNs, with some experiencing slightly more growth and some less
- ▶ Inpatient acute medicine and surgery demand is projected to decrease by 15% nationally. This decline varies across VISNs from 5% to 23%
- ▶ Inpatient acute mental health demand is projected to decrease by 11% nationally. This ranges from a 1% increase to a 24% decrease across VISNs
- ▶ Home and community based long-term care services and supports are projected to increase by 22% nationally. The change varies between 0% and a 47% increase across VISNs
- ▶ Community living center workload is anticipated to increase by 9% nationally. At the VISN level, the change varies between a 6% decrease and a 33% increase





LEGISLATION AND GOVERNMENT OVERSIGHT

General Accountability Office

Every year, the GAO makes recommendations to help improve the federal government. In the October 2017 GAO-18-124 VHA: Better Data and Evaluations Could Help Improve Physician Staffing, Recruitment, and Retention Strategies Report,¹⁷ GAO provided 5 recommendations:

1. The Under Secretary for Health should develop and implement a process to accurately count all physicians providing care at each medical center, including physicians not employed by VHA
2. The Under Secretary for Health should develop and issue guidance to the VAMCs on determining appropriate staffing levels for all mission-critical physician occupations
3. The Under Secretary for Health should ensure that when multiple offices release similar productivity data on physician occupations, any methodological differences are clearly communicated, and guidance is provided on how to interpret and reconcile the data
4. The Under Secretary for Health should establish a system-wide method to share information about physician trainees to help fill vacancies across VAMCs
5. The Under Secretary for Health should conduct a comprehensive, system-wide evaluation of the physician recruitment and retention strategies used by VAMCs to determine their overall effectiveness, identify and implement improvements, ensure coordination across offices, and establish an ongoing monitoring process

¹⁷ | <https://www.gao.gov/assets/690/687853.pdf>

GAO recommendations are woven into the workforce and succession plan and leadership is encouraged to incorporate them into their decision-making processes. In March 2019, GAO published “Key Talent Management Strategies for Agencies to Better Meet Their Missions,”¹⁸ which highlighted that federal work is changing amid demographic and technological trends.

Identified trends include:

- ▶ Technological advances
- ▶ Increased reliance on nonfederal partners
- ▶ Fiscal constraints
- ▶ Evolving mission requirements
- ▶ Changing demographics
- ▶ Shifting attitudes toward work

Given these trends, VHA is working to incorporate key talent management strategies to better manage the current and future workforce. These strategies include:

- ▶ **Align human capital strategy with current and future mission requirements:** With shifting attitudes toward work, technological advances, and increased reliance on nonfederal partners, VHA needs to identify the knowledge and skills necessary to respond to current and future demands. Key practices include identifying and assessing existing skills, competencies, and gaps.
- ▶ **Acquire and assign talent:** To ensure agencies have the talent capacity to address evolving mission requirements and negative perceptions of federal work (e.g., that it is too bureaucratic), they can cultivate a diverse talent pipeline, highlight their respective missions, recruit early in the school year, support rotations, and assign talent where needed.
- ▶ **Incentivize and compensate employees:** While federal agencies may struggle to offer competitive pay in certain labor markets, they can leverage existing incentives that appeal to workers’ desire to set a schedule and to work in locations that provide work-life balance.
- ▶ **Engage employees:** Engaged employees are more productive and less likely to leave, according to the Office of Personnel Management (OPM).¹⁹ Agencies can better ensure their workforces are engaged by managing employee performance, involving employees in decisions, and developing employees.

High-Risk List

In the February 2017 GAO report: “High-Risk Series—Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others,”²⁰ GAO identified high-risk areas, which included:

- ▶ Ambiguous policies and inconsistent processes
- ▶ Inadequate oversight and accountability
- ▶ Information technology challenges

MISSION Act

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act²¹ of 2018 enhances VHA’s ability to invest in several critical areas including streamlining and improving community care, establishing a new urgent care benefit, expanding caregiver eligibility, strengthening VHA’s workforce, and strengthening VHA’s infrastructure. Through the MISSION Act, VHA has additional opportunities to enhance the high-quality health care Veterans receive. The MISSION Act puts Veterans at the center of their care coordination, whether it is at a VHA facility or in partnership through a community care provider. Specifically, the MISSION Act:

- ▶ **Improves community care:** The MISSION Act streamlines VHA community care programs, making it easier to navigate for Veterans, their families, community providers, and VHA employees. VHA offers same day services for mental health and primary care at all sites across the country. [VA launched its new and improved Veterans Community Care Program](#)²² in June 2019, implementing portions of the MISSION Act of 2018, and transitions the Veterans Choice Program into the newly established Veterans Community Care Program.²³ The MISSION Act will strengthen the nationwide VHA health care system by empowering Veterans with more health care options.
 - ▶ “The changes not only improve our ability to provide the health care Veterans need but also when and where they need it,” said Secretary Wilkie. “It will also put Veterans at the center of their care and offer options, including expanded telehealth and urgent care, so they can find the balance in the system that is right for them.”
 - ▶ Under the new Veterans Community Care Program, Veterans can work with their VHA health care provider or other VHA staff to see if they are eligible to receive

18 | <https://www.gao.gov/assets/700/698084.pdf>

19 | <https://www.opm.gov/policy-data-oversight/human-capital-management/federal-workforce-priorities-report/2018-federal-workforce-priorities-report.pdf>

20 | <https://www.gao.gov/assets/690/682765.pdf>

21 | <https://missionact.va.gov/>

22 | <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5264>

23 | <https://www.va.gov/COMMUNITYCARE/programs/veterans/VCP/index.asp>

community care based on new flexibilities. Eligibility for community care does not require Veterans to receive their care in the community. Instead, Veterans can still choose to have VHA provide their care and may elect to receive care in the community if they meet any of the following 6 eligibility criteria:

1. A Veteran needs a service not available at any VA medical facility
2. A Veteran resides in a U.S. state or territory without a full-service VA medical facility. Specifically, this would apply to Veterans living in Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands
3. A Veteran qualifies under the grandfather provision related to distance eligibility under the Veterans Choice Program
4. VHA cannot furnish care within certain designated access standards, based on drive-times calculated using geo-mapping software. The specific access standards include:
 - 30-minute average drive time for primary care, mental health, and noninstitutional extended care services
 - 60-minute average drive time for specialty care
5. Appointment wait time at a specific VA medical facility that exceeds:
 - 20 days from the date of the request for primary care, mental health care, and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with his or her VHA health care provider
 - 28 days for specialty care from the date of the request, unless the Veteran agrees to a later date in consultation with his or her VHA health care provider
 - VHA has determined that a VHA medical service line is not providing care in a manner that complies with VHA's standards for quality based on specific conditions
6. The Veteran and the referring clinician agree it is in the best medical interest of the Veteran to receive community care based on defined factors

The changes not only improve our ability to provide the health care Veterans need but also when and where they need it. It will also put Veterans at the center of their care and offer options, including expanded telehealth and urgent care, so they can find the balance in the system that is right for them.

-Secretary Wilkie

- ▶ **Expands eligibility for caregiver support:** The MISSION Act expands eligibility for VHA's caregiver program to include eligible Veterans from all eras of service. The expansion will occur in 2 phases. The first phase starts with those who were injured on or before May 7, 1975, with further expansion, occurring 2 years later. The expansion timeline is still under development.
- ▶ **Enhances VHA's ability to recruit and retain top-notch employees:** VHA is focused on recruiting top-notch health care professionals to ensure Veterans are receiving the care they have earned. This Act will allow for a new scholarship program, greater access to VA's education debt-reduction program (EDRP), and improved flexibility for providing bonuses for 3R incentives.
- ▶ **Strengthens VHA's building infrastructure:** The Asset and Infrastructure Review (AIR) process in the MISSION Act will provide VHA the necessary flexibility to improve older buildings, bringing them in line with modern standards to help us support news and high-tech equipment.





VHA embraces workforce diversity and inclusion. **43%** of the VHA workforce identifies as a racial/ethnic minority.

MINORITY REPRESENTATION HAS INCREASED FROM 40.8% IN FY 2015 TO 43.0% IN FY 2019

reflecting a much higher representation than would be expected based on the Relevant Civilian Labor Force (34.1% minority).

WOMEN IN THE VHA WORKFORCE: 62.2%

an increase from 60.8% in 2015.

WORKFORCE ANALYSIS

TOTAL WORKFORCE

Growth and Turnover

As of September 2019, VHA had 349,646 full- and part-time employees onboard. Of these employees, only 5.5% are designated as part-time. As the operator of the largest integrated health care delivery system in America, VHA has workforce challenges that mirror those of the health care industry at large. Despite those challenges, VHA talent acquisition strategies have resulted in more than 42,000 new hires in FY 2018 and 2019, for a combined net increase of more than 22,000 employees and growth rates of 3.4% and 3.3%, respectively. The VHA workforce has consistently grown over the last 5 years, by a minimum of 2% and a maximum of 5%, for an average annual growth rate of 3.2%.

In addition, VHA has maintained total loss rates at or below 9.5% for the last 5 years compared with other large cabinet-level agencies that averaged 11% in FY 2017 and compared with health care industry turnover rates of 20–30%.²⁴ Just over half (52.9%) of the turnover in the VHA workforce overall can be attributed to resignations and transfers to other government agencies (also known as voluntary losses or regrettable losses). Retirements make up approximately 31% of the turnover in VHA, and the remaining turnover (16.5%) is due to involuntary loss types, such as expirations of appointments, terminations, removals, and death.

The growth in VHA reflects the increased staffing levels required to meet increased demand for services, improve access, reduce wait times, improve quality,

Table 1. VHA Total Workforce 5-Year Historical Growth, Loss, and Hire Data

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Onboard Employee Count	312,704	321,044	327,346	338,545	349,646
Onboard Employee Growth Rate	4.7%	2.7%	2.0%	3.4%	3.3%
Total Losses (excluding internal transfers)	28,531	29,833	29,875	31,705	32,296*
Total Loss Rate (i.e., turnover)	9.3%	9.4%	9.2%	9.5%	9.4%*
Total Hires/Gains (calculated)	42,471	38,173	36,177	42,904	43,397

Note: Table excludes Veterans Canteen Service (VCS), Intermittent, Medical Resident, Non-Pay Status, and Trainees coded T0-T9.

*FY 2019 loss and turnover data are expected to increase slightly as additional loss actions are processed for the year.

Table 2. 2017 VHA Turnover Rates Compared to Private Sector Turnover Rates for Specific Occupations as Reported by Nursing Solutions, Inc. (NSI)

Occupation	VHA	Private Sector	Occupation	VHA	Private Sector
Nurse Anesthetist (CRNA)	7.1%	8.1%	Pharmacist	4.0%	8.3%
Nurse Practitioner	8.6%	11.1%	Medical Technologist	8.1%	10.5%
Registered Nurse	7.9%	16.8%	Physical Therapist	3.9%	10.7%
Nurse Assistant	9.2%	27.7%	Respiratory Therapist	6.7%	11.5%
Patient Care Tech (Health Aide and Technician)	8.9%	19.3%	Occupational Therapist	6.2%	12.2%
Diagnostic Radiologic Technologist	6.8%	10.8%	Speech Therapist (Speech Path/Audio)	4.4%	12.5%
Physician Assistant	7.7%	14.2%			

enhance Veteran satisfaction, and address growth in the overall VHA mission. Clinical occupations account for approximately 63% of the VHA workforce, as well as 63% of the growth in VHA over the last 5 years. The largest clinical growth occupations over the last 5 years have been registered nurses (+24%), physicians (+7.5%), social workers (+5.8%), nurse assistants (+4.2%), pharmacists (+3.1%), and general health science (+2.7%). In nonclinical occupations, the largest growth has been for medical support assistants (i.e., schedulers) (+19%),

custodial workers (+2.3%), and management and program analysts (+2.3%). Each of the other occupations accounts for less than 2% of the total staffing growth in VHA over the last 5 years.

Turnover in VHA is low, especially compared with private sector estimates. Table 3 presents specific occupational turnover rates in VHA compared with private sector rates for those same occupations, as reported by Nursing Solutions, Inc.²⁵

Vacancies

Vacancies are a metric for assessing VHA recruiting needs but are not necessarily an indicator of staffing shortages or capacity deficits. As of September 2019, VHA had 43,406 full-time equivalent (FTE) vacancies recorded in the HR Smart personnel system of record, for an 11.3% vacancy rate. Most vacancies in VHA are the result of the normal churn of turnover, at approximately 9-9.5% annually. Growth in new positions accounts for a smaller percentage of vacancies in VHA, averaging 3.2% annually. Recruitment for vacant positions in VHA is continuously ongoing to maintain staffing levels as a result of turnover and to grow the workforce to meet increased demand.

Demographics

VHA embraces workforce diversity and inclusion. Table 4 provides demographic data for the VHA workforce. Over the last 5 years, the average age of VHA employees has remained extremely consistent at 47.8 to 48.0 years old, and the average age of new hires has increased from 40.6 to 41.2 years old. The representation of females in the VHA workforce has increased from 60.8% in FY 2015 to 62.2% in FY 2019. Veteran representation in VHA overall has decreased in recent years from 31% to 30%. Veteran representation among nonclinical occupations, while much higher than the workforce overall, has also decreased over the last 5 years from 54% in FY 2015 to 51.4% in FY 2019. Minority representation has increased from 40.8% in FY 2015 to 43.0% in FY 2019, reflecting a much higher

representation than would be expected based on the Relevant Civilian Labor Force (34.1% minority).

Workforce Projections

Drivers for the workforce projections below include average historical rates of growth and turnover, projected increases in Veteran enrollees, and continued increases in demand for services, such as a 30% or more increase in most areas of outpatient care over the next 10 years, especially primary care and mental health services. The projections in Table 5 are based on future expectations, rather than on workload-based projections of need, but are consistent with the EHCPM projection of approximately 3% annual increases in demand for outpatient services.

As VHA incorporates manpower management processes and validates staffing models, workforce projections for validated staffing requirements will be integrated into the annual workforce planning cycle and strategic workforce planning process, making VHA's ability to project actual staffing needs that will drive budget requests to meet Veteran demand more accessible and accurate. Based on the accuracy of historical projections made via the VHA workforce planning process, the data in Table 5 are an excellent indication of where the organization will likely be over the next 5 years, and what it will take to achieve these onboard projections, including the hiring of approximately 45,000 to 50,000 employees annually.

Table 3. VHA Total Workforce Demographics

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Average Age for Onboard Employees	47.9	47.9	48.0	47.9	47.8
Average Age for New Hires	40.6	41.0	40.8	41.2	41.2
% Male	39.2%	39.1%	38.7%	38.3%	37.8%
% Female	60.8%	60.9%	61.3%	61.7%	62.2%
% Veterans for All VHA Employees	31.2%	31.0%	30.4%	30.6%	30.2%
% Veterans for Nonclinical Employees	54.0%	53.9%	53.0%	52.8%	51.4%
% Minority (race/ethnicity)	40.8%	41.3%	41.7%	42.4%	43.0%
% Targeted Disabilities	2.5%	2.5%	2.5%	2.6%	2.6%
% Non-Targeted Disabilities	11.3%	11.4%	11.2%	11.0%	10.6%

This represents a significant workload in terms of recruitment, staffing, onboarding, orientation, training, and workforce development that can and should be used by VHA leaders and program offices to understand the scope of VHA workforce needs and strategies required to meet them.

VHA SUPERVISOR WORKFORCE

Supervisor Growth and Turnover

As of September 2019, VHA had 33,426 full- and part-time supervisors onboard. Whereas 5.5% of the total workforce is part-time, a much smaller percentage of supervisors are considered part-time (2.1%). On average, the number of supervisors in VHA has grown by 4.4% over the last 5 years, compared with workforce growth of 3.2%, resulting in a decrease in the supervisor to staff

ratio from 1 supervisor for every 11.1 VHA employees in FY 2014 down to 1 supervisor for every 10.5 employees in FY 2019. This represents an unusual trend. The ratio of supervisors to staff in VHA has ranged from 10.8 to 11.4 over the previous 15 years. It may be that improvements in data systems, tracking, and position inventory management are resulting in better identification and coding of supervisors in the system. However, a more likely driver of the increase in supervisors is the increasing demand for oversight, accountability, performance outcomes, and employee engagement, all of which require additional supervision.

Unlike the workforce overall, which depends almost entirely on external sources of growth, supervisors are more often grown from within, with approximately 31% hired on as new supervisors in the organization. This

Table 4. VHA Total Workforce Projections

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Projected Employee Count	360,800	372,350	383,500	395,000	406,850
Projected Growth Rate	3.2%	3.2%	3.0%	3.0%	3.0%
Projected Losses (based on 9.5%)	33,750	34,825	35,900	36,980	38,080
Total Hires Required to Achieve Onboard Projections	44,904	46,375	47,050	48,480	49,930

Table 5. VHA Supervisors 5-Year Historical Growth, Loss, and Hire Data

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Onboard Supervisor Count	28,245	29,150	30,199	31,686	33,426
Onboard Supervisor Growth Rate	4.7%	3.2%	3.6%	4.9%	5.5%
Supervisor to Employee Ratio (1 to X)	11.1	11.0	10.8	10.7	10.5
Total Losses (excluding internal transfers)	2,128	2,189	2,212	2,359	2,409*
Total Loss Rate (i.e., turnover)	7.7%	7.6%	7.4%	7.6%	7.4*
Number of New Hires	1,013	1,002	941	1,255	1,308
% External (New Hire) Growth	29.9%	32.4%	28.9%	32.6%	31.5%
% Internal Growth	70.1%	67.6%	71.1%	67.4%	68.5%

*FY 2019 loss and turnover data are expected to increase slightly as additional loss actions are processed for the year.

Table 6. VHA Supervisor Projections

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Projected Supervisors (based on 1 to 10.5 ratio)	34,360	35,460	36,520	37,620	38,750
Projected Supervisor Growth Rate	2.8%	3.2%	3.0%	3.0%	3.0%
Total Losses (based on 7.5%)	2,542	2,618	2,699	2,780	2,864
Total New Supervisors Needed to Achieve Onboard Projections	3,476	3,718	3,759	3,880	3,994
Projected External Hires (based on 31%)	1,078	1,153	1,165	1,203	1,238
Projected Internal Hires (based on 69%)	2,398	2,566	2,594	2,677	2,756

means approximately 69% of supervisory replacement and growth needs are dependent on developmental experiences and training within the organization. Turnover rates for supervisors are substantially lower than for the workforce overall, averaging 7.5% over the last 5 years, a full 2 percentage points lower than total workforce loss rates. In addition, just over half of that turnover (52.4%) is due to retirement, with 39% due to resignation or transfer to other government agencies, and only 8.6% due to involuntary losses, such as terminations, removals, and death.

Supervisor Projections

Drivers for the supervisor workforce projections below are based on the FY 2019 supervisor to staff ratio, as well as historical turnover rates, and projected onboard data for the total workforce. Historical trends would indicate the projections below could be a small under-estimate of VHA's projected need for new supervisors over the next 5 years. If the supervisor to employee ratio continues to drop below 1 supervisor to 10.5 employees, the number of supervisors needed could be a magnitude of several hundred more per year. Based on these estimates, VHA should expect to develop approximately 2,400 to 2,750 current staff for new supervisor positions each year and to hire approximately 1,000 to 1,200 each year as well.

EMPLOYEE SURVEY RESULTS

VA Exit Survey—Reasons for Leaving

The VHA Exit Survey provides 15 possible response options for reasons for leaving VHA.²⁶ For analysis, these options are consolidated into 6 thematic categories: advancement, personal/family, workplace issues, compensation/benefits, retirement, and no response. In FY 2018, reasons for leaving were divided between retirement (24.5%), workplace issues at (23.5%), advancement (22.2%), and personal/family reasons (22%). Compensation/benefits was selected by only 3.0% of exiting employees, and 4.8% chose not to respond.

Satisfaction scores among exiting employees have increased in 8 out of the 10 satisfaction questions on the survey since FY 2015, supporting the notion that VHA continues to work to create an environment where employees are valued, supported, and encouraged to serve Veterans. The current survey results indicate approximately three-fourths of exiting staff would recommend VHA as a place of employment and consider working for VHA again. One-fourth of exiting respondents reported their supervisors or managers tried to retain their employment. Exiting employees reported leaving VHA for retirement (19.6%) to enter the private sector or become self-employed (18.4%) or to transfer to another federal agency (17.4%).

²⁶ | Reasons for leaving categories: Advancement includes a unique opportunity elsewhere and lack of opportunity, etc.; Personal/family includes relocation with spouse, attend school, family matters (marriage, pregnancy, etc.), and desire to work part-time; Workplace issues includes management relating to lack of respect and/or managerial skill, obstacles to getting the work done (lack of cooperation, red tape, disorganization, etc.), job itself (doesn't like the type of work, abilities not used, uninteresting work, not contributing, too little to do, etc.), workload (too much work, pressure, impact on personal life, etc.), work stress (the nature of the work is stressful), and communication problems or interpersonal difficulties in workgroup; Compensation/Benefits includes amount of pay, infrequent salary increases, lack of bonuses, etc., and/or insufficient benefits; Retirement includes early or disability retirement and normal retirement; No Response.

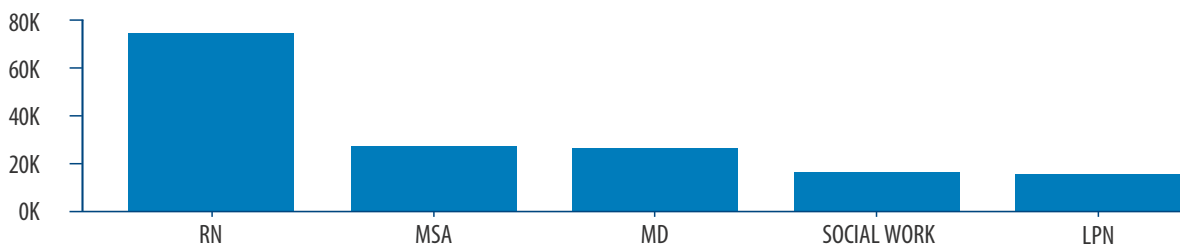
Figure 4. VHA Workforce Statistics FY 2019



To meet the needs of our Nation’s Veterans, VHA is constantly striving to expand services. To do that, we are working hard to bring in and keep a dedicated workforce of amazing people!

