



Healthcare Talent Management
Workforce Management & Consulting Office
VETERANS HEALTH ADMINISTRATION

VHA Workforce Planning Report 2015



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Executive Summary

Veterans Health Administration (VHA) has produced an annual workforce strategic plan for more than a decade. The workforce planning process has received accolades from internal and external sources for its robust nature. Its strengths rest on the foundation of input from every level of the organization. Further, the process is supported by a governance structure that is close to the Under Secretary for Health, it is informed by Veterans Affairs (VA) and VHA strategic goals, and workforce development initiatives are driven by the plan.

Despite these strengths, the 2013 release of the VA's Concept of Operations for corporate workforce planning presented an opportunity for the VHA National Workforce Planning Team to lead a group of stakeholders to conduct a comprehensive assessment of the workforce planning process. The group's findings identified two major goals: improve alignment and integration with business processes (i.e., Planning, Programming, Budgeting, and Execution [PPBE]), and establish and improve leadership support of the workforce planning process. The full results of this redesign effort were published in the 2014 Workforce Planning Process Implementation Plan

(http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2014%20Workforce%20Planning%20Process%20Implementation%20Plan.docx), and were discussed in the 2014 Interim Workforce and Succession Strategic Plan.

VHA experienced unprecedented changes in FY 2014 which warranted additional review of the process. As a result, production of the full Workforce and Succession Strategic Plan for FY 2015 was halted. In spite of this, the VHA National Workforce Planning Team continued with the preparation of this Workforce Planning Report which provides updated statistics and analysis of the total workforce, mission critical occupations, and workforce planning key drivers for 2015.

As events continue to unfold, strategic workforce planning will prove critical to the success of the organization. As such, VHA workforce planners' efforts are of tremendous value and will continue to contribute to achievement of organizational priorities and goals set forth in the VA and VHA Strategic Plans.

VHA Workforce Analysis

For all data definitions including data sources and inclusion/exclusion criteria, please see [Appendix D](#).

Trended Data

For more detailed information and data, please refer to [Appendix C, Table C1](#).

Onboard Strength

Although onboard strength in the Veterans Health Administration (VHA) has increased by 13.7% since FY 2010 (36,051), the rate of growth declined in FY 2014 (Figure 1). At the end of FY 2014, VHA's total onboard workforce including full- and part-time employees was 298,764, up from 262,713 in FY 2010.

Loss Rates by Year

Over the same five years, VHA experienced losses of 115,147 employees, nearly half (47.1%) of which were the result of resignations and external transfers (i.e., quits), and 32.4% of which were from voluntary retirements (Figure 2). To maintain and grow the workforce, a total of 160,832 new hires were required.

VHA loss rates have continued to climb since FY 2009 as depicted in Figure 3.

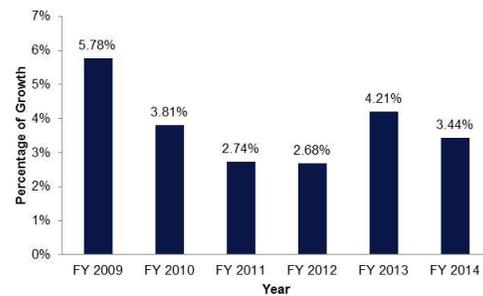


Figure 1: Decreasing Rate of Growth in Onboard

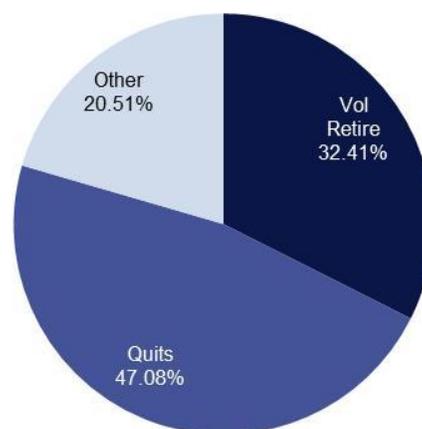


Figure 2: FY 2010 to FY 2014 Percentage of Total Losses by Type

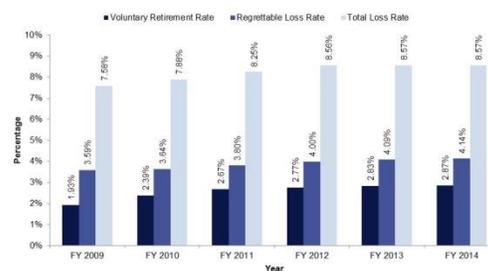


Figure 3: Loss Rate by Year

Note: Delays in processing nature of actions for losses in FY 2014 will affect the results.