ONBOARD: 349,646

1 VHA is the largest integrated health network in the U.S. with **140 health care systems comprised of 172 inpatient centers and 1,069 outpatient care centers.** The 5 largest occupations are nurses, schedulers (MSAs), physicians, social workers, and licensed practical nurses (LPN).



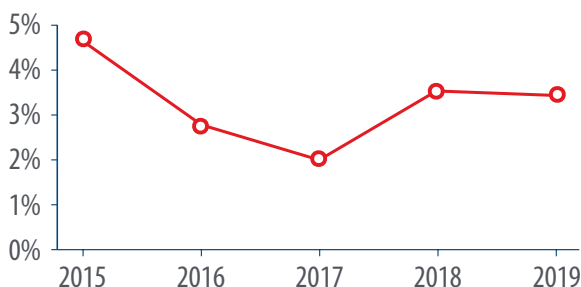
HIRES: 43,150

2 To maintain and grow the workforce, VHA typically hires anywhere from 35,000 to 40,000 each year. **At more than 43,000 hires, VHA had a record year of hires in FY 2019.**

Our HR works hard to keep positions filled all year long!

GROWTH: 3.2%

3 VHA has been growing at a rate of 2-5% for the past 5 years. To grow, VHA must keep pace by replacing those who leave and adding new employees to the workforce. In FY 2019, the net increase in VHA employees was 11,101. Typically, it takes 4 hires to achieve 1 net gain.



TOTAL LOSS RATE: 9.4%

4 Losses are a natural part of the workforce life cycle. However, **VHA outperforms other health care systems that are estimated to have 20–30% turnover industry wide.** In FY 2019, the retirement rate was 2.9%, the quit rate was 5.0%, and all other losses were 1.5%.

VACANCY RATE: 11%

5 The vacancy rate can be thought of as a demand signal to hire. **At 11%, we are currently filling slots that have been vacated due to losses (9-9.5%) and accounting for the average normal growth (2-5%) expected yearly.**

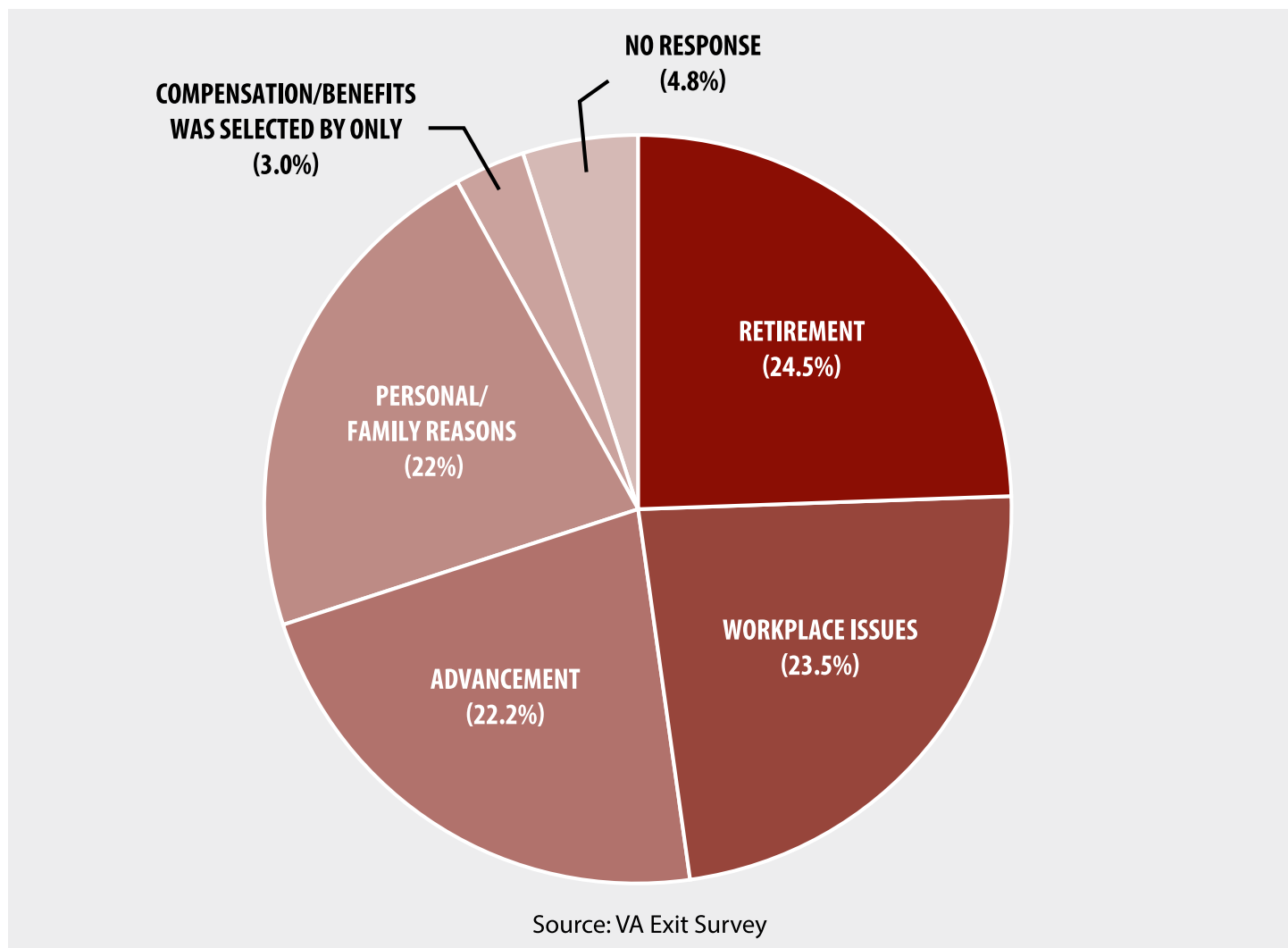
Analysis of mission critical occupations (MCOs) revealed that **retirement** was the top reason for leaving among registered nurses (31.2%), medical technologists (28.7%), physicians (27.3%), and diagnostic radiologic technologists (24.4%). **Workplace issues** was the top reason for leaving for HR specialists (40.0%), contracting (37.5%), physician assistant (26.9%), and diagnostic radiologic technologist (24.4%). **Advancement** was the top reason for leaving for psychologists (44.2%) and pharmacists (31.1%), **personal/family** reasons was the top reason for leaving for physical therapists (57.1%) and occupational therapists (51.3%). Workplace issues included management (lack of respect), management (lack of managerial skill), obstacles to getting the work done, the job itself, workload, work stress, and communication problems or interpersonal difficulties in their workgroup. Personal/family reasons included relocation with spouse, attend school, family matters (marriage, pregnancy, etc.), and desire to work part-time.

VA All Employee Survey (AES)

VHA participates in the annual All Employee Survey (AES), administered to all VA employees. The National Center for Organization Development (NCOD) is the consulting arm responsible for the AES and researches how employee engagement translates to better outcomes for Veterans. NCOD also interviews medical center directors (MCDs) and supervisors in locations and workgroups with the greatest improvement in engagement over the previous year to collect best practices and ideas that are then disseminated throughout VHA.

All VHA employees can access survey results through AES Dashboards, which allows employees to access and examine data down to the workgroup level. The dashboard provides action planning guides and next steps for all employees regardless of their level within the organization as well as tools and resources for supervisors and managers, which can help MCDs develop employee engagement action plans.

Figure 5. Employee Reasons for Leaving VHA in FY 2018



In 2019, VHA had a 63.9% response rate on the AES, and employees rated their overall satisfaction at 3.84 (on a 5-point scale). About 68% of VHA employees said they were satisfied with their jobs in 2019 compared with 67% in 2018, 62% said they were satisfied with their organization compared with 60%. In addition, 36.4% of employees stated that they were highly committed to the organization, and only 16.3% of employees expressed low commitment to the organization. Employees also reported seeing the results of employee surveys more often (60% in 2019 compared to 58.4% in 2018), and more employees reported improvements were being made based on survey results (37.4% in 2019 compared to 35.2% in 2018).

Employees were also more likely to respond positively to items related to supervisors in 2019:

- ▶ Goal setting (Supervisors set challenging and yet attainable performance goals for my workgroup)
- ▶ Goal evaluation (My supervisor reviews and evaluates the progress toward meeting the goals and objectives of the workgroup)
- ▶ Work/life balance (My supervisor supports my need to balance work and other life issues)
- ▶ Supervisor address concerns (It is worthwhile in my workgroup to speak up because something will be done to address our concerns)
- ▶ Workgroup conflict resolution (Disputes or conflicts are resolved fairly in my workgroup)

Federal Employee Viewpoint Survey (FEVS) – Best Places to Work (BPTW)

The Partnership for Public Service calculates an index for the BPTW from 3 items on the Federal Employee Viewpoint Survey (FEVS) and uses that to compare federal agencies. In 2018, VA ranked sixth among the largest federal agencies in the BPTW survey, moving up from seventeenth in 2017.²⁷

The BPTW survey is administered in VHA quarterly. A total of 79,625 employees (23%) participated from February to March 2019, more than double the 37,112 employees (11%) who participated in the fourth quarter of FY 2018. Employees who participated reported the following improvements:

- ▶ 69% would recommend the organization as a good place to work, an increase from 65%

VA employees are talented and committed professionals who rally behind a great mission. Veterans deserve a VA workforce that demonstrates pride in its work that results in strong customer service, and the survey shows we are making important progress in that direction.

—Secretary Wilkie

- ▶ 64% reported overall satisfaction, an increase from 59%
- ▶ 68% reported job satisfaction, an increase from 64%

“It is clear that we’ve made progress throughout VA in this important area,” Secretary Wilkie said. “Employees who have a better work experience understandably deliver better service to our Veterans. Our ranking this year represents a significant milestone as we continue making VA a strong and supportive work environment.”²⁸

“The best organizations understand that increased employee engagement leads to better performance and outcomes. VA is a leader in demonstrating how high employee engagement correlates to better service for our Nation’s Veterans,” said Max Stier, president and CEO of the Partnership for Public Service. “I applaud Secretary Wilkie and his team for their focus on creating a more positive work environment that enables VA employees to perform their best.”²⁹

SHORTAGE OCCUPATIONS

The VA Choice and Quality Employment Act of 2017 requires the OIG to identify a minimum of 5 clinical and 5 nonclinical shortage occupations at each VHA health care system. Shortage occupations are defined in 5 Code of Federal Regulations (CFR) 337.204 as existing when there is a severe shortage of candidates for an occupation, grade, and/or geographic location. Further, VHA defines clinical occupations as personnel who provide direct patient care or services incident to patient care, and whose efforts have a therapeutic

27 | <https://bestplacestowork.org/rankings/overall/large>

28 | <https://www.blogs.va.gov/VAntage/54907/va-ranked-6-17-federal-government-agencies-best-places-work-annual-tabulation/>

29 | <https://www.blogs.va.gov/VAntage/54907/va-ranked-6-17-federal-government-agencies-best-places-work-annual-tabulation/>

intent (e.g., physical, mental, social, spiritual). VHA defines nonclinical occupations as administrative and maintenance personnel who do not provide direct patient care or services incident to patient care. A critical component of VHA's human capital management program and succession planning is accomplished by analyzing and projecting workforce needs and identifying occupations that require additional focus and resources for recruitment and retention. The VHA workforce planning cycle was redesigned in FY 2018 to incorporate a standardized, data-driven approach, working directly with health care systems to identify occupations and facilities at risk for staffing shortages. This process helps to inform resource allocation, acts as an early warning system, and is used to communicate information about VHA's workforce with internal and external stakeholders.

To be considered a VHA staffing shortage occupation, 20% or more of facilities selected the occupation as hard to recruit or retain. Approximately 64% of the occupations and specialties chosen indicated the primary cause of shortages was recruitment, while the remaining 36% indicated retention was the cause of the shortage. The most commonly cited drivers for the shortages included competition with other health care systems, followed by a limited supply of candidates. To address

It is clear that we've made progress throughout VA in this important area. Employees who have a better work experience understandably deliver better service to our Veterans. Our ranking this year represents a significant milestone as we continue making VA a strong and supportive work environment.

—Secretary Wilkie

staffing shortages, the most commonly cited flexibilities included non-competitive hiring and utilization of recruitment and relocation incentives.

The VHA National Workforce Planning Team conducted the 2019 workforce planning cycle from February 25 to April 5, 2019. Through this cycle, each health care system in VHA identified both their clinical and nonclinical shortage occupations. Altogether, VHA facilities identified 10 clinical and 9 nonclinical occupations, selected by at least 20% or more of VHA health care systems. The table below shows each shortage occupation in rank order.

For the first time since VHA started conducting the workforce planning cycle to identify top MCOs and shortage occupations, registered nurse (RN) surpassed physician for the top ranking. In addition, health aide technician was replaced this year on the clinical list by nurse assistant, and HR assistant was added to the nonclinical list of top shortage occupations. All other occupations remained unchanged from their FY 2018 ranking.

Workforce planning cycle results are being populated into dashboards with national, VISN, health care system, and occupation level views. Printed reports for health care systems and VISNs with a detailed summary of the annual cycle responses will be archived and available on the National Workforce Planning Team's SharePoint site. Reports are created for each VHA shortage occupation

The best organizations understand that increased employee engagement leads to better performance and outcomes. VA is a leader in demonstrating how high employee engagement correlates to better service for our Nation's Veterans. I applaud Secretary Wilkie and his team for their focus on creating a more positive work environment that enables VA employees to perform their best.

—Max Stier

and made available to program offices so resources can be appropriately allocated and accurately targeted to the greatest areas of need. In addition, a request to waive Veterans Preference for the VHA Hybrid Title 38 shortage occupations is made annually following the OIG and VHA identification of top shortage occupations. For 2019, this included 0180 psychologist, 0620 practical nurse,

0622 medical supply aide and technician, 0644 medical technologist, 0647 diagnostic radiologic technologist, 0649 medical instrument technician, 0675 medical records technician, and 0679 medical support assistant. Additional data on the shortage occupations and results from the 2019 Workforce Planning Cycle are in the appendices of this report.

Table 7. FY 2019 VHA Shortage Occupations (Reported by at least 20% of health care systems)

Rank	Clinical Occupations	Rank	Nonclinical Occupations
1	Registered Nurse (RN)	1	Human Resource Management (HRM)
2	Physician	2	Police
3	Practical Nurse (LPN)	3	Custodial Worker
4	Psychologist	4	General Engineering
5	Medical Technologist	5	Medical Support Assistant (MSA)/Scheduler
6	Diagnostic Radiologic Technologist (DRT)	6	Food Service Worker
7	Medical Instrument Technician	7	Medical Records Technician
8	Physician Assistant (PA)	8	Medical Supply Aide and Technician
9	Pharmacist	9	Human Resources Assistant (HRA)
10	Nursing Assistant		



Human Resources Management ranked 1st on the VHA nonclinical shortage occupations list in FY 2019, selected by

67.1%

of 140 health care systems.

RN is the largest occupation in VHA with 73,195 employees onboard in FY 2019 and ranked 1st on the clinical shortage occupation list, selected by

65.7%

of 140 health care systems.

SHORTAGE OCCUPATION STATISTICAL PROFILES

CLINICAL SUMMARIES

1. Registered Nurse (RN) 0610

RN ranked highest of the clinical shortage occupations in VHA, selected by 92 of 140 health care systems (65.7%). With 73,195 onboard employees in FY 2019, RN is the single largest occupation in VHA. The average annual growth rate was 3.9% over the last 5 years, with a turnover rate of 7.5% in FY 2019 and a vacancy rate of 9% in September 2019. Retention challenges were identified as the primary cause for the shortage by 51 of the 92 health care systems (55.4%). Competition from other health care employers was selected as the primary driver of the shortage by 51 of the 92 health care systems (55.4%). Non-competitive hiring and EDRP were the flexibilities selected most for addressing RN shortages (i.e., 82 and 42 of 92 health care systems or 89.1% and 45.7%, respectively).

2. Physician 0602

Physician ranked second among the clinical shortage occupations in VHA, selected by 90 of 140 health care systems (64.3%). With 26,678 physicians onboard in VHA in FY 2019, it is the third-largest occupation. The average annual growth rate for this occupation was 2.8% over the last 5 years, with a turnover rate of 8.4% in FY 2019, and a vacancy rate of 11% in September 2019. Recruitment challenges were identified as the primary cause for the shortage by 72 of the 90 health care systems (80%). Competition from other health care systems was selected as the primary driver of the shortage by 49 of the 90 health care systems (54.4%). Non-competitive hiring and recruitment and/or relocation incentives were the flexibilities selected most for addressing physician shortages (i.e., 76 and 74 of the 90 health care systems or 84.4% and 82.2%, respectively).

3. Practical Nurse 0620

Practical nurse ranked third on the list of clinical shortage occupations in VHA, selected by 73 of 140 health care systems (52.1%). There were 15,262 practical nurses onboard in FY 2019. The occupation had an average annual growth rate of 1.4% over the last 5 years, a turnover rate of 9.8% in FY 2019, and a vacancy rate of 12% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 43 of the 73 health care systems (58.9%). Limited supply of candidates was selected as the primary driver for the shortage by 32 of the 73 health care systems (43.8%). Non-competitive hiring was the flexibility chosen most for addressing the shortage of practical nurses (i.e., 62 of the 73 health care systems or 84.9%).

4. Psychologist 0180

Psychologist ranked fourth on the clinical shortage occupation list, selected by 62 of 140 health care systems (44.3%). There were 6,116 psychologists onboard in FY 2019. The occupation had an average annual growth rate of 3.9% over the last 5 years, a turnover rate of 7.3% in FY 2019, and a vacancy rate of 11% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 54 of the 62 health care systems (87.1%). Geographical recruitment challenges were selected as the primary driver of the shortage by 33 of the 62 health care systems (53.2%). Non-competitive hiring and recruitment and/or relocation incentives were the flexibilities selected most for addressing the shortage of psychologists (i.e., 50 and 43 of the 62 health care systems selected both or 80.6% and 69.4%, respectively).

5. Medical Technologist 0644

Medical technologist ranked fifth on the clinical shortage occupations list in VHA, selected by 56 of 140 health care systems (40%). There were 4,568 medical technologists onboard in FY 2019. The occupation had an average annual growth rate of 0.6% over the last 5 years, a turnover rate of 9.1% in FY 2019, and a vacancy rate of 9% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 38 of the 56 health care systems (67.9%). Limited supply of candidates was selected as the primary driver of the shortage by 24 of the 56 health care systems (42.9%). Non-competitive hiring was the flexibility selected most for addressing the shortage of medical technologists (i.e., 44 of the 56 health care systems or 78.6%).

6. Diagnostic Radiologic Technologist 0647

Diagnostic radiologic technologist (DRT) ranked sixth on the clinical shortage occupations list in VHA, selected by 45 of 140 health care systems (32.1%). There were 4,258 diagnostic radiologic technologists onboard in FY 2019. The occupation has had an average annual growth rate of 3.7% over the last 5 years, a turnover rate of 6.8% in FY 2019, and a vacancy rate of 8% in September 2019. Recruitment challenges were identified as the primary cause for the shortage by 30 of the 45 health care systems (66.7%). Competition from other health care systems was selected as the primary driver of the shortage by 22 of the 45 health care systems (48.8%). Non-competitive hiring was the flexibility selected most for addressing the shortage of DRTs (i.e., 44 of the 45 health care systems or 97.7%).

7. Medical Instrument Technician 0649

Medical instrument technologist (MIT) ranked seventh on the clinical shortage occupations list in VHA, selected by 34 of 140 health care systems (24.3%). There were 3,473 medical instrument technologists onboard in FY 2019. The occupation had an average annual growth rate of 4.2% over the last 5 years, a turnover rate of 7.9% in FY 2019, and a vacancy rate of 10% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 26 of the 34 health care systems (76.5%). Limited supply of candidates was selected as the primary driver for the shortage by 16 of the 34 health care systems (47.1%). Non-competitive hiring and recruitment and/or retention incentives were the flexibilities selected most for addressing the shortage of medical instrument technicians (i.e., 23 and 11 of the 34 health care systems or 67.6% and 32.4%, respectively).

8. Physician Assistant 0603

Physician assistant (PA) was ranked eighth on the clinical shortage occupations list in VHA, selected by 33 of 140 health care systems (23.6%). There were 2,432 PAs onboard in FY 2019. The occupation had an average annual growth rate of 3.9% over the last 5 years, a turnover rate of 7.5% in FY 2019, and a vacancy rate of 9% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 29 of the 33 health care systems (87.9%). A limited supply of candidates and non-competitive salary were selected as the primary drivers for the shortage by 17 of the 33 health care systems (51.5%). Non-competitive hiring and recruitment and/or retention incentives were the flexibilities selected most for addressing the shortage of PAs (i.e., 30 and 23 of the 33 health care systems or 90.1% and 69.7%, respectively).



9. Pharmacist 0660

Pharmacist was ranked ninth on the clinical shortage occupations list in VHA, selected by 32 of 140 health care systems (22.9%). There were 8,984 pharmacists onboard in FY 2019. The occupation had an average annual growth rate of 4.3% over the last 5 years, a turnover of 4.4% in FY 2019, and a vacancy rate of 7% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 23 of the 32 health care systems (71.9%). A limited supply of candidates was selected as the primary driver of the shortage by 15 of the 32 health care systems (46.9%). Non-competitive hiring was the flexibility selected the most for addressing the shortage of pharmacists (i.e., 28 of 32 health care systems or 87.5%).

10. Nurse Assistant 0621

Nurse assistant was ranked tenth on the clinical shortage occupations list in VHA, selected by 28 of 140 health care systems (20%). There were 13,369 nurse assistants onboard in FY 2019. The occupation had an average annual growth rate of 4% over the last 5 years, a turnover rate of 10.4% in FY 2019, and a vacancy rate of 12% in September 2019. Retention challenges were identified as the primary cause of the shortage by 16 of the 28 health care systems (57.1%). A lack of qualified

candidates was selected as the primary driver of the shortage by 12 of the 28 health care systems (42.9%). Non-competitive hiring was the flexibility selected the most for addressing the shortage of nurse assistants (i.e., 23 of the 28 health care systems or 82.1%).

NONCLINICAL SUMMARIES

1. Human Resource Management 0201

Human resources management (HRM) ranked first on the nonclinical shortage occupations list in VHA, selected by 94 of 140 health care systems (67.1%). There were 4,174 HRM employees onboard in FY 2019. The occupation had an average annual growth rate of 6.4% over the last 5 years, a turnover rate of 8.4% in FY 2019, and a vacancy rate of 17% in September 2019. Retention challenges were identified as the primary cause of the shortage by 55 of the 94 health care systems (58.5%). However, a lack of qualified applicants was selected as the primary driver of the shortage by 47 of the 94 health care systems (50.0%). DHA and recruitment and/or retention incentives were the flexibilities selected most for addressing the shortage of HRMs (i.e., 63 and 54 of the 94 health care systems or 67.0% and 57.4%, respectively).

2. Police 0083

Police officer ranked second on the nonclinical shortage occupations list in VHA, selected by 77 of 140 health care systems (55%). There were 3,735 police officers onboard in FY 2019. The occupation had an average annual growth rate of 2.7% over the last 5 years, a turnover rate of 10.8% in FY 2019, and a vacancy rate of 18% in September 2019. Retention challenges were identified as the primary cause of the shortage by 40 of the 77 health care systems (51.9%). Non-competitive salary was selected as the primary driver of the shortage by 40 of the 77 health care systems (51.9%). DHA and recruitment and/or retention incentives were the flexibilities selected most for addressing the shortage of police (i.e., 53 and 38 of the 77 health care systems or 68.8% and 49.4%, respectively).

3. Custodial Worker 3566

Custodial worker ranked third on the nonclinical shortage occupations list in VHA, selected by 68 of 140 health care systems (48.6%). There were 11,879 custodial workers onboard in FY 2019. The occupation had an average annual growth rate of 1.6% over the last 5 years, the highest turnover rate among the nonclinical shortage occupations of 21% in FY 2019, and a vacancy rate of 14% in September 2019. Retention challenges were identified as the primary cause of the shortage by 46 of the 68 health care systems (67.6%). High staff turnover was selected as the primary driver for the shortage by 36 of the 68 health care systems (52.9%). DHA was the primary flexibility selected most for addressing the shortage of custodial workers (48 of the 68 health care systems or 70.6%).

4. General Engineering 0801

General engineering ranked fourth on the nonclinical shortage occupations list in VHA, selected by 62 of 140 health care systems (44.3%). With 1,014 general engineers onboard as employees as of FY 2019, they are the smallest of all the VHA shortage occupations. This occupation had an average annual growth rate of 1.6% over the last 5 years, a turnover rate of 14.4% in FY 2019, and a vacancy rate of 17% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 44 of the 62 health care systems (71.0%). Non-competitive salary was selected as the primary driver of the shortage by 42 of the 62 health care systems (67.7%). Recruitment and retention incentives and DHA were the flexibilities selected most for addressing the shortage of general engineers (i.e., 39 and 37 of the 62 health care systems or 62.9% and 59.7%, respectively).

5. Medical Support Assistant 0679

Medical support assistant (MSA) ranked fifth on the nonclinical shortage occupations list in VHA, selected by 53 of 140 health care systems (37.9%). There were 27,380 medical support assistants onboard in FY 2019, the second-largest occupation in VHA. This occupation had the highest average annual growth rate over the last 5 years of all shortage occupations at 9.8%, a turnover rate of 10.9% in FY 2019, and a vacancy rate of 13% in September 2019. Retention challenges were identified as the primary cause of the shortage by 38 of the 53 health care systems (71.7%). High staff turnover was selected as the primary driver of the shortage by 26 of the 53 health care systems (49.1%). Non-competitive hiring was the primary flexibility selected most for addressing the shortage of medical support assistants (40 of the 53 health care systems or 75.5%).

6. Food Service Worker 7408

Food service worker ranked sixth on the nonclinical shortage occupations list in VHA, selected by 49 of 140 health care systems (35.0%). There were 4,892 food service workers onboard in FY 2019. The occupation had an average annual growth rate of 0.2% over the last 5 years, and a turnover rate of 16.8% in FY 2019, and a vacancy rate of 14% in September 2019. Retention challenges were identified as the primary cause of the shortage by 31 of the 49 health care systems (63.3%). High staff turnover was selected as the primary driver by 24 of the 49 health care systems (49%). DHA was the primary flexibility selected most for addressing the shortage of medical support assistants (26 of the 49 health care systems or 53.1%).

7. Medical Records Technician 0675

Medical records technician ranked seventh on the nonclinical shortage occupations list in VHA, selected by 45 of 140 health care systems (32.1%). There were 2,856 medical record techs onboard in FY 2019. The occupation had an average annual growth rate of 3.2% over the last 5 years, a turnover rate of 9.1% in FY 2019, and a vacancy rate of 16% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 33 of the 45 health care systems (73.3%). A lack of qualified applicants was selected as the primary driver of the shortage by 27 of the 45 health care systems (60.0%). Non-competitive hiring was the primary flexibility selected most for addressing the shortage of medical records technicians (40 of the 45 health care systems or 88.8%).



8. Medical Supply Aide and Technician 0622

Medical supply aide and technician ranked eighth on the nonclinical shortage occupations list in VHA, selected by 38 of 140 health care systems (27.1%). There were 2,813 medical supply aides and techs onboard in FY 2019. The occupation had an average annual growth rate of 2.5% over the last 5 years, a turnover rate of 12.3% in FY 2019, and a vacancy rate of 14% in September 2019. Recruitment and retention challenges were identified as the primary cause of the shortage by the health care systems that identified this occupation, 50% each. A lack of qualified applicants was selected as the primary driver of the shortage by 15 of the 38 health care systems (39.5%). Non-competitive hiring was the primary flexibility selected most for addressing the shortage of medical support assistants (25 of the 38 health care systems or 65.8%).

9. Human Resources (HR) Assistant 0203

HR assistant ranked ninth on the nonclinical shortage occupations list in VHA, selected by 37 of 140 health care systems (26.4%). There were 1,247 HR assistants onboard in FY 2019, reflecting a decrease of -1.8% in a single year. The occupation had an average annual growth rate of 0% over the last 5 years, a turnover rate of 14.6% in FY 2019, and a vacancy rate of 22% in September 2019. Recruitment challenges were identified as the primary cause of the shortage by 22 of the 37 health care systems (59.5%). A lack of qualified applicants was selected as the primary driver of the shortage by 17 of the 37 health care systems (46.0%). DHA was the primary flexibility selected most for addressing the shortage of medical support assistants (27 of the 37 health care systems or 73%).



CLINICAL REGISTERED NURSE



1. CURRENT ONBOARD

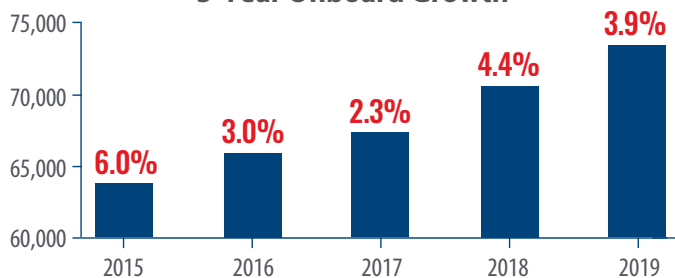
73,195

Onboard Employees in FY 2019

3.9%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

7.5% in FY 2019

with a vacancy rate of 9% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for nurse new hires is 79% compared to the VHA overall rate 74%. The average 5-year retention rate is 66% compared to the VHA overall rate 59%.

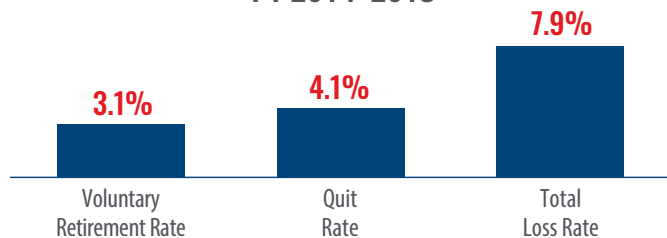
Retention challenges were identified as the primary cause for the shortage by 51 of the 92 health care systems (55%). Competition from other health care employers was selected as the primary driver of the shortage by 51 of the 92 health care systems (55%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **8,100 registered nurses a year** to maintain and grow the workforce.

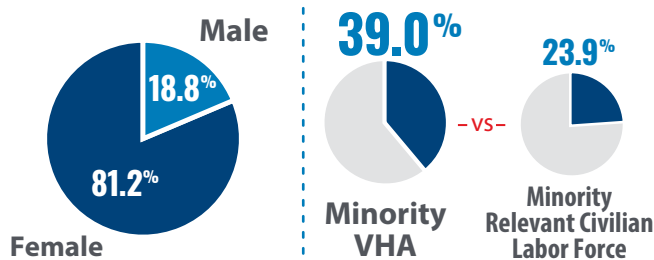
Registered Nurse Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 7% to 8% during this time period.

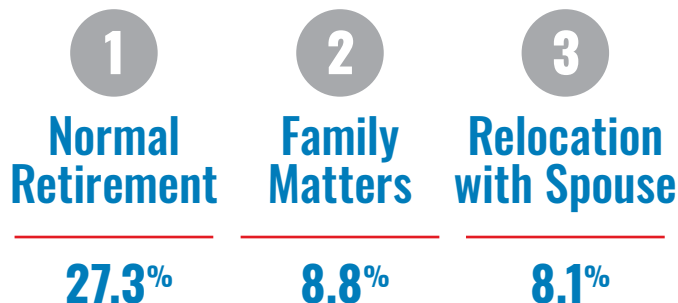
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
49	15.5%	6.4%	0.7%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

CLINICAL PHYSICIAN

RANKED #2
CLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

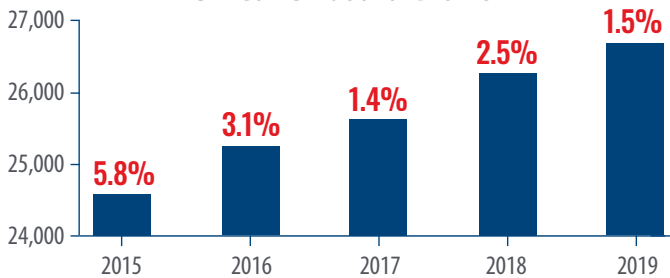
26,678

Onboard Employees in FY 2019

2.8%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

8.4% in FY 2019

with a vacancy rate of 11% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for physician new hires is 78% compared to the VHA overall rate 74%. The average 5-year retention rate is 59% matching the VHA overall rate 59%.



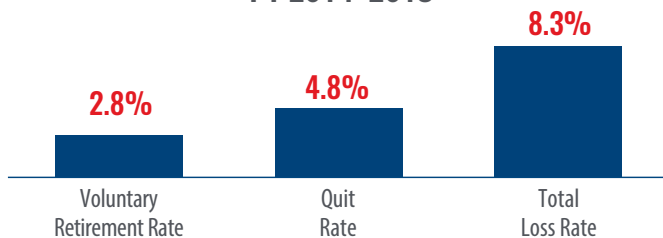
Recruitment challenges were identified as the primary cause for the shortage by 72 of the 90 health care systems (80%). Competition from other health care systems was selected as the primary driver of the shortage by 49 of the 90 health care systems (54%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **2,875 physicians a year** to maintain and grow the workforce.

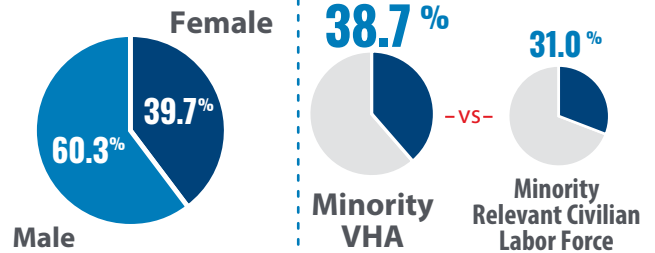
Physician Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 9% during this time period.

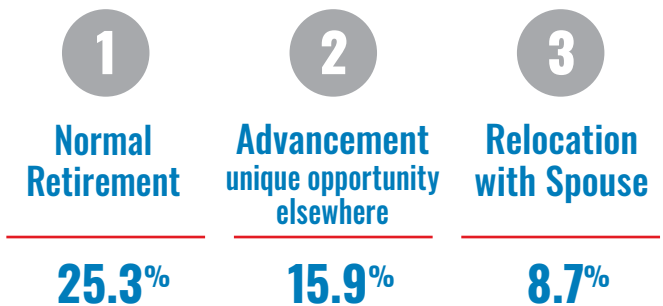
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
51	10.2%	4.2%	0.5%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY

Reasonable Workload



3.7

Rating received on a scale of 1-5 (5 being most favorable)

—vs—
3.6 Rating for VHA

Overall Satisfaction



3.9

Rating received on a scale of 1-5 (5 being most favorable)

—vs—
3.8 Rating for VHA

Best Places To Work



67.2

Rating received on a scale of 1-100 (where HIGHER score is more favorable)

—vs—
64.9 Rating for VHA



CLINICAL PRACTICAL NURSE



1. CURRENT ONBOARD

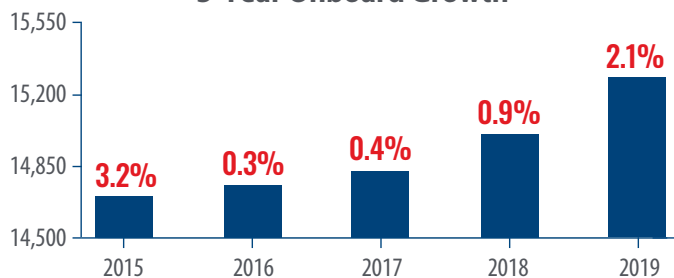
15,262

Onboard Employees in FY 2019

1.4%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

9.8% in FY 2019

with a vacancy rate of 12% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for practical nurse new hires is 77% compared to the VHA overall rate 74%. The average 5-year retention rate is 63%, compared to the VHA overall rate 59%.



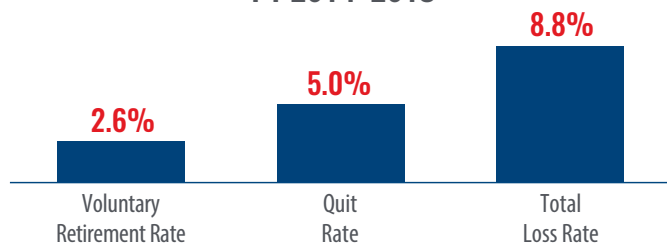
Recruitment challenges were identified as the primary cause of the shortage by 43 of the 73 health care systems (59%). Limited supply of candidates was selected as the primary driver for the shortage by 32 of the 73 health care systems (44%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **1,650 practical nurses a year** to maintain and grow the workforce.

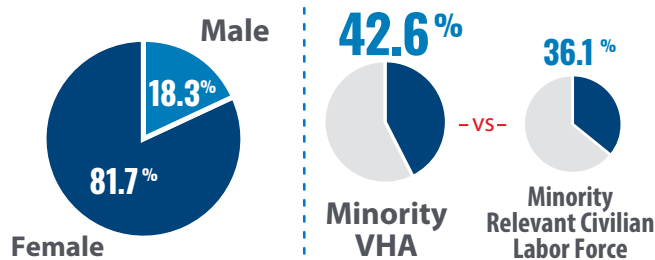
Practical Nurse Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 9% during this time period.

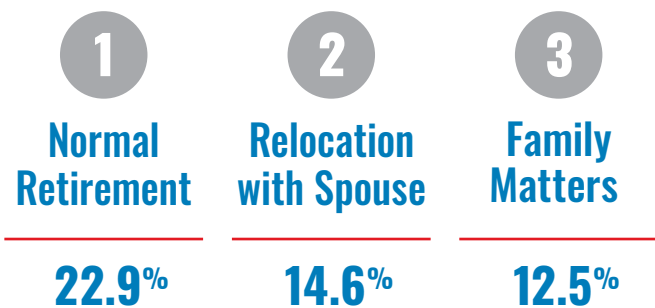
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
48	18.5%	8.2%	1.0%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





CLINICAL PSYCHOLOGIST



1. CURRENT ONBOARD

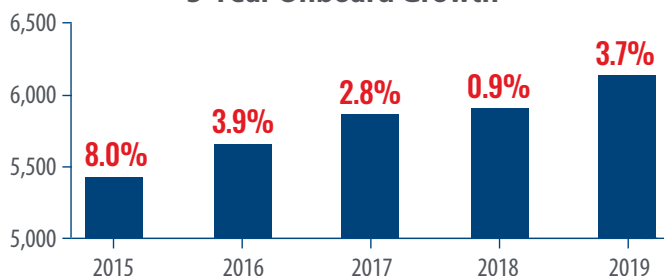
6,116

Onboard Employees in FY 2019

3.9%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

7.3% in FY 2019

with a vacancy rate of 11% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for psychologist new hires is 69% compared to the VHA overall rate 74%. The average 5-year retention rate is 57% compared to the VHA overall rate 59%.

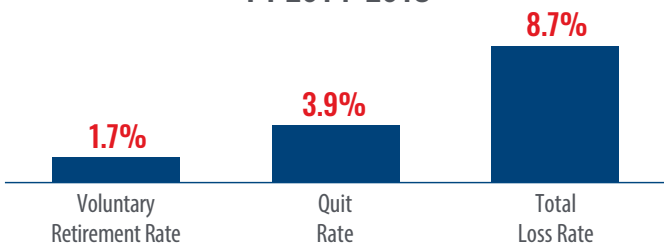
Recruitment challenges were identified as the primary cause of the shortage by 54 of the 62 health care systems (87%). Geographical recruitment challenges were selected as the primary driver of the shortage by 33 of the 62 health care systems (53%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **700 psychologists a year** to maintain and grow the workforce.

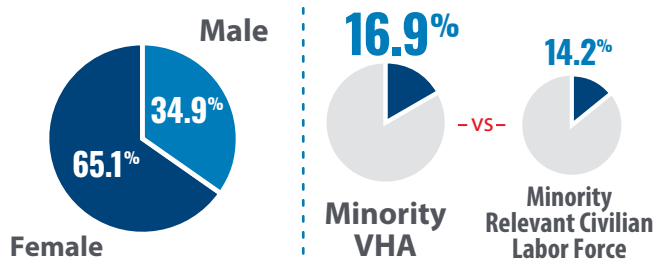
Psychologist Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 10% during this time period.

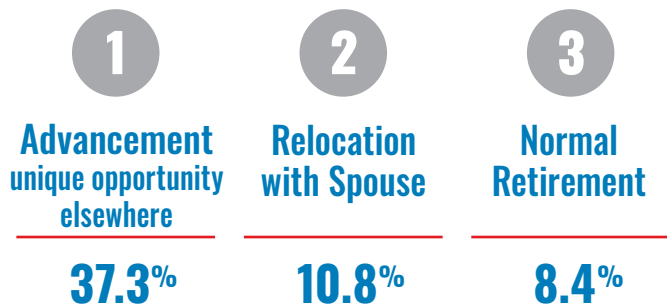
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
44	7.1%	8.2%	1.0%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

CLINICAL MEDICAL TECHNOLOGIST



1. CURRENT ONBOARD

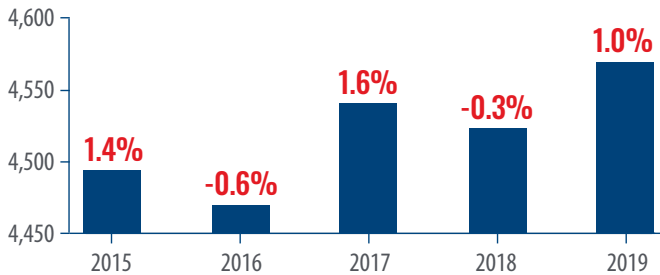
4,568

Onboard Employees in FY 2019

0.6%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

9.1%

in FY 2019

with a vacancy rate of 9% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for medical technologist new hires is 79% compared to the VHA overall rate 74%. The average 5-year retention rate is 66% compared to the VHA overall rate 59%.



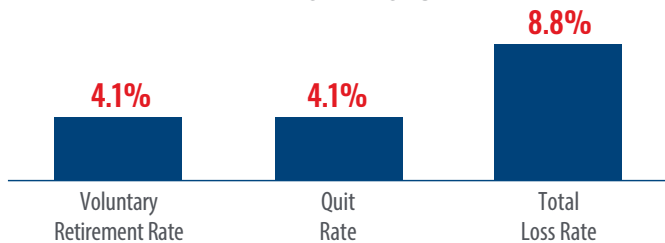
Recruitment challenges were identified as the primary cause for the shortage by 38 of the 56 health care systems (68%). Limited supply of candidates was selected as the primary driver of the shortage by 24 of the 56 health care systems (43%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **425 medical technologists a year** to maintain and grow the workforce.

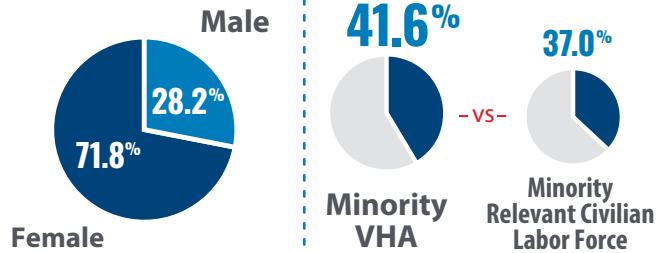
Medical Technologist Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 10% during this time period.