Loss Rate Comparisons

The Bureau of Labor Statistics' (BLS) Job Openings and Labor Turnover Survey (JOLTS) is a monthly survey which provides data on job openings, hires, and separations. Like VHA's workforce planning data, JOLTS includes full- and part-time employees in its definition of the number of employees. However, unlike VHA data, JOLTS also includes intermittent employees.

Quits, which JOLTS defines as employees who left an organization voluntarily (excluding external transfers), were much higher in the private sector, at 22.8% when compared to the federal government rate of 4.9%. Quit rates among the health care and social services industry were 18.0% in calendar year 2013 versus 4.4% for VHA's total workforce (Figure 4). For comparison purposes, the VHA total workforce data in Figure 5 includes full-time, part-time, intermittent, medical residents, trainees, and employees in a pay status.

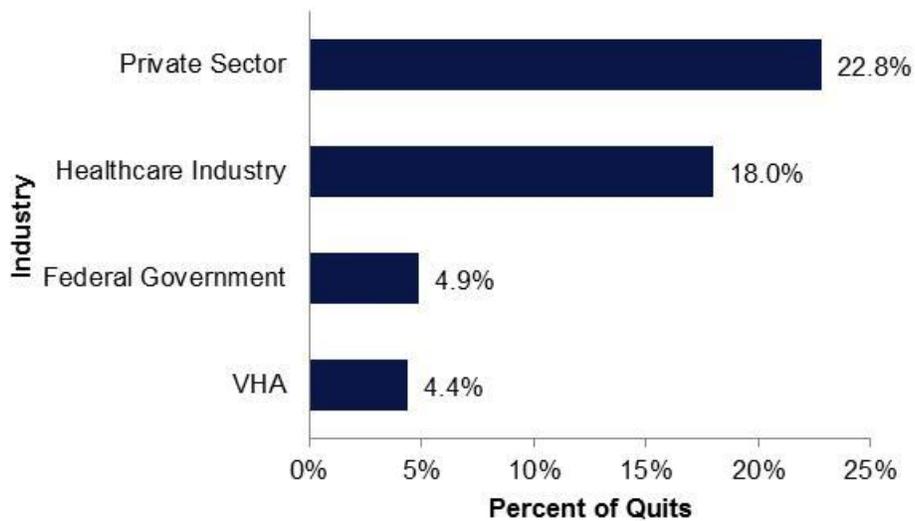


Figure 4: Bureau of Labor Statistics (BLS) Job Openings and Labor Turnover Survey (JOLTS) for Quits in CY 2013

Note: Data retrieved from <http://data.bls.gov/pdq/querytool.jsp?survey=jt> on June 19, 2014. JOLTS data (Private Sector, Healthcare, and Federal Government) are for Calendar Year 2013, and VHA data are for Fiscal Year 2013. Data are not seasonally adjusted.

Total losses (42.2%) were also much higher for the private sector when compared to the federal government (16.1%), and VHA (10.1%).

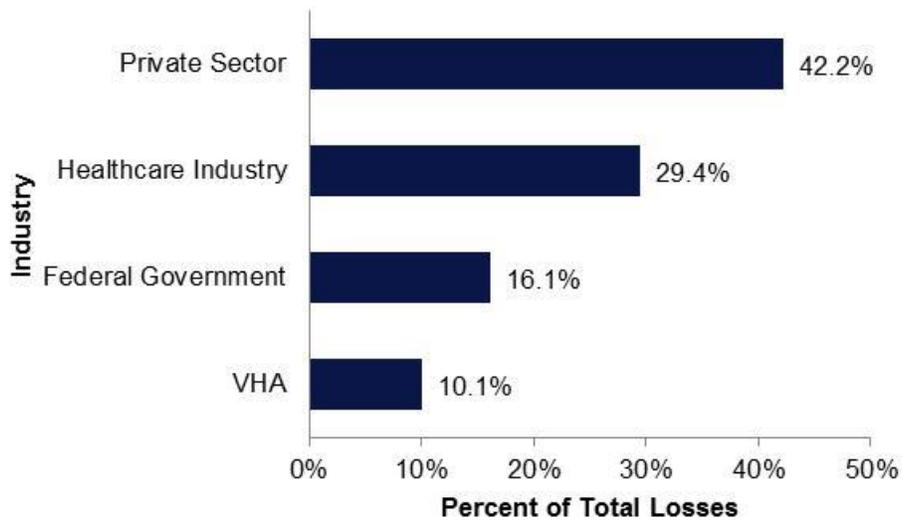


Figure 5: Bureau of Labor Statistics (BLS) Job Openings and Labor Turnover Survey (JOLTS) for Total Losses in CY 2013.