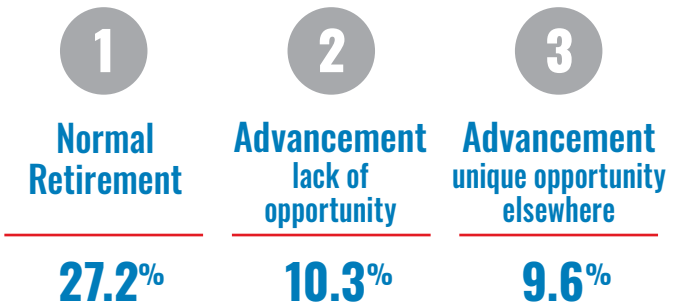
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
48	15.0%	6.5%	0.9%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY

Reasonable Workload



3.6

Rating received on a scale of 1-5 (5 being most favorable)

—vs—
3.6 Rating for VHA

Overall Satisfaction



3.8

Rating received on a scale of 1-5 (5 being most favorable)

—vs—
3.8 Rating for VHA

Best Places To Work



63.5

Rating received on a scale of 1-100 (where HIGHER score is more favorable)

—vs—
64.9 Rating for VHA



CLINICAL DIAGNOSTIC RADIOLOGIC TECHNOLOGIST

**RANKED
#6**
CLINICAL SHORTAGE
OCCUPATION IN VHA

1. CURRENT ONBOARD

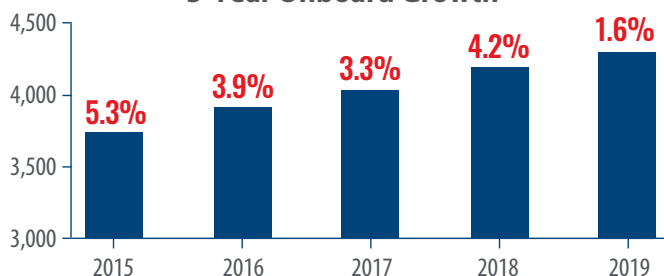
4,258

Onboard Employees
in FY 2019

3.7%

Average Growth Rate
over the last 5 years

5-Year Onboard Growth



2. TURNOVER

6.8%
in FY 2019

with a vacancy rate of 8% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for diagnostic radiologic technologist new hires is 82% compared to the VHA overall rate 74%. The average 5-year retention rate is 73% compared to the VHA overall rate 59%.



Recruitment challenges identified as the primary cause for the shortage by 30 of the 45 health care systems (67%).

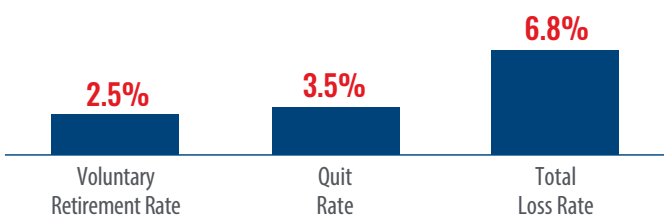
Competition from other health care systems was selected as the primary driver of the shortage by 22 of the 45 health care systems (49%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **400 diagnostic radiologic technologists a year** to maintain and grow the workforce.

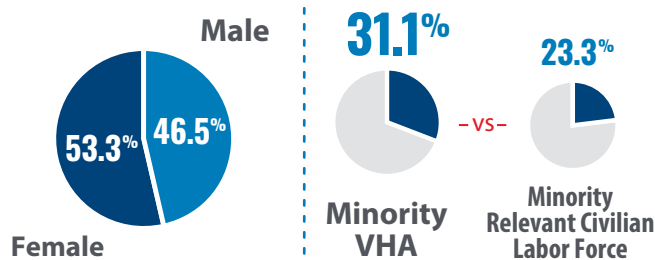
Diagnostic Radiologic Technologist
Average Turnover Rate FY 2014-2018



Total turnover rates have ranged from 6% to 8% during this time period.

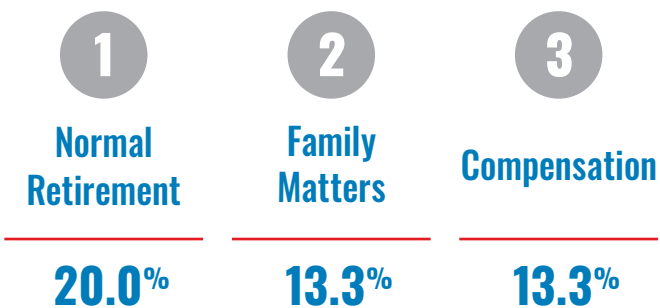
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
46	27.6%	1.0%	7.9%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

CLINICAL MEDICAL INSTRUMENT TECHNICIAN

RANKED #7
CLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

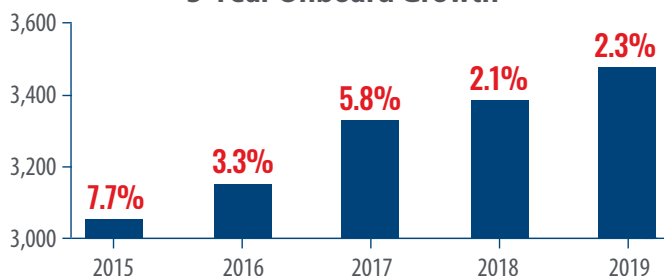
3,473

Onboard Employees in FY 2019

4.2%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

7.9%

in FY 2019

with a vacancy rate of 10% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for medical instrument technician new hires is 82% compared to the VHA overall rate 74%. The average 5-year retention rate is 71% compared to the VHA overall rate 59%.



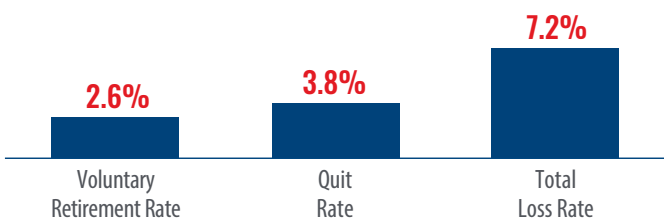
Recruitment challenges were identified as the primary cause of the shortage by 26 of the 34 health care systems (77%). Limited supply of candidates was selected as the primary driver for the shortage by 16 of the 34 health care systems (47%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **375 medical instrument technicians a year** to maintain and grow the workforce.

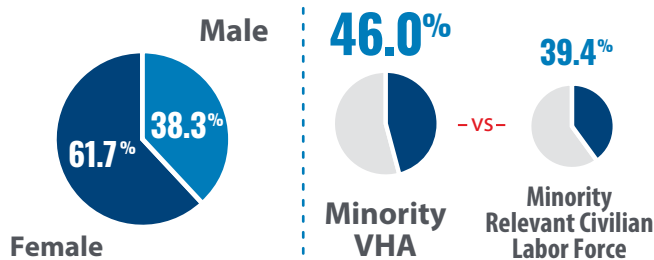
Medical Instrument Technician Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 6% to 8% during this time period.

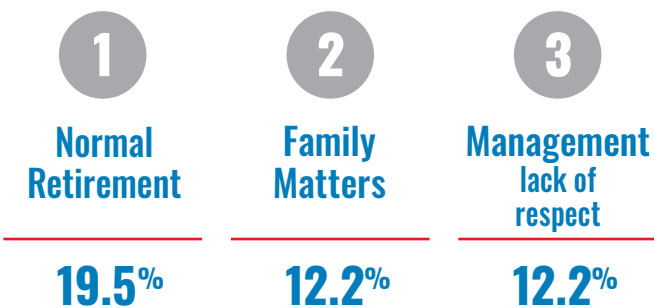
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
48	21.6%	7.4%	1.3%

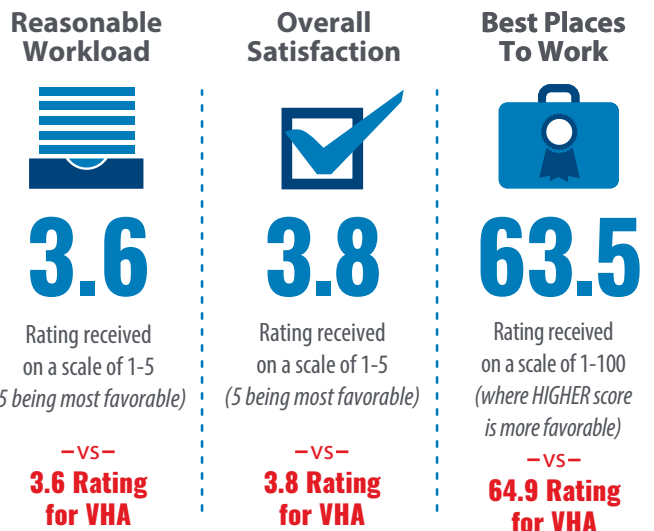


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





CLINICAL PHYSICIAN ASSISTANT

RANKED #8
CLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

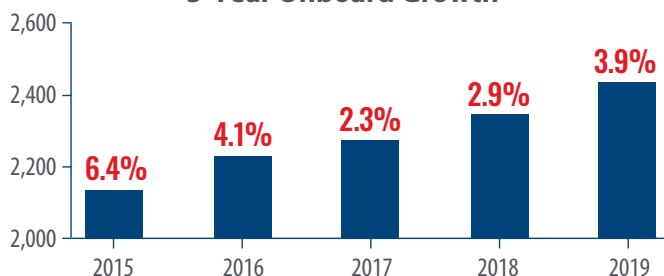
2,432

Onboard Employees in FY 2019

3.9%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

7.5% in FY 2019

with a vacancy rate of 9% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for physician assistant new hires is 75% compared to the VHA overall rate 74%. The average 5-year retention rate is 60% compared to the VHA overall rate 59%.



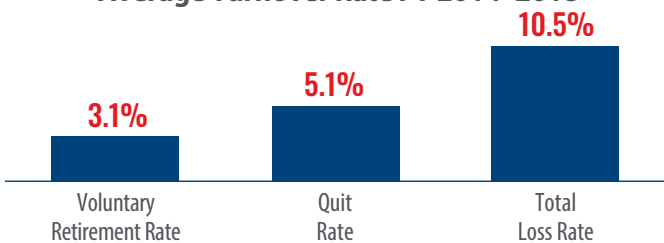
Recruitment challenges were identified as the primary cause of the shortage by 29 of the 33 health care systems (88%). A limited supply of candidates and non-competitive salary were selected as the primary drivers for the shortage by 17 of the 33 health care systems (52%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **300 physician assistants a year** to maintain and grow the workforce.

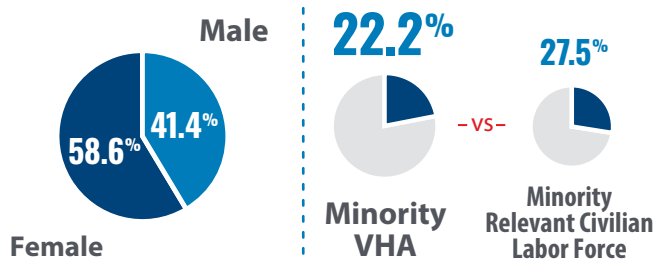
Physician Assistant Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 10% to 11% during this time period.

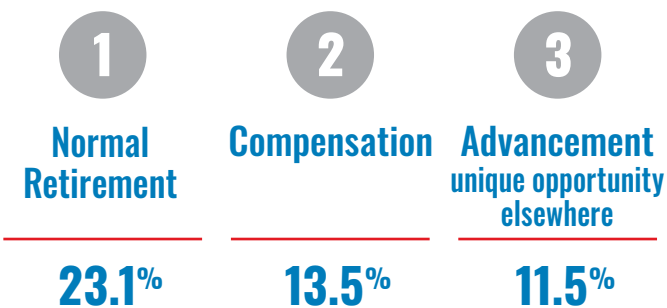
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
49	25.6%	8.1%	0.9%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





CLINICAL PHARMACIST



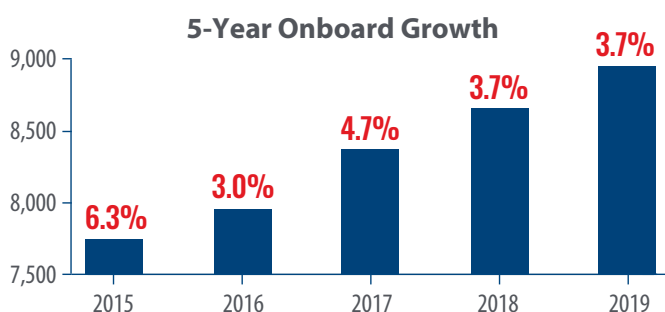
1. CURRENT ONBOARD

8,984

Onboard Employees in FY 2019

4.3%

Average Growth Rate over the last 5 years



2. TURNOVER

4.4% in FY 2019

with a vacancy rate of 7% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for pharmacist new hires is 78% compared to the VHA overall rate 74%. The average 5-year retention rate is 66% compared to the VHA overall rate 59%.



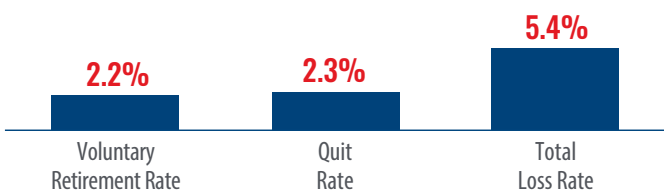
Recruitment challenges were identified as the primary cause of the shortage by 23 of the 32 health care systems (72%). A limited supply of candidates was selected as the primary driver of the shortage by 15 of the 32 health care systems (47%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **750 pharmacists a year** to maintain and grow the workforce.

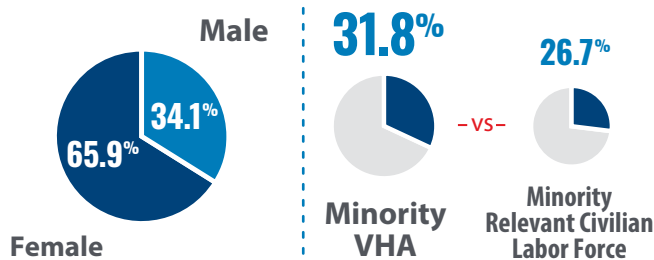
Pharmacist Average Turnover Rate FY 2014-2018



Total turnover rates have ranged from 5% to 6% during this time period.

3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
42	7.4%	3.4%	0.5%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





CLINICAL NURSE ASSISTANT

RANKED #10
CLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

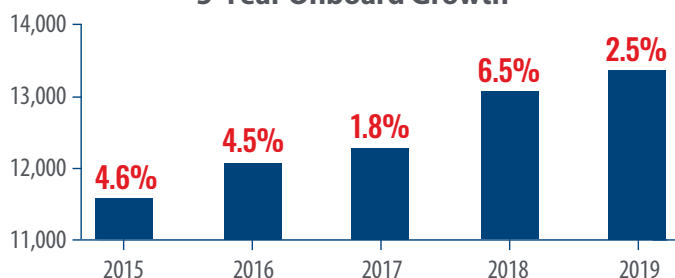
13,369

Onboard Employees in FY 2019

4.0%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

10.4% in FY 2019

with a vacancy rate of 12% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for nurse assistant new hires is 78% compared to the VHA overall rate 74%. The average 5-year retention rate is 65% compared to the VHA overall rate 59%.



Retention challenges were identified as the primary cause for the shortage by 16 of the 28 health care systems (57%).

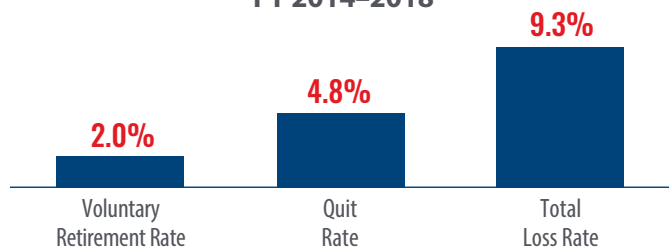
A lack of qualified candidates was selected as the primary driver of the shortage by 12 of the 28 health care systems (43%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **1,650 nursing assistants a year** to maintain and grow the workforce.

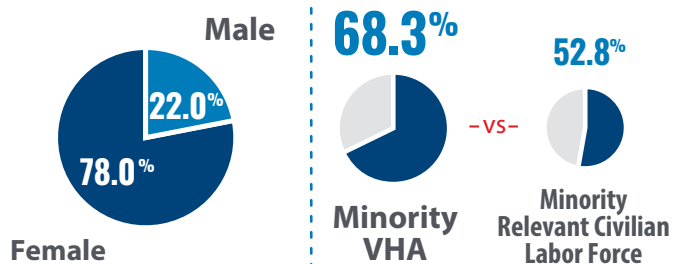
Nurse Assistant Average Turnover Rate FY 2014-2018



Total turnover rates have ranged from 9% to 10% during this time period.

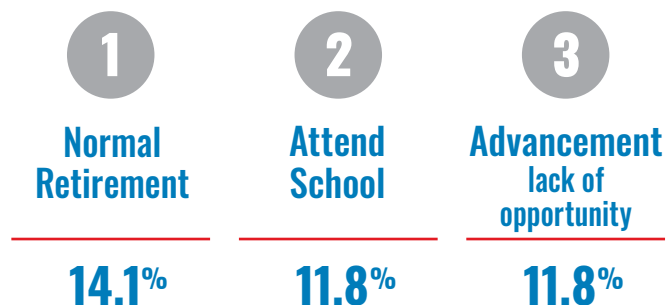
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
45	14.0%	6.6%	1.2%

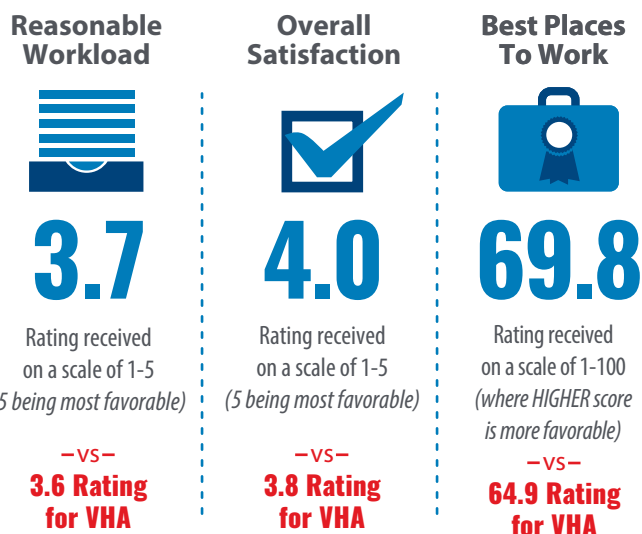


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL HUMAN RESOURCE MANAGEMENT



1. CURRENT ONBOARD

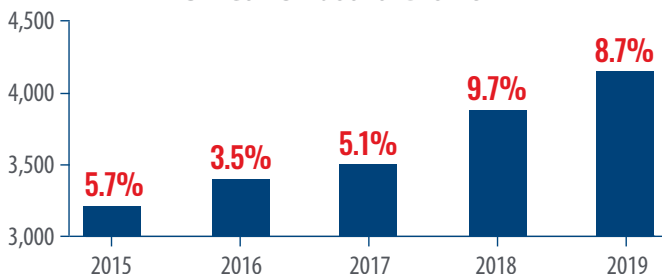
4,174

Onboard Employees in FY 2019

6.4%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

8.4% in FY 2019

with a vacancy rate of 17% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for human resources management new hires is 68% compared to the VHA overall rate 74%. The average 5-year retention rate is 47% compared to the VHA overall rate 59%.



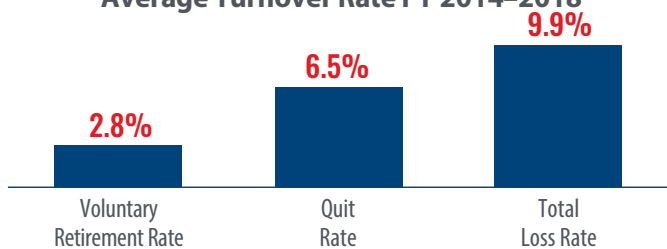
Retention challenges were identified as the primary cause of the shortage by 55 of the 94 health care systems (59%). However, a lack of qualified applicants was selected as the primary driver of the shortage by 47 of the 94 health care systems (50%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **650 human resources managers a year** to maintain and grow the workforce.

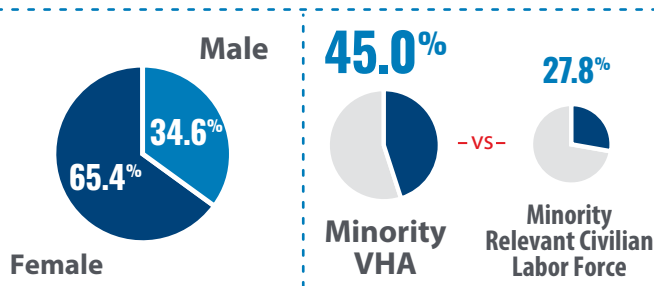
Human Resource Management Average Turnover Rate FY 2014-2018



Total turnover rates have ranged from 8% to 12% during this time period.

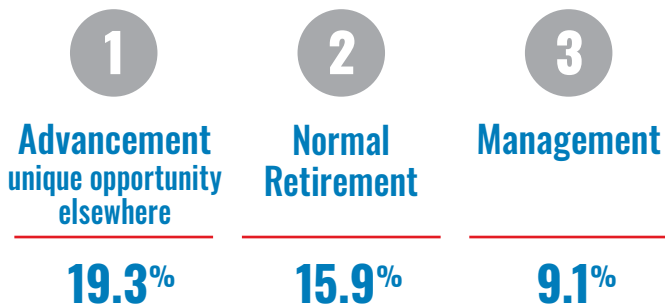
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
46	49.1%	17.1%	3.6%

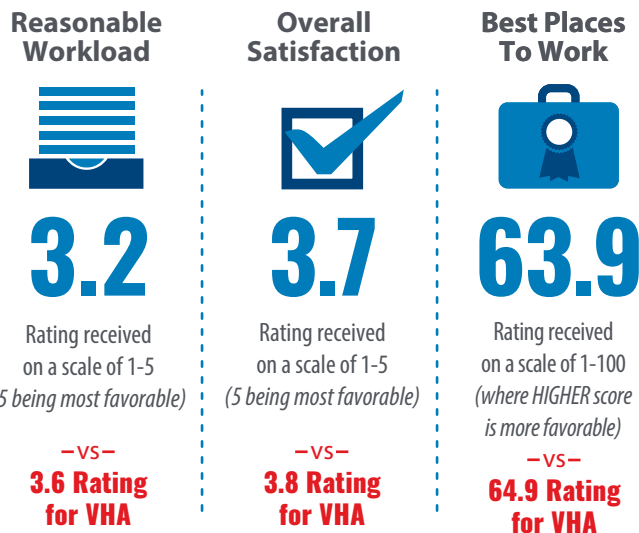


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL POLICE



1. CURRENT ONBOARD

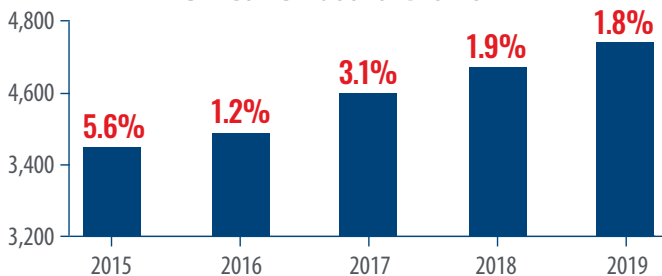
3,735

Onboard Employees in FY 2019

2.7%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

10.8% in FY 2019

with a vacancy rate of 18% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for police new hires is 78% compared to the VHA overall rate 74%. The average 5-year retention rate is 60% compared to the VHA overall rate 59%.

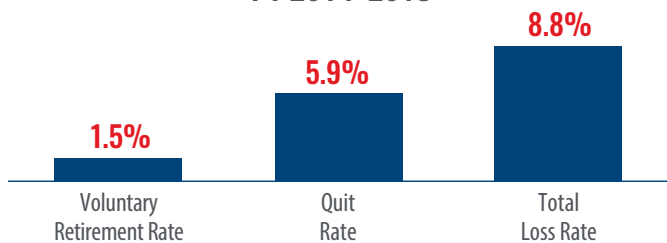
Retention challenges were identified as the primary cause of the shortage by 40 of the 77 health care systems (52%). Non-competitive salary was selected as the primary driver of the shortage by 40 of the 77 health care systems (52%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **425 police** a year to maintain and grow the workforce.

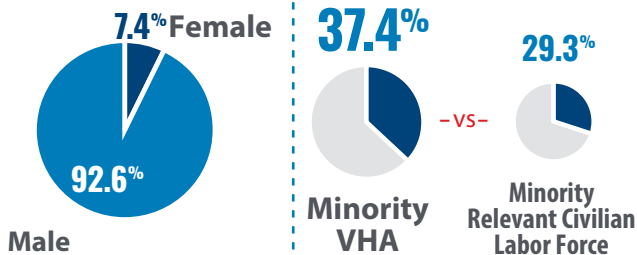
Police Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 10% during this time period.

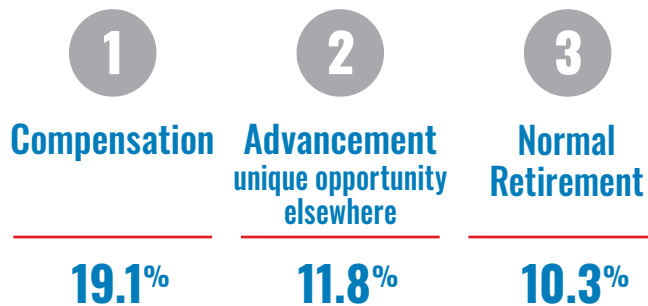
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
45	89.5%	13.6%	1.3%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY



VA



U.S. Department of Veterans Affairs

NONCLINICAL CUSTODIAL WORKER

RANKED #3
NONCLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

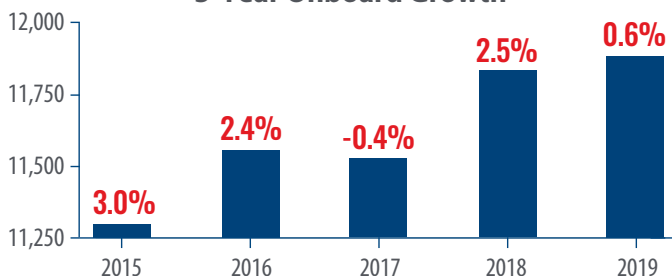
11,879

Onboard Employees in FY 2019

1.6%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

21% in FY 2019

with a vacancy rate of 14% in September 2019.



Retention challenges were identified as the primary cause of the shortage by 56 of the 80 health care systems (70%). High staff turnover was selected as the primary driver for the shortage by 69 of the 80 health care systems (86%).



New Hire Retention Rates

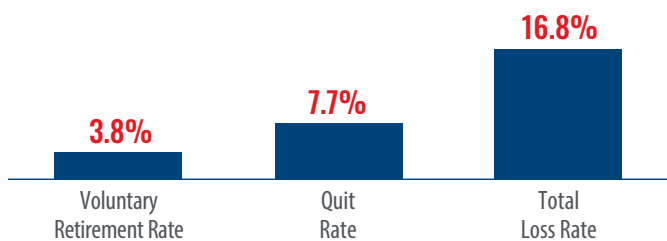
The average 2-year retention rate for custodial worker new hires is 67% compared to the VHA overall rate 74%. The average 5-year retention rate is 53% compared to the VHA overall rate 59%.



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **2,550 custodial workers a year** to maintain and grow the workforce.

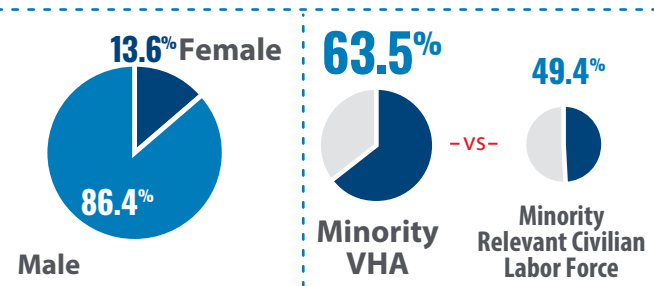
Custodial Worker Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 15% to 20% during this time period.

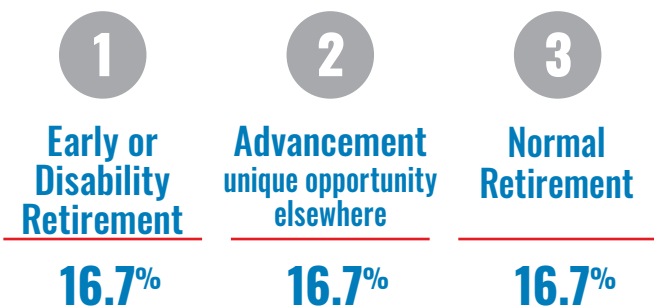
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
53	86.7%	25.0%	10.2%

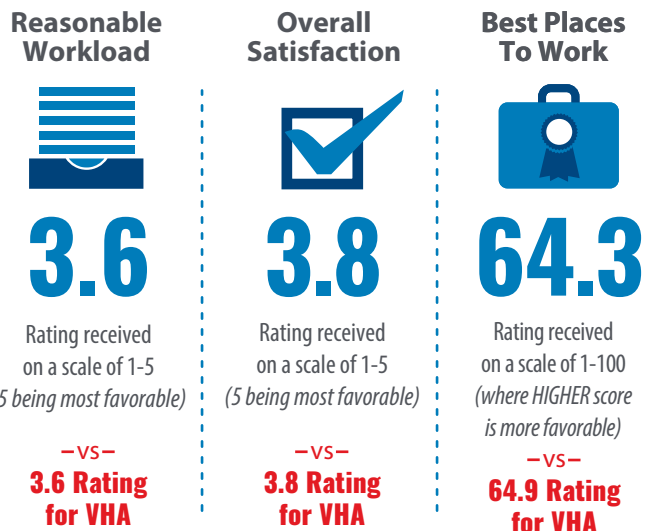


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL GENERAL ENGINEERING



1. CURRENT ONBOARD

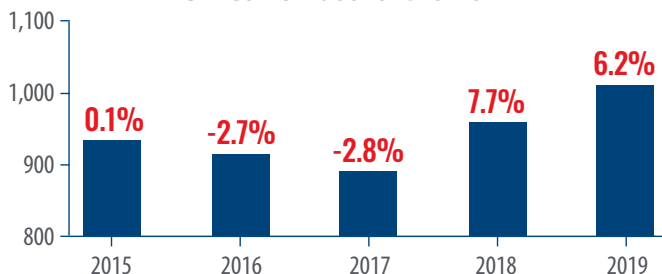
1,014

Onboard Employees in FY 2019

1.6%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

14.4% in FY 2019

with a vacancy rate of 17% in September 2019.

New Hire Retention Rates

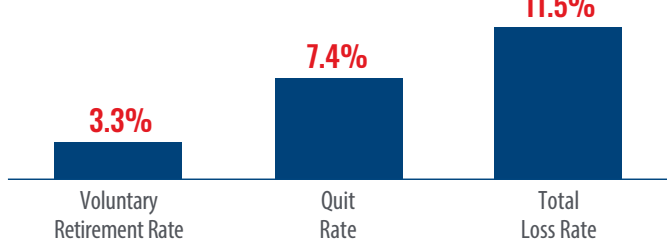
The average 2-year retention rate for general engineering new hires is 72% compared to the VHA overall rate 74%. The average 5-year retention rate is 54% compared to the VHA overall rate 59%.

Retention challenges were identified as the primary cause of the shortage by 44 of the 62 health care systems (71%). Non-competitive salary was selected as the primary driver of the shortage by 42 of the 62 health care systems (68%).

Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **190 general engineers a year** to maintain and grow the workforce.

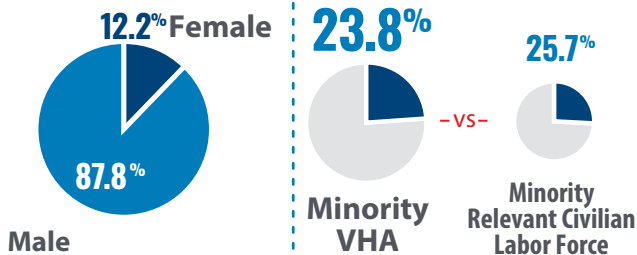
General Engineering Average Turnover Rate FY 2014-2018



Total turnover rates have ranged from 8% to 13% during this time period.

3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
48	36.8%	8.8%	1.7%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY



VA



U.S. Department of Veterans Affairs

NONCLINICAL MEDICAL SUPPORT ASSISTANT



1. CURRENT ONBOARD

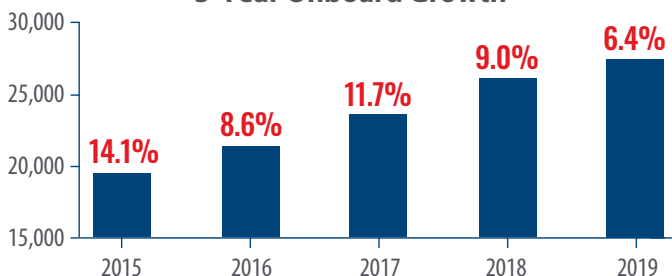
27,380

Onboard Employees in FY 2019

9.8%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

10.9% in FY 2019

with a vacancy rate of 13% in September 2019.



Retention challenges were identified as the primary cause of the shortage by 38 of the 53 health care systems (72%). High staff turnover was selected as the primary driver of the shortage by 26 of the 53 health care systems (49%).



New Hire Retention Rates

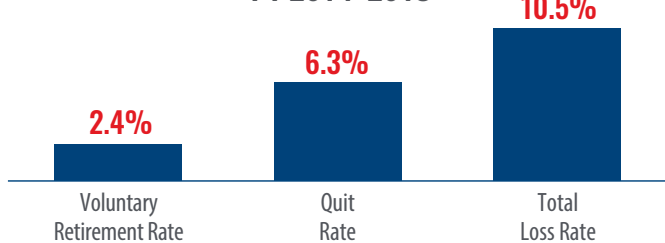
The average 2-year retention rate for medical support assistant new hires is 76% compared to the VHA overall rate 74%. The average 5-year retention rate is 59% matching the VHA overall rate 59%.



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **4,475 medical support assistants a year** to maintain and grow the workforce.

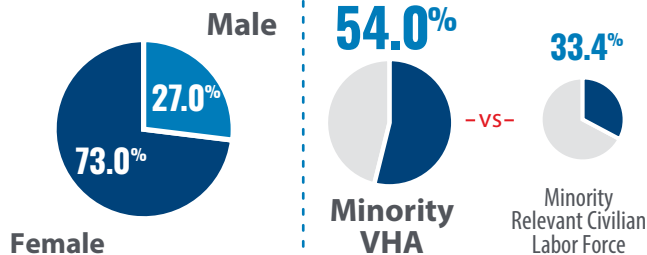
Medical Support Assistant Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 10% to 11% during this time period.

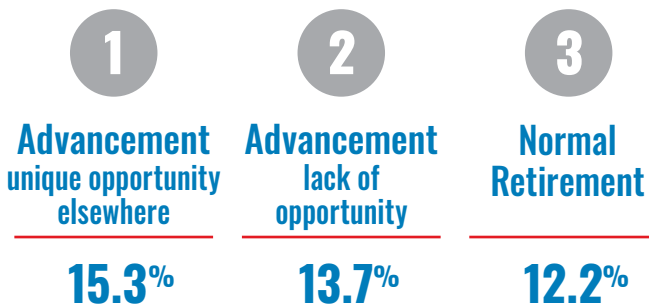
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
46	38.4%	16.1%	3.3%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL FOOD SERVICE WORKER

RANKED #6
NONCLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

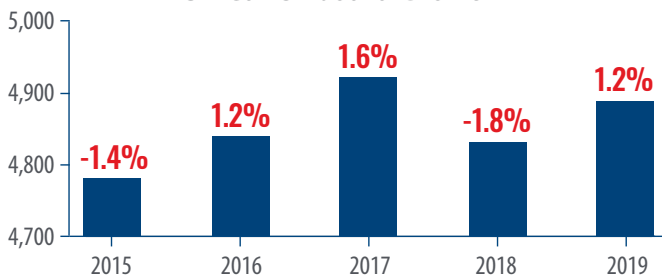
4,892

Onboard Employees in FY 2019

0.2%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

16.8% in FY 2019

with a vacancy rate of 14% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for food service worker new hires is 64% compared to the VHA overall rate 74%. The average 5-year retention rate is 48% compared to the VHA overall rate 59%.

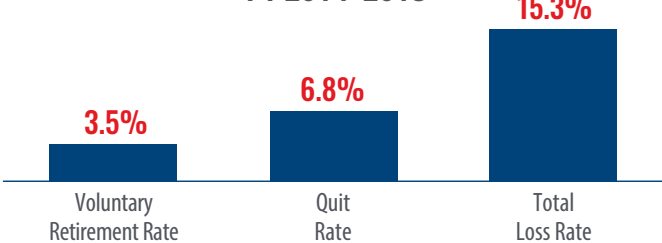
Retention challenges were identified as the primary cause of the shortage by 31 of the 49 health care systems (63%). High staff turnover was selected as the primary driver by 24 of the 49 health care systems (49%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **800 food service workers a year** to maintain and grow the workforce.

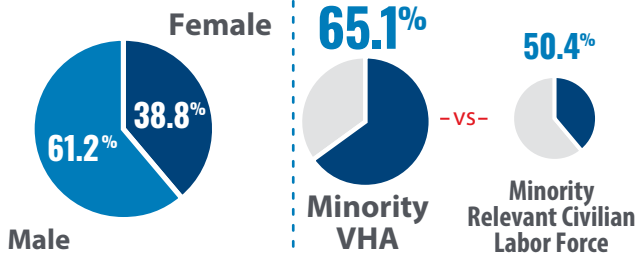
Food Service Worker Average Turnover Rate FY 2014-2018



Total turnover rates have ranged from 14% to 18% during this time period.

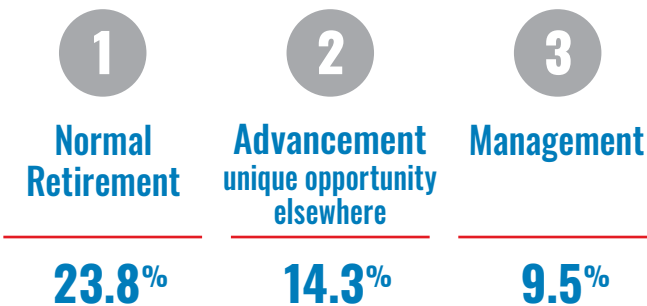
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
50	48.5%	18.8%	10.8%

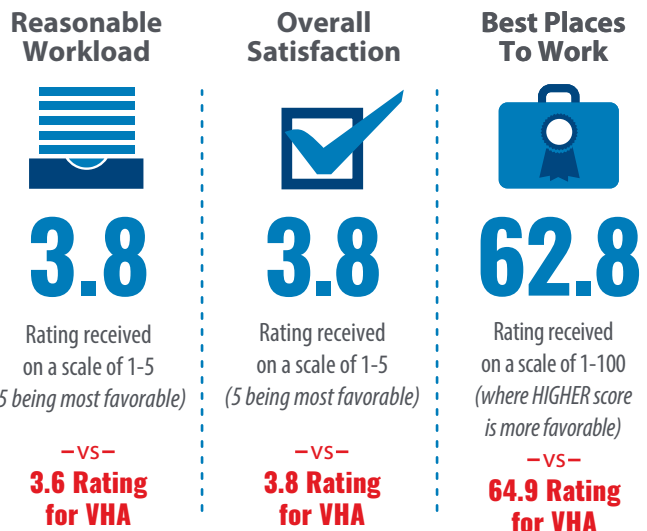


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL MEDICAL RECORDS TECHNICIAN

RANKED #7
NONCLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

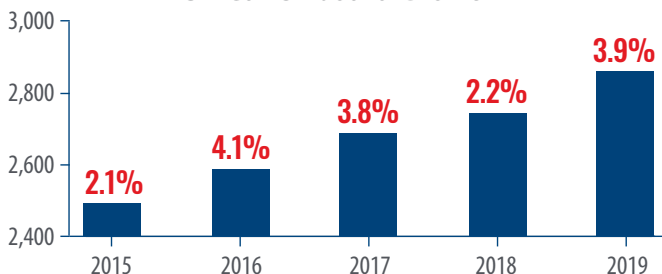
2,856

Onboard Employees in FY 2019

3.2%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

9.1%

in FY 2019

with a vacancy rate of 16% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for medical records technician new hires is 76% compared to the VHA overall rate 74%. The average 5-year retention rate is 64% compared to the VHA overall rate 59%.



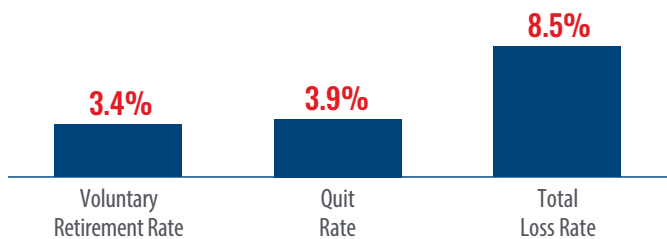
Recruitment challenges were identified as the primary cause of the shortage by 33 of the 45 health care systems (73%). A lack of qualified applicants was selected as the primary driver of the shortage by 27 of the 45 health care systems (60%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **325 medical records technicians a year** to maintain and grow the workforce.

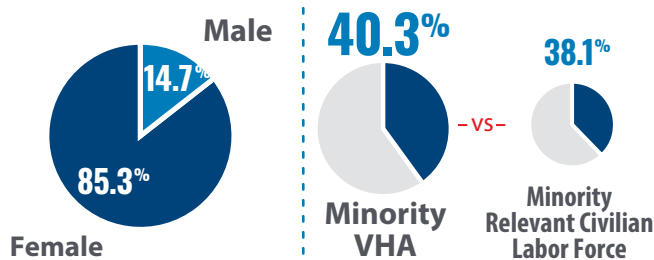
Medical Records Technician Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 9% during this time period.