Note: Data retrieved from <http://data.bls.gov/pdq/querytool.jsp?survey=jt> on June 19, 2014. JOLTS data (Private Sector, Healthcare, and Federal Government) are for Calendar Year 2013, and VHA data are for Fiscal Year 2013. Data are not seasonally adjusted.

OPM Fedscope

Another source of comparison data is the Office of Personnel Management (OPM) FedScope database, which combines personnel data from each agency to support statistical analyses of federal personnel management programs. FedScope defines quits as voluntary resignations, but does not include transfers to other agencies, and does not exclude medical residents, intermittent employees, and trainees. Using the FedScope criteria, the VHA quit rate of 3.9% compares favorably with the average for all cabinet level agencies (3.7%); total losses for VHA at 9.6% were slightly lower than the average for all cabinet level agencies (10.3%) in 2013.

Agency	Quit	Retirement	Termination or Removal	Death	Other Separation	Total Losses
Department of the Air Force	3.4%	2.7%	3.0%	0.2%	0.0%	9.3%
Department of Agriculture	5.2%	3.4%	11.2%	0.1%	0.0%	20.0%
Department of the Army	4.4%	3.3%	3.8%	0.2%	0.0%	11.8%
Department of Commerce	6.9%	2.4%	5.0%	0.2%	0.0%	14.6%
Department of Defense	4.6%	3.7%	2.0%	0.2%	0.0%	10.5%
Department of Justice	1.8%	2.8%	0.4%	0.1%	0.0%	5.2%
Department of Labor	2.9%	4.0%	1.1%	0.1%	0.0%	8.0%
Department of Energy	2.7%	4.1%	1.2%	0.1%	0.0%	8.1%
Department of Education	2.7%	2.8%	1.7%	0.2%	0.0%	7.5%
Department of Health and Human Services	3.4%	2.1%	2.4%	0.1%	0.0%	8.0%
Department of Homeland Security	3.5%	2.0%	2.4%	0.1%	0.0%	8.0%
Department of Housing and Urban Development	1.5%	5.0%	0.8%	0.2%	0.0%	7.4%
Department of the Interior	5.1%	4.0%	14.6%	0.2%	0.0%	24.0%
Department of the Navy	2.5%	3.5%	1.0%	0.2%	0.0%	7.2%
Department of State	3.8%	2.0%	2.9%	0.2%	0.0%	9.1%
Department of Transportation	1.0%	5.1%	0.9%	0.2%	0.0%	7.2%
Department of the Treasury	4.2%	4.1%	3.3%	0.3%	0.0%	11.9%
Department of Veterans Affairs	3.8%	2.9%	2.4%	0.2%	0.0%	9.2%
Cabinet Level Agencies	3.7%	3.1%	3.3%	0.2%	0.0%	10.3%
Veterans Health Administration	3.9%	2.9%	2.6%	0.2%	0.0%	9.6%

Note: Data retrieved from <http://www.fedscope.opm.gov/index.asp> in June 19, 2014.

Quits by Year of Employment

VHA performs an annual analysis to track quits among new hires for five years from their date of hire (see [Appendix C, Table C2](#) for detailed quits by year data.). The most recent analysis conducted for employees hired through FY 2013 concludes:

- On average, 25.5% of all employees who were newly hired between FY 2007 and FY 2009 quit within the first five years of employment. Of those losses, nearly half occurred within the first year, and 64.5% occurred within the first two years (Figure 6).
- The rate of first year quits dropped from 12.9% for hires in FY 2007 to 9.5% for hires in FY 2009. Since then, the rate has increased to 11.1% in FY 2012 and then 10.7% in FY 2013
- For more recent hires (those hired between FY 2007 and FY 2012), an average of 10.7% quit within the first year and 16.8% quit within the first two years (Figure 7).