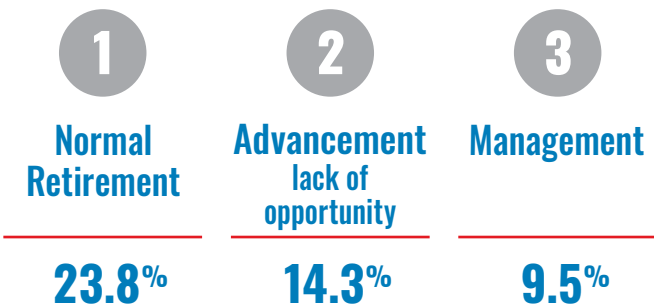
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
50	20.2%	12.4%	2.3%

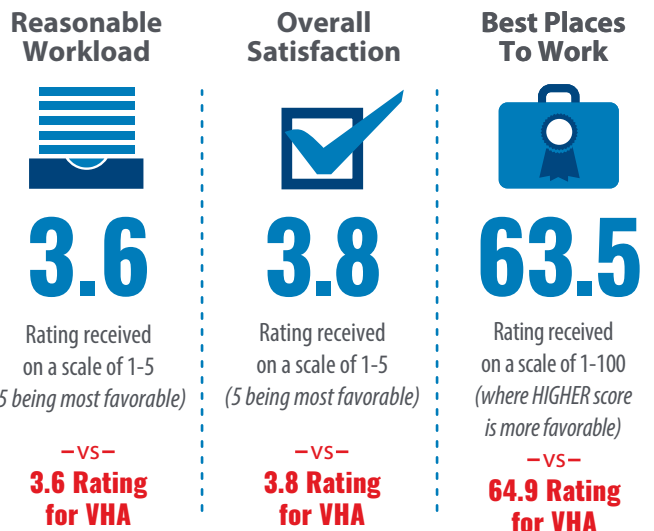


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL MEDICAL SUPPLY AIDE AND TECHNICIAN

RANKED #8
NONCLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

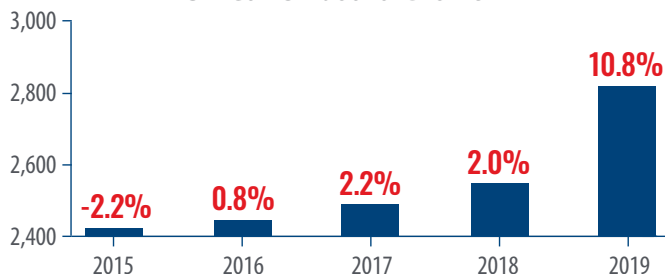
2,813

Onboard Employees in FY 2019

2.5%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

12.3% in FY 2019

with a vacancy rate of 14% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for medical supply aide and technician new hires is 73% compared to the VHA overall rate 74%. The average 5-year retention rate is 63% compared to the VHA overall rate 59%.



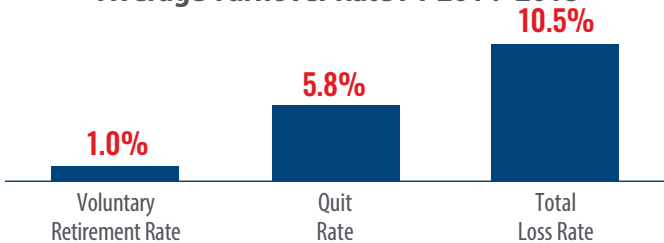
Recruitment challenges were identified as the primary cause of the shortage by the health care systems that identified this occupation on their list, 50% each. A lack of qualified applicants was selected as the primary driver of the shortage by 15 of the 38 health care systems (40%).

Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **500 medical supply aides and technicians** to maintain and grow the workforce.



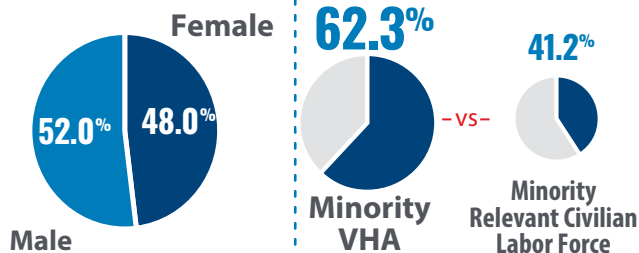
Medical Supply Aide and Technician Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 8% to 12% during this time period.

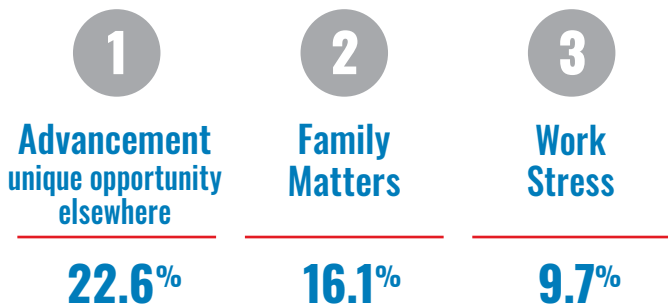
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
48	45.0%	13.7%	4.7%



4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





U.S. Department of Veterans Affairs

NONCLINICAL HUMAN RESOURCES ASSISTANT

RANKED #9
NONCLINICAL SHORTAGE OCCUPATION IN VHA

1. CURRENT ONBOARD

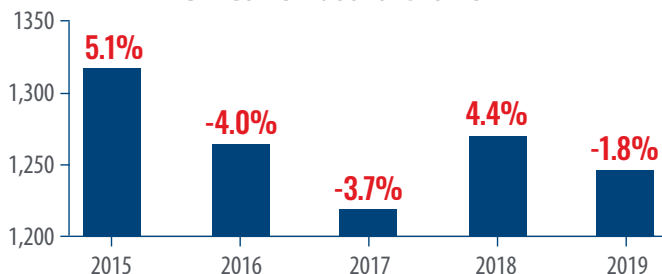
1,247

Onboard Employees in FY 2019

0.0%

Average Growth Rate over the last 5 years

5-Year Onboard Growth



2. TURNOVER

14.6% in FY 2019

with a vacancy rate of 22% in September 2019.



New Hire Retention Rates

The average 2-year retention rate for human resources assistant new hires is 65% compared to the VHA overall rate 74%. The average 5-year retention rate is 44% compared to the VHA overall rate 59%.



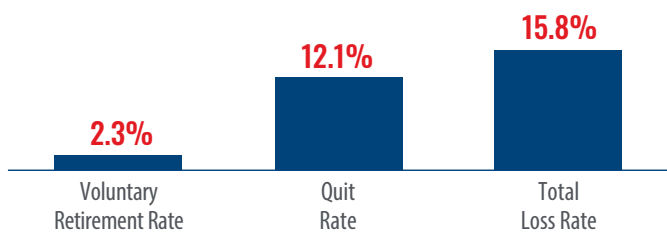
Retention challenges were identified as the primary cause of the shortage by 22 of the 37 health care systems (60%). A lack of qualified applicants was selected as the primary driver of the shortage by 17 of the 37 health care systems (46%).



Workforce Needed to Maintain and Grow

VHA anticipates needing to hire **200 human resources assistants** to maintain and grow the workforce.

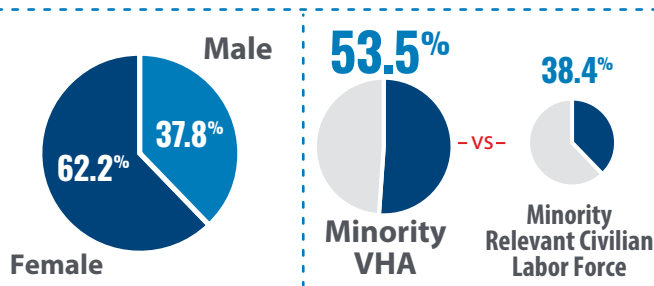
Human Resources Assistant Average Turnover Rate FY 2014–2018



Total turnover rates have ranged from 15% to 18% during this time period.

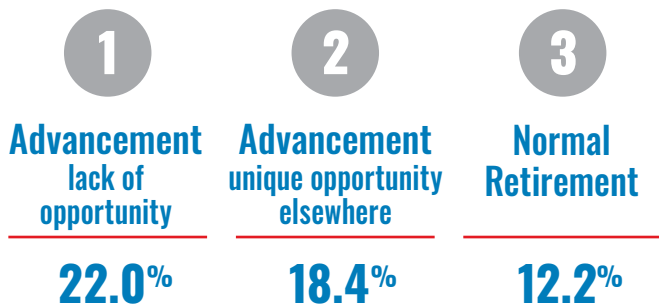
3. DEMOGRAPHICS

Average Age	Veteran	Non-Targeted Disability	Targeted Disability
44	54.3%	22.9%	7.4%

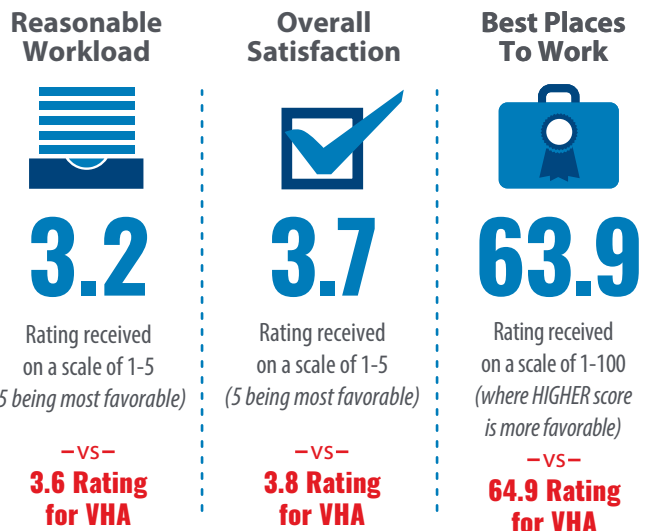


4. EXIT SURVEY

FY 2018 Top 3 Reasons for Leaving



5. ALL EMPLOYEE SURVEY





During FY 2018, VHA awarded
1,071
 new scholarships and supported
3,133
 employees actively participating in the
 educational phase of their scholarship,
 with funding totaling
\$29 MILLION.



The top 5 occupations based on completion were registered nurse, social worker, licensed practical/vocational nurse, physical therapist, and medical records technician.

VHA WORKFORCE STRATEGIES AND INITIATIVES

To ensure VHA has the workforce required to meet the needs of Veterans today and tomorrow, a number of strategies and initiatives are employed, and new ones are being developed and deployed. This section of the workforce plan will introduce current and new strategies being implemented at both the national and local levels. These plans can and should be leveraged to address recruitment and retention challenges, shortage occupations in the labor market, workforce competency and development needs, and organizational priorities intended to improve outcomes for our Nation's Veterans. These strategies include those related to being a high reliability organization (HRO), increasing choice, improving access, increasing diversity and inclusion at all levels of the organization, eliminating Veteran suicide, modernizing systems, and delivering on priorities to benefit Veterans and the public by increasing the understanding of Veteran-specific illnesses and injuries, developing new treatments, and

advancing the fields of genomics and personalized medicine to prevent future illness and improve the effectiveness of current treatments.

To continue to grow the workforce by an average of 3% per year over the next 5 years, VHA will need to hire 45,000 to 50,000 new employees each year. This can only be done through modernization of our HR processes and systems; education, training, and competency development of HR staff; and optimal use of every hiring, recruitment, and retention flexibility VHA can leverage or develop.

HUMAN RESOURCES INITIATIVES

HR Modernization: VHA has outlined a modernization plan to improve the efficiency, effectiveness, and accountability in HR. The envisioned organizational structure leverages lessons learned from successful public

and private sector organizations to reduce bureaucracy and align the organization around common goals. To develop consistent services and ensure alignment with field requirements, VHA will develop responsive, scaled, shared services. Beginning in FY 2019, VHA has taken several steps to strengthen the synergy between national shared services and VISNs. These services will support operational efficiency, with facilities enjoying ready access to the resources they need when and where they are needed. VHA anticipates improvement in hiring and onboarding timelines by the end of FY 2020 as a direct result of this organizational change.

To meet the challenges of an increasingly competitive market for health care talent, VHA needs an effective and efficient HR function. HR needs to be able to fill positions as quickly as possible and provide high-quality service to VHA employees. The current decentralized organization of HR gets in the way of achieving this goal.

During FYs 2019 and 2020, VHA is creating an HR shared service by consolidating routine HR functions from more than 170 local facilities to 18 VISNs. VHA needs flexibility in how HR is staffed to ensure facilities can get the right kinds of services at the right time. Consolidating central office HR functions and realigning HR functions from the facility to the VISN will create a more streamlined HR function with standardized processes and performance metrics, eliminating confusion and variance in how HR services are provided.

This shared service will manage routine business operations at the VISN level, with facility-based staff providing face-to-face support to medical center leadership and staff. This realignment will provide:

- ▶ Enhanced HR service
- ▶ Recruitment and hiring of highly qualified employees
- ▶ Rapid posting and hiring for open positions
- ▶ Long-term reduction in costs with savings reallocated to key priorities
- ▶ Improved employee engagement resulting in better patient experience

HR modernization and consolidation will be a transformative change to the way HR provides services as it is customer-focused and will become the standard for the way HR interacts with its customers and delivers services.

HR Development: In addition to topic-based, on-demand, and annual training and development opportunities available to HR specialists in VHA, 2 programs were

implemented in FY 2018 to support new HR specialists in VHA. In FY 2019, the programs became mandatory for all new HR specialists in VHA at the GS-13 level and below. The “HR 201 Jump Start” program is a virtual, self-paced orientation program for all new specialists to VHA and/or to the GS-201 occupation. It serves as the first phase of mandatory training for all new 201s to provide them the tools, resources, and job aids necessary to begin a new career in VHA. The HR New Talent Development Program (NTDP) is the second phase of mandatory training and development, intended for completion in the first 6 to 18 months, that provides new HR specialists in VHA the foundational competencies to function as HR professionals in VHA.

MANPOWER MANAGEMENT INITIATIVES

To improve VA’s ability to plan for staffing requirements the VA Secretary established an enterprise-wide manpower management function in October 2017. The VA MMS has been actively working with the Administrations to develop standard processes to validate staffing requirements (e.g., staffing models, staffing



standards, and benchmarking tools). In March 2019, the VA Human Resources Information Technology Executive Governance Council gave final approval to develop an IT solution to formally document manpower requirements in the VA Human Resources Information System. This IT solution will provide an automated workflow tool to process position change requests. Additionally, VA has been actively working to develop an approach that will standardize organizational structures to facilitate manpower analysis, management of business operations, and inform business intelligence tools. The overarching policy that will document validated staffing requirements using workload-based analysis, standardize organizational structure, and maintain data integrity of positions is in the final stages for approval.

VHA has many long-standing clinical staffing models (e.g., specialty care, primary care, mental health, nursing, pharmacy, and rehabilitative care) and is continuing to develop and validate other models, especially for nonclinical functional areas and positions that are Congressionally mandated (such as scribes and peer specialists per the VA MISSION Act). Implementation of validated staffing requirements will assist in standardizing care delivery, ensuring the best care is delivered in the most efficient way possible as measured by health outcomes. As VA's manpower management capabilities continue to expand, staffing data will become more refined and will better position VA to identify and overcome staffing gaps with more fidelity.

VHA's progress in key aspects of clinical staffing models and methods is noteworthy. VHA has:

- ▶ Developed a prototype staffing model for general mental health and additional criteria to guide staffing of specialty mental health
- ▶ Piloted the Behavioral Health Interdisciplinary Program, a team-based general mental health staffing model in outpatient settings
- ▶ Established maximum panel sizes for all primary care practitioners and associated practitioners. The panel consists of active patients for whom the provider delivers primary care. Parameters in determining panel size include support staff, space considerations, and patient intensity and acuity
- ▶ Established staffing requirements for women's health patient aligned care teams (PACT), gynecology specialists, and support staff
- ▶ Maintained the physician productivity cube providing information about staffing levels for each medical center and calculating the productivity of the physician

workforce using a standard health care measure of relative value units (RVUs) per physician clinical FTE employee (used by Medicare since the early 1990s, RVUs consider the time and intensity of the medical services delivered)

- ▶ Developed the Specialty Productivity Access Report and Quadrant Tool (SPARQ) that integrates specialty physician productivity data and measures of access to specialty care into an algorithm to guide staffing decisions of specialty care physicians
- ▶ Defined productivity and staffing standards for operational staff

Workforce Data Initiatives

An updated, efficiently aligned position categorization structure will enable VHA facilities to more precisely define their clinical and nonclinical staffing requirements. This structure will also enable predictive staffing power on the part of facilities and VISNs. It will simultaneously allow for the flow of staffing requirements to the enterprise level, facilitating national recruitment efforts and budget formulation. In addition, more accurate position and employee data will drive more accurate workforce planning and analysis outcomes.

Efforts VHA has undertaken to improve workforce data include:

- ▶ Completed implementation of revised nurse assignment codes
- ▶ Revised physician assignment codes and implementation plan
- ▶ Performed analysis of other occupations with assignment codes and review if needed
- ▶ Developed process for the governance of assignment codes (changes/updates)
- ▶ Defined listing of clinical and nonclinical occupations for identification of shortage occupations
- ▶ Established the first-ever Position Management Community of Practice in VHA to provide training, guidance, and support for those managing the VHA position inventory
- ▶ Established limits on the number of position managers authorized at facilities and controls for approving the role
- ▶ Required facility position inventories to be within 1.5% of authorized organization chart FTE
- ▶ Eliminated more than 20,000 erroneous positions from the VHA position inventory

- ▶ Revised the VA Entrance Survey to include more actionable data, to include a better list of job information sources, better assessment of reasons for choosing VA, and improved questions regarding the application and onboarding experience, as well as specialty and service areas for clinical staff
- ▶ Revised the VA Exit Survey to include more actionable data, to include more specific reasons for leaving, a rating scale for reasons for leaving, specialty and service areas for clinical staff, and specific questions regarding what could have motivated employees to stay
- ▶ Developed a new VA Transfer Survey to capture information from employees choosing to transfer internally within VA regarding their reasons for transferring

RECRUITMENT AND RETENTION STRATEGIES

Non-competitive hiring authority: VHA has non-competitive hiring authority for all pure Title 38 occupations, and approximately 80% of health care systems are utilizing this flexibility to hire physicians and registered nurses. In addition, VHA has the authority to recruit and directly appoint individuals into Hybrid Title 38 occupations identified by the VA Office of Inspector General (OIG) as shortage occupations, per the Veterans Access, Choice, and Accountability Act of 2014 (VACAA) Section 301(d). Currently, 8 Hybrid Title 38 occupations are eligible for this authority.

Direct Hiring Authority (DHA): OPM recently granted VHA direct hiring authority for 14 critical, primarily nonclinical occupations deemed essential to VA to expand its capacity to deliver care to Veterans.³⁰ These occupations included accountant, boiler plant operator, general engineer, health science specialist (Veterans Crisis Line), health technician, histopathology technician, human resources assistant, human resources management, information technology specialist, personnel security specialist, police officer, realty specialist, utility systems operator, and utility system repair.

Flexibilities in Work Schedules: VHA encourages the use of flexible work schedules, compressed tours, part-time options, telework, and virtual work locations for positions where these flexibilities are appropriate. Facilities are encouraged to consider these flexibilities as important incentives for recruitment and retention. While telework and telemedicine are both increasing in VHA, the use of part-time positions in VHA has decreased steadily from 6.1% to 5.5% over the last 5

years. In addition, some occupations are more open to the use of part-time positions. For example, nearly 30% of VHA physicians hold part-time positions, while only 4.9% of RNs do.

Targeted use of 3R incentives: Strategic allocation of recruitment, retention, and relocation (3R) incentives helps close skills gaps and provides greater flexibility in the efforts to bring highly qualified professionals to VHA and keep them. In FY 2018, VHA spent \$52.4 million on 3R incentives. Of that total, \$41.2 million (78.6%) was directed toward VHA shortage occupations. Health care systems that have less than 75% of their total 3R funding allocated toward local or VHA shortage occupations are required to have an action item to increase the allocation toward shortage occupations.

Targeted use of EDRP: VHA uses EDRP to secure health care providers in specific difficult to fill positions for up to 5 years by providing student loan payment reimbursements. Positions eligible for EDRP are prioritized based on local recruitment and retention requirements to meet specific staffing needs. In FY 2018, VHA spent \$44 million on existing EDRP participants and approved 1,189 new EDRP applications. National VHA shortage occupations, including physicians, registered nurses, psychologists, pharmacists, physician assistants, and medical technologists, received 85% of the new awards. By definition, 100% of EDRP awards are directed to local or national shortage occupations in direct patient care positions. The VA MISSION Act increased the cap for EDRP from \$120,000 over 5 years to \$200,000 and ensured that clinical staff working at Vet Centers are eligible for EDRP.

Trainee Recruitment Events (VA-TRE): One of the most exciting developments over the last year has been in the area of recruitment of health professions trainees (HPTs) who are receiving training in VA. Each year, VHA invests more than \$2 billion to train approximately 122,000 clinical HPTs; however, before completion of their training, most of them have already accepted offers of employment in the private sector. VA-TRE aims to change all that by connecting, matching, placing, and retaining highly trained and interested HPTs in the VHA workforce by extending tentative employment offers well before they graduate. To date, VHA has successfully matched and hired 134 HPTs in psychology and other mental health occupations at facilities across the country. This program is now a permanent part of the WMC Workforce Recruitment

³⁰ | More information can be found in VA Human Resources Management Letter #05-18-03.

and Retention Services (WRRS) portfolio of services and will be leveraged year-round to connect, match, place, and retain HPTs in every clinical training area.

VHA Specialty Education Loan Repayment Program (SELRP – in development): SELRP was established under the VA MISSION Act to provide \$40,000 per year for a total of \$160,000 over 4 years, in exchange for a minimum 2-year service agreement for specific physician specialty shortage positions. The benefit of this program, as compared to EDRP, is it can be targeted to recent medical school graduates and individuals with as much or more than 2 years remaining in training programs, to improve our ability to offer the incentive before potential employees accept offers from other employers. This exciting new program will require VA to complete the regulatory process and policy development prior to implementation. VHA hopes to open the inaugural application cycle on November 1, 2020.

Hire Right Hire Fast (HRHF): The HRHF model was initiated in 2017 for the MSA occupation. The goal for HRHF is to reduce time to hire and fill open positions within this occupation. This was achieved by developing applicant registers and prescreening applicants and conducting group interviews in less than 30 days. This program drove time-to-hire to under 30 days, down from 180 days, and reduced open positions to 9.4%. Following the succession of HRHF for MSAs, HRHF was extended to custodial workers. The HRHF model is effective when used with occupations that exhibit few barriers to entry (e.g., no licenses, no certifications), high loss rates, and large onboard FTE requirements.

National Targeted Hiring Initiatives: Targeted hiring initiatives have been managed nationally by WMC in collaboration with relevant program offices to determine staffing needs, develop staffing plans, manage national recruitment announcements, and leverage incentives. These cooperative efforts have proved to be an extremely effective way of improving staffing capacity where and when it is needed most. For example, in support of VHA's top clinical priority to eliminate Veteran suicide, a new Mental Health Hiring Initiative (MHHI)³¹ was announced in 2017. This initiative was launched to achieve higher standards of access and quality care and add 1,000 new mental health providers by June 2019. VHA surpassed this goal, hiring nearly 4,000 mental health positions nationwide, for a net increase of 1,045 as of January 31, 2019. This increase

will provide access to high-quality mental health services to almost 120,000 additional Veterans each year, including those in underserved and rural regions of the country.

National Recruitment Service (NRS): NRS provides an in-house team of skilled professional recruiters employing private sector best practices to the Department's most critical clinical and executive positions. The NRS works directly with the Office of Rural Health and other national program offices, VISN directors, MCDs, clinical leadership, and local VAMC facility recruitment liaisons, to develop a comprehensive, client-centered, recruitment strategy that addresses both current and future critical needs.

Recruitment of Transitioning Service Members: As a subset of the military to civilian transition, DoD and VHA have combined efforts to recruit transitioning service members into vacant positions within VHA. In a 2015 study of more than 8,500 Veterans, active duty service members, National Guard and Reserve members, and military dependents, 55% of participants identified finding a job as their most significant transition challenge.³² The goal of this effort is to create an additional candidate pipeline for entry-level job opportunities. Beginning in FY 2018, VHA launched a direct marketing campaign to target military medical professionals currently enrolled in the transition process for recruitment into VHA employment. VHA uses the VA-DoD Identity Repository data to identify service members, their time of discharge, and their military occupational specialty. The direct marketing campaign includes general and occupation targeted marketing materials for the VHA electronically and via postcard mailings. In FY 2018, VHA's total Veteran hires increased by 36%, totaling more than 17,000, an increase of more than 4,500 over the previous year.

Recruitment and Retention Toolkits: WMC has developed toolkits for recruitment and retention to include fact sheets on the use of 3Rs, loan repayment programs, trainee recruitment events, national announcements, guides to better interviewing, how to conduct Stay Interviews, and brochures on the total rewards associated with VHA employment. These toolkits are available on the [WMC HR Hub](#).³³

Stay Interviews to Improve Retention: VHA is implementing the use of Stay Interviews with newly hired health profession trainees (HPTs) through the VA-TRE initiative in pockets of the organization. The

31 | <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5268>

32 | U.S. Department of Veterans Affairs, "The Military to Civilian Transition 2018," (2018), <https://www.benefits.va.gov/TAP/docs/mct-report-2018.pdf>

33 | WMC HR Hub: <https://dvagov.sharepoint.com/sites/WMCPortal/Pages/default.aspx>

Tomah VAMC saw a 50% reduction in turnover with nurses after adopting this best practice, and it is spreading throughout the organization. The purpose of Stay Interviews is to provide a strategic and methodical approach for supervisors to make employee retention and engagement an organizational priority by engaging in guided interviews with new hires at 30- and 90-days after onboarding, as well as with all staff on an annual basis. This is the antithesis of asking departing employees why they are leaving. Instead, the focus is on asking current employees what makes them want to stay, what engages them, and what we can do better as an organization to keep them. Stay Interview Guides, Templates, and Fact Sheets are available on the [WMC HR Hub](#).³⁴

Strategies to Fill Executive Medical Center Director Positions:

VHA has made significant progress in efficiently filling MCD positions through the implementation of a vigorous national recruitment strategy. This effort includes the use of existing legal authorities to fill MCD positions such as the Senior Executive Service (SES) and Title 38 physician hiring authorities and leveraging critical pay authority to increase the pay rate up to \$201,900 (as of January 2019) for 39 Complexity Level 1A MCD positions. In addition, VHA adopted a 120-day time-to-fill standard for these posts. The result has been a significant reduction in the MCD openings from as high as 25% in FY 2015 to 11.5% in FY 2019.

Strategies to Expand Health Care Provider Capacity:

Nearly all facilities in VHA have implemented full practice authority for advanced practice registered nurses (APRNs). APRNs are RNs with a graduate-level degree such as a Master of Science in Nursing (MSN) or a Doctor of Nursing Practice (DNP) and have been specially trained in 1 of 4 APRN roles including certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), or nurse practitioner (NP). Extending full practice authority to APRNs is a best practice and is strongly encouraged as a strategy for expanding provider capacity.

TALENT DEVELOPMENT AND TRAINING PROGRAMS

Scholarships: VHA has several innovative scholarship programs to provide education and training opportunities to current employees and students not yet employed with VHA. Some provide an opportunity for students to gain valuable clinical experience at a VHA health care facility, while others come with service obligations in return for covering tuition, expenses, and in some cases, stipends.

Scholarships provide a valuable investment in future health care providers in VHA.

- ▶ **VHA Learning Opportunity Residency (VALOR):** The VHA VALOR program allows nursing, pharmacy, and medical technology students who have completed their junior year in an accredited clinical program to gain valuable clinical experience at a VHA health care facility for up to 800 hours, with pay. During FY 2019, VALOR funded a total of 281 new nursing, pharmacy, and medical technology students.
- ▶ **Employee Incentive Scholarship Program (EISP):** VHA also expanded opportunities to develop its health care workforce through the EISP. This program authorizes VHA to award scholarships to employees pursuing degrees or training in health care disciplines for which recruitment and retention of qualified personnel are difficult. EISP awards cover tuition and related expenses such as registration, fees, and books in return for a 1- to 3-year service obligation. During 2019 VA supported 3,275 employees actively participating in the educational phase of their scholarship with employee scholarship funding and 3,529 employees completing service obligations. The Top 5 occupations for employee scholarship awards were registered nurses, medical technologists, pharmacists, physical therapists.
- ▶ **Health Professional Scholarship Program (HPSP):** During 2019, VHA supported 354 nursing, physical therapy, and physician assistant students actively participating in HPSP. HPSP awards scholarships to students receiving education or training in a direct or indirect health care services discipline to assist in providing an adequate supply of these personnel. HPSP provides tuition and approved fee scholarships along with a monthly stipend and an annual book stipend to competitively selected students in return for a service obligation in a hard to recruit and retain position.
- ▶ **HPSP Expansion:** The VA MISSION Act of 2018 increases VA's ability to recruit for critical, hard to recruit and retain clinical positions by enhancing existing scholarship programs. The MISSION Act required that the HPSP offer at least 50 scholarships annually for medical or dental students. This program will help alleviate critical workforce shortages by requiring scholarship recipients to complete a service obligation at a VA facility. The HPSP requires 18 months of service at a VA facility for each year of support. VA anticipates accepting applications by March 2020.

Simulation Training: The Employee Education System (EES) Simulation Division has dedicated experts and state-of-the-art resources to support the learning needs of VHA staff:

³⁴ | WMC HR Hub: <https://dvagov.sharepoint.com/sites/WMCPortal/Pages/default.aspx>

- ▶ **SimLEARN:** A national program for advancing clinical simulation training, education, and research across VHA. The program is a collaborative effort of EES, Office of Patient Care Services, and Office of Nursing Services program offices. SimLEARN serves as a valuable resource to VHA health care providers and educators on the operational strategies, simulation technologies, and training methods needed to address local training priorities. The SimLEARN program addresses national clinical priorities, including suicide prevention, Veteran women’s health, and clinical team training. The program also provides model operational policies, procedures, standards, and guidelines for VHA simulation activities.
- ▶ **Resuscitation Education Initiative (REdI):** A national resuscitation education program standardizes, documents, tracks, and monitors the provision of Advanced Cardiac Life Support and Basic Life Support training throughout VHA. REdI is a department within SimLEARN and provides critical train-the-trainer clinical training support using American Heart Association guidelines to provide training to large numbers of VAMC clinical and nonclinical employees.
- ▶ **VHA SimLEARN National Simulation Center:** The SimLEARN National Simulation Center serves as the operational hub for coordination of all national VHA simulation-based clinical training activities. A new 51,000 square-foot facility officially opened in 2016. The facility has 10 classrooms. It can accommodate up to 160 students, providing an immersive training environment by replicating actual patient treatment areas, including an outpatient clinic setting and an inpatient hospital setting with intensive care units, and an operating room.

VHA Knowledge Network

VHA Knowledge Network is a state-of-the-art digital satellite system, which delivers learning and performance improvement opportunities. Programming is offered on 4 channels, 24-hours a day, 7 days a week.

Learning Management Systems (LMS)

VHA’s LMS is a web-based portal through which employees can manage their continuing education and maintain a single, official training record. The site offers direct, convenient access to thousands of VHA’s learning activities, including instructor-led, satellite and web-based training, books, and other instructional products. Online courses

and VHA-required training can be accessed directly from VHA LMS, and completed courses are automatically recorded in each employee’s official training record.

VA Acquisition Academy (VAAA)

VAAA was created to address the growing acquisition workforce challenge facing VHA and the federal government. With the downsizing from the last decade and the loss of institutional knowledge resulting from baby-boomer retirements, the acquisition workforce has been strained to keep pace with the increased amount of and complexities associated with outsourced work in support of the VHA mission.

Through their professional schools—acquisition internship,³⁵ contracting professional,³⁶ program management,³⁷ facilities management,³⁸ and supply chain management³⁹—VAAA is committed to meeting Office of Federal Procurement Policy (OFPP) certification mandates and ensuring training curriculum takes a holistic and synergistic approach.

Leadership Talent Management

The Healthcare Leadership Talent Institute (HLTI) serves as the center of expertise for identifying, developing and leveraging talent in the workforce so that the

Figure 6. Key Leading Practices

KEY LEADING PRACTICES IN SUCCESSION MANAGEMENT

- **Leader support and involvement**
- **Aligned to strategic goals**
- **Based on workforce analyses**
- **Targeted gap-closing strategies**
- **Continuously evaluated and updated**

35 | <https://www.acquisitionacademy.va.gov/schools/internship/>

36 | <https://www.acquisitionacademy.va.gov/schools/contracting/>

37 | <https://www.acquisitionacademy.va.gov/schools/ppm/>

38 | <https://www.acquisitionacademy.va.gov/schools/fm/>

39 | <https://www.acquisitionacademy.va.gov/schools/scm/>

VA can fulfill its commitment to provide exceptional care and service to Veterans. VHA leadership formed HLTi in 2016 in response to a pressing need for highly-qualified candidates to fill an unprecedented number of mission-critical vacancies in VHA executive leadership positions. HLTi's succession management philosophy and approach evolved from best practices in the public and private sector, and reflect the key tenets of effective succession planning systems in meeting current and future workforce requirements. HLTi's business portfolio includes management of VA and VHA-focused leadership development programs, and responsibility for implementing succession planning processes to identify and prepare future health care executive leaders.

- ▶ **VHA Talent Management Strategy:** HLTi's integrated Talent Management Strategy begins with determining executive leadership needs. Requirements are defined in terms of the attributes needed in incumbents for a targeted group of leadership positions (e.g., MCD) and the size and nature of the pipeline to meet projected vacancies identified via Workforce Planning data and analysis. The next step in the process involves collecting information from the potential talent pool. The information covers each employee's work history, career aspirations and leadership capabilities. The compiled Talent Profiles are jointly reviewed by corporate panels of executives, who determine each employee's readiness for the target position and the types of developmental experiences needed to get them prepared. Developmental discussions and

Individual Development Plans are used to facilitate and track personal growth through stretch assignments, coaching or mentorship, 360 assessment feedback, acting/detail opportunities, and self-led learning (coursework, reading). Formal VA and external leadership development programs are frequently used in addition to other learning experiences. Employees deemed "ready now" for a leadership position receive assistance in putting together executive qualification packages, if needed. They are also placed on internal marketing lists to ensure they receive up-to-date information about vacancies and other opportunities. HLTi has implemented the talent management process for both the VA MCD and the VAMC chief of staff pipelines, with plans to expand the process to other mission critical positions in FY2020.

- ▶ **Leadership Development Programs:** While HLTi's Talent Management Strategy brings focus to the executive leadership pipeline, leadership growth and development occurs early and throughout each employee's career. HLTi provides numerous leadership development programs for emerging leaders through senior executives in support of broader VA succession planning efforts. Separate sets of training programs are oriented toward VHA health care professionals and VA-wide audiences.

VHA Programs

- **Graduate Healthcare Administration Training Program (GHATP):** GHATP provides recent graduates in health care administration and related degree programs a year-long training experience to prepare them for critical positions at the GS-9 or above level. It is open to both internal VA employees and external candidates.
- **Health Care Leadership Development Program (HCLDP):** HCLDP targets employees aspiring to senior leadership positions in a VAMC as their next career move. It is a 3-week face-to-face leadership training program spread over 6 months with developmental activities and coaching in between each session.
- **New Executive Training Program (NEXT):** NEXT is a week-long, face-to-face orientation and training session for newly-appointed VAMC executive team members (chiefs of staff, associate/assistant directors, and associate directors for patient care services). Topics and success lessons are presented through both plenary and breakout sessions.
- **Technical Career Field (TCF):** TCF is a 2-year technical skills development program to meet succession needs in more than a dozen

Figure 7. VHA Talent Management Strategy



occupations. Structured training and mentoring by experienced staff provide trainees the occupation-specific knowledge and skills to enable them to be placed in mission-critical positions within their career area.

- **Leadership, Effectiveness, Accountability, and Development (LEAD):** LEAD programs are locally-managed introductions to self, team and organization leadership concepts and practices. Facility-level LEAD is for employees aspiring to supervisory positions, while VISN-level programs are for more senior staff seeking greater leadership challenges.

VA-wide Programs

- **Leadership VA (LVA):** LVA is a competitive program for high potential GS13-15 and equivalent employees. Four week-long residential sessions build VA-wide perspectives and collaborative relationships to prepare participants for senior leadership roles.
- **New Supervisors Essentials (NSE) and Supervisor/ Manager Refresher (SMR):** NSE is a blended learning course for newly-appointed supervisors consisting of 10 web-based, TMS modules and supplemental activities. SMR covers multiple employee management topics for experienced supervisors at their 3-year point and beyond.
- **President's Management Council (PMC) Interagency Rotation Program:** PMC enables select GS13-15 and equivalent employees the opportunity to serve on a 6-month rotational assignment in other federal agencies within or outside their career area.
- **Profiles in Leadership (PIL):** PIL is a self-paced, online portfolio of courses and activities targeted to 5 different levels of leadership. It is available on-demand through TMS.
- **SES Candidate Development Program (SESCDP):** SESCO is an OPM-approved, 18- to 24-month program to prepare senior executive leaders for SES-level positions. It is run on an annual cycle. Participation is open to employees within and outside VA.
- **Virtual Aspiring Leaders Program (vALP):** vALP delivers fundamental leadership training for emerging leaders and team leads at the GS9-13 and equivalent level. It is delivered virtually through instructor-led cohorts over an 8-month period of time.

- **White House Leadership Development Program (WHLDP):** WHLDP is a 1-year, highly competitive program for GS15 and equivalent employees. Fellows serve in other federal agencies to broaden awareness and handling of cross-governmental challenges.
- **External Leadership Development Programs:** HLTI coordinates VA participation in numerous external leadership programs at the direction of the VA Chief Learning Officer-led Talent Development Council. The portfolio changes over time, but typically includes OPM Federal Executive Institute programs and vendor-provided courses.

Secretary-Driven Initiatives to Improve Retention

VA continues to strategically target incentives toward hard to recruit and retain MCOs as well as shortage occupations. To address training, compensation, and workplace issues that drive turnover for MCOs, VHA has several multi-year efforts.

VA has a multi-year action plan to address the root causes of dissatisfaction for primary care physicians, psychiatrists, and psychologists. Ongoing analysis includes a review of support staff ratios, workload, promotion potential, and compensation. In addition, VHA is conducting a detailed compensation analysis of many physician specialties and updating its paytables to ensure VHA remains competitive with the private sector. Another initiative is the utilization of nurse practitioners, where primary care physicians may be difficult to recruit or retain.

Research has long proven that leadership and first-line supervision has a large impact on employee retention. Leaders who create an environment that supports high levels of employee engagement are more likely to have high levels of employee retention. To support leaders in these efforts, VA provides executive team development focused on improving the functioning and cohesion of executive leadership teams. We know from data that executive team functioning "spills over" the staff's perceptions of their work climate, as reflected in employee survey results.

VA has a unified leadership development framework based on the OPM competencies and grounded in servant leadership philosophy. Work is currently being done to revamp Department curricula to align with this framework. Leaders receive support through 360 assessments that are available to provide feedback on their leadership skills and individual coaching for executives and higher-level leaders. Data from leadership

skills assessments show a correlation between staff perceptions of their workplace culture and their leader's self-awareness, which demonstrates the positive influence leaders can have over staff perceptions.

Additionally, there are many employee engagement activities underway including VA Supervisors' Week to celebrate the importance of first-line supervisors, Leadership Engagement Groups for supervisors focused on servant leadership, employee engagement boxes providing specific resources for leaders, and a new electronic employee engagement toolkit for leaders sharing promising practices from their peers. In addition, VHA also provides change management consultation to leaders to help with the adoption of new processes among their staff.

NCOD supports and delivers organizational health services for VA, including:

- ▶ Individual and organizational assessments
- ▶ Workforce surveys such as the AES
- ▶ Organizational consultation and intervention
- ▶ Survey consultation and research
- ▶ Business operations and management support

The specific goals of NCOD are to strengthen VA workforce engagement, satisfaction, and development to improve services to Veterans and their families. To achieve this, contemporary and innovative data-driven assessments and consultation services are offered to VA organizations nationwide. Services integrate practice, training, and research information. Services are customized to meet individual, workgroup, team, leadership, and facility-level needs.

The NCOD research division includes a team of professionals (health research scientists, technicians, and pre- and post-doctoral trainees and fellows) trained in research methods in behavioral sciences, survey-based research methods, organizational development, industrial and organizational psychology (I-O), health services, health administration, program evaluation, and other relevant areas. The overarching goal of NCOD research is to facilitate organizational functioning by applying professional skills and tools (e.g., research and assessment methods, statistical techniques, conceptual understandings of organizational phenomena) to drive better outcomes and enhance patient services.



CONCLUSION AND PATH FORWARD

FY 2019 was an unprecedented year of change in VHA, and this plan reflects increased efforts by leadership and staff to define workforce strategies for the future. Strategic workforce and succession planning in VHA ensures a pool of professionals with the right skills, experiences, and competencies is available to meet the needs of America's Veterans. Workforce planning enables VHA to recruit, develop, and retain a high-performing workforce that can adapt to changing health care demands and priorities, and can be ready to meet the challenges ahead. Strategic priorities, such as greater choice for Veterans, improved timeliness of services, suicide prevention, modernization, projections of Veteran demand, and new models of care, will drive the organization's future workforce needs. Since FY 2011, VHA has experienced onboard growth of 17.7%, and projections indicate continued growth of 16.4% by FY 2024.

Employees identified pay, promotion, and merit/recognition systems; dealing with poor performers; and a desire for greater workforce motivation as areas for improvement in the All Employee Survey. Servant leadership principles align closely with the leadership behaviors that influence employee engagement, thus VHA is providing skill-building opportunities for supervisors and managers at all levels of the organization.

The VHA national clinical and nonclinical shortage occupations include nurse, physician, practical nurse, psychologist, medical technologist, diagnostic radiologic technologist, medical instrument technician, physician assistant, pharmacist, nursing assistant, human resources management, police, custodial worker, general engineering, medical support assistant, food service worker, medical records technician,

medical supply aide and technician, and human resources assistant. The most critical challenges for these occupations include gaps between supply and demand, inability to compete with the private sector, local medical center budgetary restraints that prevent offering retention incentives, and inefficient hiring practices. Local actions to establish or adjust special salary rates, streamline and improve hiring processes, and fully utilize available monetary and non-monetary incentives were identified as best practices. Health care systems have developed action plans that will continue to drive them toward recruiting and retaining these professionals. These plans include leveraging national programs for recruitment and retention described in this plan, which VHA is committed to continuously evaluating and improving for the benefit of the health and well-being of our Nation's Veterans.



APPENDICES – SHORTAGE OCCUPATION DATA

FY 2019 VHA PHYSICIAN AND REGISTERED NURSE SPECIALTY SHORTAGES

FY 2019 VHA Physician and Registered Nurse Specialty Shortages (Reported by at least 20% of health care systems)

Rank	Physician Specialties	Nurse Specialties
1	31 - Psychiatry	88 - Staff Nurse
2	P1 - Primary Care	Q6 - RN/Staff- Inpatient Community Living Center
3	25 - Gastroenterology	75 - Nurse Practitioner
4	K6 - Hospitalist	CQ - Inpatient Mental Health
5	16 - Emergency Medicine	CM - RN Staff – Critical Care
6	12 - Urology	CR - RN Staff- Emergency Department/Urgent Care
7	20 - Dermatology	87 - RN Manager/Head Nurse
8		Q1 - RN/Staff-Outpatient
9		N4 - NP Mental Health Substance Use Disorder
10		CW - RN Staff – Peri-Operative

FREQUENCY OF OCCUPATIONAL AND SPECIALTY SHORTAGES

FY 2019 VHA Shortage Occupations Compared to VA OIG Shortage Occupations

Rank	Occupation/Specialty	VHA Annual Cycle Health Care System Frequency (N = 140)	VA OIG Health Care System Frequency (N = 140)
1	31 - Psychiatry	101	85
2	0201 Human Resources Management	94	72
3	0610 Nurse	92	N/A*
4	0602 Physician	90	N/A**
5	0083 Police	77	65
6	P1 - Primary Care	73	54
6	0620 Practical Nurse	73	46
8	3566 Custodial Worker	68	55
9	0180 Psychologist	62	47
9	0801 General Engineering	62	56
11	88 - Staff Nurse	59	31
12	0644 Medical Technologist	56	53
13	Q6 - RN/Staff-Inpatient Community Living Center	55	36
14	75 - Nurse Practitioner	54	--
15	0679 Medical Support Assistant	53	34
16	CQ - Inpatient Mental Health	51	--
17	7408 Food Service Worker	49	31
18	CM - RN Staff – Critical Care	45	--
18	0647 Diagnostic Radiologic Technologist	45	38
18	0675 Medical Records Technician	45	39
21	25 - Gastroenterology	42	48
22	CR - RN Staff- Emergency Department/Urgent Care	40	--

* The VA OIG methodology did not include the registered nurse occupation as a selection option, only nurse specialties.

** The VA OIG methodology did not include the Physician occupation as a selection option, only physician specialties.

FY 2019 VHA Shortage Occupations Compared to VA OIG Shortage Occupations

Rank	Occupation/Specialty	VHA Annual Cycle Health Care System Frequency (N = 140)	VA OIG Health Care System Frequency (N = 140)
22	87 - RN Manager/Head Nurse	40	--
24	Q1 - RN/Staff-Outpatient	38	--
24	0622 Medical Supply Aide and Technician	38	32
26	0203 Human Resources Assistant	37	-
27	0649 Medical Instrument Technician	34	31
28	K6 - Hospitalist	33	36
28	0603 Physician Assistant	33	--
30	0660 Pharmacist	32	--
30	16 - Emergency Medicine	32	31
32	12 - Urology	30	41
33	N4 - NP Mental Health Sud	29	32
33	20 - Dermatology	29	30
35	CW - RN Staff – Peri-Operative	28	--
35	0621 Nursing Assistant	28	--

CLINICAL AND NONCLINICAL OCCUPATIONS

Clinical and Nonclinical Occupations

Clinical Occupations			
0060 Chaplain*	0603 Physician Assistant*	0636 Rehabilitation Therapy Assistant*	0681 Dental Assistant*
0101 Social Science*	0605 Nurse Anesthetist*	0638 Recreation Therapist*	1715 Vocational Rehabilitation*
0102 Social Science Aid and Technician*	0610 Nurse*	0640 Health Aid and Technician*	1306 Health Physics
0180 Psychologist*	0620 Practical Nurse*	0644 Medical Technologist*	1310 Physics
0181 Psychologist Aid and Technician*	0621 Nursing Assistant*	0645 Medical Technician*	1311 Physical Science Technician
0185 Social Work*	0630 Dietitian and Nutrition*	0647 Diagnostic Radiologic Technologist*	1320 Chemistry
0601 General Health Science*	0631 Occupational Therapist*	0649 Medical Instrument Technician*	1725 Public Health Educator
0601/31 Respiratory Therapist*	0633 Physical Therapist*	0660 Pharmacist*	
0602 Physician*	0199 Social Science Trainee	0661 Pharmacy Technician*	
0184 Sociology	0440 Genetics	0662 Optometrist*	
0186 Social Services Aid and Assistance	0625 Autopsy Assistant	0665 Speech Pathology and Audiology*	
0187 Social Services	0635 Corrective Therapist	0667 Orthotist and Prosthetist*	
0188 Recreational Specialist	0637 Manual Arts Therapist	0668 Podiatrist*	
0189 Recreation Aid and Assistant	0642 Nuclear Medicine Technician	0680 Dental Officer*	

* Indicates occupation has 600 or more VHA staff onboard and was available for selection as a shortage occupation.

Nonclinical Occupations			
0083 Police*	0501 Financial Administration and Program*	0679 Medical Support Assistant*	2005 Supply Clerk and Technician*
0086 Security Clerk and Assistant*	0503 Financial Clerk and Assistant*	0699 Medical and Health Trainee*	2010 Inventory Management*
0201 HR Management*	0525 Accounting Technician*	0801 General Engineering*	2805 Electrician*
0203 HR Assistant*	0540 Voucher Examining*	0858 Biomed Engineering*	3566 Custodial Worker*
0301 Miscellaneous Administration and Program	0544 Civilian Pay*	0962 Contact Representative*	4749 Maintenance Mechanic*
0303 Miscellaneous Clerk and Assistant*	0560 Budget Analysis*	0998 Claims Assistant and Exam*	5306 Air Conditioning Equipment Mechanic*
0305 Mail and File*	0622 Medical Supply Aide and Technician*	1102 Contracting*	5703 Motor Vehicle Operator*
0318 Secretary*	0671 Health Systems Specialist*	1105 Purchasing*	6907 Materials Handler*
0340 Program Management	0344 Management and Program Clerical and Assistant*	1106 Procurement Clerical and Technician*	7304 Laundry Working*
0341 Administrative Officer*	0672 Prosthetic Rep	1601 General Health Care Systems and Equipment*	7404 Cook*
0343 Management and Program Analyst*	0675 Medical Records Technician	2003 Supply Program Management*	7408 Food Service Worker*
0018 Safety/Occ Management	0599 Fin Management Trainee	1411 Library Technician	3604 Tile Setting
0019 Safety Technician	0669 Medical Records Administration	1412 Tech Information Services	3605 Plastering
0028 Environmental Protection Specialist	0670 Health System Administration	1515 Operations Research	3610 Insulating
0080 Security Administration	0673 Housekeeping Management	1520 Mathematics	3703 Welding
0081 Fire Prevention	0690 Industrial Hygiene	1529 Mathematical Statistician	3806 Sheet Metal Mechanic

* Indicates occupation has 600 or more VHA staff onboard and was available for selection as a shortage occupation.

Nonclinical Occupations				
0085 Security Guard	0698 Environmental Health Technician	1530 Statistician	4010 Prescription Eyeglass Maker	
0089 Emergency Management Specialist	0701 Veterinary Medical Science	1531 Statistical Assistant	4101 Paper Hanger	
0110 Economist	0704 Animal Health Technician	1550 Computer Science	4102 Painting	
0150 Geographer	0802 Engineering Technician	1603 Equipment, Health Care Systems Assistant	4104 Sign Painting	
0170 History	0803 Safety Engineering	1640 Health Care System Management	4204 Pipefitting	
0193 Archeology	0804 Fire Protection Engineer	1654 Printing Management	4206 Plumbing	
0260 Equal Employment Opportunity	0808 Architecture	1658 Laundry Plant Management	4352 Composite Worker	
0299 HR Management Trainee	0809 Construction Control	1667 Steward	4417 Offset Press Operating	
0302 Messenger	0810 Civil Engineering	1670 Equipment Specialist	4605 Wood Crafting	
0304 Information Receptionist	0819 Environmental Engineering	1699 Equipment Management Trainee	4607 Carpenter	
0306 Govt. Information Specialist	0830 Mechanic Engineering	1701 General Education and Training	4701 Miscellaneous Operations Work	
0308 Records and Information Specialist	0850 Electrical Engineering	1702 Education and Training Technician	4737 General Equipment Mechanic	
0309 Correspondence Clerk	0854 Computer Engineering	1712 Training Instruction	4742 Utility Systems Repair	
0313 Work Unit Supervisor	0855 Electronic Engineer	1720 Education Program	4801 Miscellaneous General Equipment	
0322 Clerk-Typist	0856 Electronics Technician	1740 Education Services	4804 Locksmithing	
0326 Office Auto Assistant	0896 Industrial Engineering	1750 Instructional Systems	4805 Medical Equipment Repair	

Nonclinical Occupations					
0332 Computer Operation	0899 Engineering Trainee	1799 Education Trainee	6003 Gardening		
0335 Computer Clerk and Assistant	0901 General Legal Administration	1810 General Investigating	5026 Pest Controller		
0342 Support Services Administration	0905 General Attorney	1811 Criminal Investigating	5048 Animal Caretaking		
0346 Logistics Management	0950 Paralegal Specialist	1910 Quality Assurance	5301 Miscellaneous Industrial Equipment Maintenance		
0350 Equipment Operator	0986 Legal Assistance	2001 General Supply	5309 Heating Equipment Mechanic		
0356 Data Transcriber	0999 Legal Occupations Trainee	2030 Distribution and Storage Management	5313 Elevator Mechanic		
0361 EEO Assistance	1001 General Arts and Infor	2101 Mobility Transport Specialist	5317 Laundry Equipment Repair		
0382 Telephone Operator	1008 Interior Design	2102 Trans Clerk and Assistant	5352 Indus Equipment Mechanic		
0390 Telecom Process	1020 Illustrating	2130 Traffic Management	5402 Boiler Plant Operator		
0391 Telecommunications	1035 Public Affairs	2151 Dispatching	5406 Utility Systems Operator		
0392 General Telecommunications	1040 Language Specialist	2210 IT Management	5407 Electric Power Controller		
0394 Communications Clerical	1060 Photography	2299 IT Student Trainee	5408 Wastewater Treatment Plant Operator		
0399 Administration Trainee	1071 Audiovisual Production	2502 Telecommunications Mechanic	5409 Water Plant Operator		
0401 General Biological Science	1082 Writing and Editing	2604 Electronics Mechanic	5415 Air Conditioning Equipment Operator		
0403 Microbiology	1083 Technical Writing and Editing	2606 Electronic Industrial Controls Mechanic	5705 Tractor Operator		
0404 Biological Science Technician	1084 Visual Information	2608 Digital Computer Mechanic	5716 Engineer Equipment Operator		

Nonclinical Occupations				
0405 Pharmacology	1087 Editorial Assistance	2610 Electronic Integrated Systems Mechanic	5803 Heavy Equipment Mechanic	
0413 Physiology	1099 Information and Arts Trainee	2614 Electronics Mechanic	5806 Mobile Equipment Servicing	
0415 Toxicology	1101 General Business and Industry	2810 Electrician (High Volt)	5823 Automotive Mechanic	
0437 Horticulture	1104 Property Disposal	2854 Electrical Equipment Repair	6904 Tools and Parts Attendant	
0499 Biological Science Trainee	1107 Property Disposal Technician	3111 Sewing Machine Operator	6913 Hazardous Waste Disposer	
0505 Fin Management	1109 Grants Management Specialist	3359 Instrument Mechanic	7301 Miscellaneous Laundry and Dry Cleaning	
0510 Accounting	1160 Financial Analysis	3414 Machining	7305 Laundry Machine Operator	
0511 Auditing	1170 Realty	3502 Laboring	7401 Miscellaneous Food Preparation and Serving	
0530 Cash Processing	1176 Building Management	3511 Laboratory Working	7601 Miscellaneous Personal Services	
0561 Budget Clerk and Assistant	1199 Business and Industry Trainee	3601 Finishing Floor Coverer		
	1410 Librarian	3603 Masonry		

SUPPLEMENTAL DATA

Workforce Data for VHA Shortage Occupations

Occupation	3-year Average Annual Growth Rate	FY18 Onboard	FY 2019 Total Hires/ Gains (calculated)	FY 2019 Total Losses	FY 2019 Total Loss Rate	FY 2019 Voluntary Retirement Rate	FY 2019 Quit Rate	FY 2019 Onboard	FY 2019 Vacant FTE as of 9/30/2019	FY 2019 Vacancy Rate as of 9/30/2019
VHA FY 2019 CLINICAL SHORTAGE OCCUPATIONS										
0610 Nurse	3.52%	70,426	8,146	5,377	7.49%	3.22%	3.85%	73,195	7,110	9.0%
0602 Physician	1.79%	26,271	2,624	2,217	8.40%	3.02%	4.75%	26,678	2,663	10.6%
0620 Practical Nurse	1.13%	14,953	1,782	1,473	9.76%	3.33%	5.37%	15,262	1,990	11.6%
0180 Psychologist	2.47%	5,897	653	434	7.27%	2.04%	3.70%	6,116	739	11.0%
0644 Medical Technologist	0.76%	4,524	458	414	9.13%	3.77%	4.74%	4,568	465	9.4%
0647 Diagnostic Radiologic Technologist	3.04%	4,190	354	286	6.78%	2.42%	3.68%	4,258	357	7.9%
0649 Medical Instrument Technician	3.42%	3,394	351	272	7.92%	3.03%	4.22%	3,473	369	9.7%
0603 Physician Assistant	3.03%	2,341	272	181	7.54%	2.75%	3.96%	2,432	231	8.8%
0660 Pharmacist	4.02%	8,664	705	385	4.41%	1.89%	2.01%	8,984	672	7.2%
0621 Nursing Assistant	3.59%	13,043	1,702	1,376	10.38%	2.13%	5.71%	13,369	1,701	11.5%
VHA FY 2019 NONCLINICAL SHORTAGE OCCUPATIONS										
0201 Human Resources Management	7.85%	3,841	671	338	8.37%	2.60%	5.13%	4,174	861	17.1%
0083 Police	2.26%	3,670	464	399	10.81%	2.03%	7.53%	3,735	805	17.7%
3566 Custodial Worker	0.91%	11,806	2,565	2,492	21.02%	4.55%	10.41%	11,879	1,918	14.1%
0801 General Engineering	3.67%	955	201	142	14.38%	4.56%	9.42%	1,014	200	16.5%
0679 Medical Support Assistant	9.03%	25,728	4,564	2,912	10.92%	2.44%	6.94%	27,380	3,880	12.5%
7408 Food Service Worker	0.35%	4,832	873	813	16.77%	4.10%	7.86%	4,892	680	13.7%
0675 Medical Records Technician	3.29%	2,748	364	256	9.10%	3.55%	4.48%	2,856	535	15.8%
0622 Medical Supply Aide and Technician	5.01%	2,539	607	333	12.29%	2.95%	6.90%	2,813	450	13.8%
0203 Human Resources Assistant	-0.36%	1,270	166	189	14.61%	1.70%	11.90%	1,247	353	22.1%
All VHA Occupations	2.89%	338,545	43,397	32,296	9.38%	2.82%	5.04%	349,646	43,406	11.3%

Primary Challenge (Recruitment or Retention) for VHA Shortage Occupations

Occupation	Recruitment	Retention
VHA 2019 CLINICAL SHORTAGE OCCUPATIONS		
0610 Nurse	44.6%	55.4%
0602 Physician	80.0%	20.0%
0620 Practical Nurse	58.9%	41.1%
0180 Psychologist	87.1%	12.9%
0644 Medical Technologist	67.9%	30.4%
0647 Diagnostic Radiologic Technologist	66.7%	33.3%
0649 Medical Instrument Technician	76.5%	23.5%
0603 Physician Assistant	87.9%	12.1%
0660 Pharmacist	71.9%	28.1%
0621 Nursing Assistant	42.9%	57.1%
VHA 2019 NONCLINICAL SHORTAGE OCCUPATIONS		
0201 Human Resources Management	41.5%	58.5%
0083 Police	48.1%	51.9%
3566 Custodial Worker	32.4%	67.6%
0801 General Engineering	71.0%	27.4%
0679 Medical Support Assistant	28.3%	71.7%
7408 Food Service Worker	34.7%	63.3%
0675 Medical Records Technician	73.3%	26.7%
0622 Medical Supply Aide and Technician	50.0%	50.0%
0203 Human Resources Assistant	40.5%	59.5%
All Identified Shortage Occupations and Specialties*	63.7%	35.6%

*The VA OIG methodology did not include the Registered Nurse occupation as a selection option, only nurse specialties.

Primary Drivers for VHA Shortage Occupations

Occupation/Specialty	Competition from other Employers	Geographic Recruiting Challenges	High Staff Turnover	Lack of Qualified Applicants	Limited Supply of Candidates	Non-Competitive Salary	Other	Speed of Hiring	None	Normal Turnover	Growth in Veteran Demand	Backlog in Meeting Veteran Demand for Services
VHA CLINICAL SHORTAGE OCCUPATIONS												
0610 Nurse	55.4%	32.6%	19.6%	21.7%	18.5%	32.6%	5.4%	18.5%	0.0%	34.8%	7.6%	1.1%
0602 Physician	54.4%	45.6%	1.1%	32.2%	50.0%	44.4%	1.1%	17.8%	1.1%	13.3%	4.4%	0.0%
0620 Practical Nurse	41.1%	24.7%	16.4%	24.7%	43.8%	42.5%	11.0%	9.6%	0.0%	20.5%	9.6%	1.4%
0180 Psychologist	33.9%	53.2%	6.5%	38.7%	48.4%	21.0%	4.8%	6.5%	0.0%	14.5%	16.1%	1.6%
0644 Medical Technologist	35.7%	28.6%	14.3%	39.3%	42.9%	39.3%	3.6%	12.5%	0.0%	17.9%	3.6%	0.0%
0647 Diagnostic Radiologic Technologist	48.9%	26.7%	8.9%	33.3%	46.7%	42.2%	4.4%	15.6%	2.2%	13.3%	2.2%	0.0%
0622 Medical Supply Aide and Technician	23.7%	21.1%	23.7%	39.5%	26.3%	26.3%	10.5%	2.6%	0.0%	36.8%	7.9%	0.0%
0649 Medical Instrument Technician	35.3%	23.5%	2.9%	41.2%	47.1%	44.1%	2.9%	8.8%	2.9%	14.7%	0.0%	0.0%
0603 Physician Assistant	42.4%	48.5%	6.1%	27.3%	51.5%	51.5%	6.1%	3.0%	0.0%	12.1%	9.1%	0.0%
0660 Pharmacist	40.6%	40.6%	6.3%	18.8%	46.9%	37.5%	9.4%	15.6%	0.0%	12.5%	6.3%	0.0%
0621 Nursing Assistant	28.6%	25.0%	25.0%	42.9%	10.7%	21.4%	3.6%	10.7%	0.0%	32.1%	10.7%	3.6%
VHA NONCLINICAL SHORTAGE OCCUPATIONS												
0201 Human Resources Management	34.0%	27.7%	37.2%	50.0%	27.7%	17.0%	20.2%	2.1%	0.0%	16.0%	1.1%	0.0%
0083 Police	26.0%	33.8%	20.8%	29.9%	23.4%	51.9%	9.1%	23.4%	0.0%	22.1%	1.3%	0.0%
3566 Custodial Worker	14.7%	25.0%	52.9%	25.0%	29.4%	19.1%	22.1%	10.3%	0.0%	20.6%	4.4%	1.5%
0801 General Engineering	25.8%	40.3%	4.8%	41.9%	33.9%	67.7%	6.5%	3.2%	0.0%	17.7%	0.0%	0.0%

Primary Drivers for VHA Shortage Occupations

Occupation/Specialty	Non-Competitive Hiring (T38/HT38)	Direct Hire Authority	Recruitment and/or Relocation Incentives	Retention Incentives	Superior Qualifications, Special Rates or Special Needs Pay	Other	None
VHA CLINICAL SHORTAGE OCCUPATIONS							
0610 Nurse	89.1%	3.3%	45.7%	12.0%	42.4%	7.6%	0.0%
0602 Physician	84.4%	2.2%	82.2%	25.6%	40.0%	4.4%	1.1%
0620 Practical Nurse	84.9%	1.4%	20.5%	4.1%	46.6%	2.7%	1.4%
0180 Psychologist	80.6%	3.2%	69.4%	8.1%	27.4%	8.1%	1.6%
0644 Medical Technologist	78.6%	5.4%	33.9%	8.9%	42.9%	3.6%	0.0%
0647 Diagnostic Radiologic Technologist	80.0%	2.2%	26.7%	8.9%	44.4%	4.4%	0.0%
0622 Medical Supply Aide and Technician	65.8%	21.1%	13.2%	7.9%	31.6%	0.0%	2.6%
0649 Medical Instrument Technician	67.6%	5.9%	32.4%	8.8%	29.4%	11.8%	2.9%
0603 Physician Assistant	90.9%	3.0%	66.7%	18.2%	36.4%	6.1%	0.0%
0660 Pharmacist	87.5%	3.1%	28.1%	9.4%	43.8%	3.1%	0.0%
0621 Nursing Assistant	82.1%	3.6%	7.1%	0.0%	21.4%	14.3%	0.0%
VHA NONCLINICAL SHORTAGE OCCUPATIONS							
0201 Human Resources Management	6.4%	67.0%	57.4%	13.8%	11.7%	11.7%	1.1%
0083 Police	6.5%	68.8%	49.4%	13.0%	46.8%	7.8%	0.0%
3566 Custodial Worker	13.2%	70.6%	10.3%	2.9%	5.9%	5.9%	14.7%
0801 General Engineering	3.2%	59.7%	62.9%	12.9%	35.5%	1.6%	1.6%
0679 Medical Support Assistant	75.5%	20.8%	13.2%	0.0%	28.3%	1.9%	1.9%
7408 Food Service Worker	6.1%	53.1%	10.2%	0.0%	12.2%	6.1%	20.4%
0675 Medical Records Technician	64.4%	11.1%	22.2%	4.4%	17.8%	6.7%	6.7%
0203 Human Resources Assistant	10.8%	73.0%	10.8%	8.1%	13.5%	0.0%	13.5%

Student Loan Repayment Program (SLRP) Utilization for Nonclinical Shortage Occupations

Occupation/Specialty	Sometimes utilized or utilized to its fullest potential	Not utilized- other or blank
0201 Human Resources Management	27.7%	72.3%
0083 Police	5.2%	94.8%
3566 Custodial Worker	2.9%	97.1%
0801 General Engineering	17.7%	82.3%
0679 Medical Support Assistant	3.8%	96.2%
7408 Food Service Worker	2.0%	98.0%
0675 Medical Records Technician	4.4%	95.6%
0622 Medical Supply Aide and Technician	0.0%	100.0%
0203 Human Resources Assistant	5.4%	94.6%

Education Debt Reduction Program (EDRP) Utilization for Clinical Shortage Occupations

Occupation/Specialty	Sometimes utilized or utilized to its fullest potential	Not utilized- other or blank
0610 Nurse	77.2%	22.8%
0602 Physician	93.3%	6.7%
0620 Practical Nurse	21.9%	78.1%
0180 Psychologist	77.4%	22.6%
0644 Medical Technologist	46.4%	53.6%
0647 Diagnostic Radiologic Technologist	24.4%	75.6%
0649 Medical Instrument Technician	14.7%	85.3%
0603 Physician Assistant	78.8%	21.2%
0660 Pharmacist	65.6%	34.4%
0621 Nursing Assistant	0.0%	100.0%