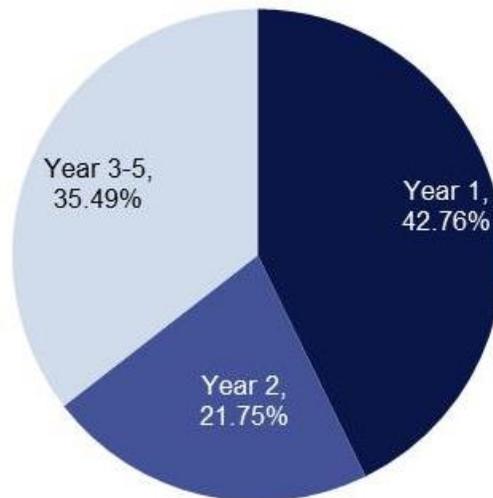


Figure 6: Distribution of Quits Within the First Five Years of Employment for FY 2007-2012 New Hires

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

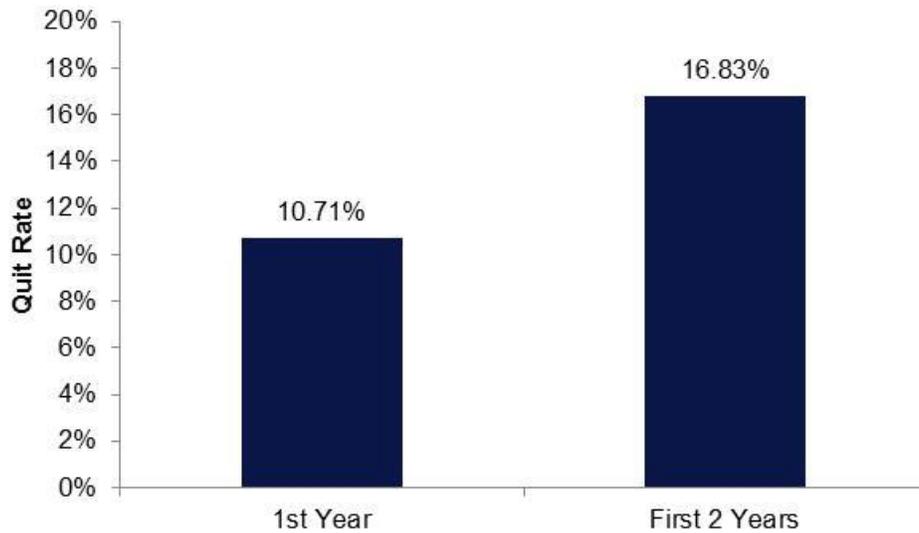


Figure 7: Percentage of Quits Within the First Two Years of Employment for FY 2007-2012 New Hires

Because VHA's regrettable loss rate is within an acceptable range of 3.5% to 4% each year, emphasis should be placed on reducing the number of employees who leave the organization within the first five years of service. Entrance Survey data depicts the primary drivers for employment with VHA are career growth, benefits, and mission to serve. Contrarily, Exit Survey data reflects that employees encounter organizational barriers that oppose those motivating factors. To reduce the rate of losses within VHA's local levels (facilities, Veteran Integrated Service Networks [VISNs], and program offices) leadership and workforce planning teams have implemented processes to analyze methods which will increase and/or improve training and professional development opportunities and increase the number of promotion opportunities for current employees. Additionally, these teams have also begun analysis to revise the onboarding process for new hires to incorporate the improved training.

Projections

Onboard

In total, onboard strength is projected to increase by 25.1% through FY 2021. These projections include consideration for additional hiring estimates as a result of the increased funding afforded by the Veterans Access, Choice, and Accountability Act, as well as considerations of past trends in workforce growth.

Table 1: VHA Total Workforce - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	298,764	311,631	324,845	336,021	345,092	354,409	363,978	373,806
% Change from Previous Year	3.44%	4.31%	4.24%	3.44%	2.70%	2.70%	2.70%	2.70%
Employees Eligible for Regular Retirement		50,476	51,882	53,802	55,369	57,087	57,248	56,759
Voluntary Retirements	8,628	8,977	9,365	9,962	10,458	11,088	11,490	11,680
Regrettable Losses	12,602	12,346	12,874	13,367	13,777	14,149	14,531	14,923
Other Losses	4,645	5,233	5,457	5,666	5,840	5,997	6,159	6,326
Total Losses	25,875	26,557	27,696	28,995	30,075	31,234	32,180	32,929
Gains Needed		39,424	40,910	40,171	39,146	40,551	41,749	42,757

Retirement Projections

Between FY 2015 and FY 2021, 39.5% of the full- and part-time workforce will become eligible for regular retirement, and more than half will be eligible as soon as FY 2016 (Figure 8). By FY 2021, the retirement rate is expected to increase to 3.9% of the projected onboard.

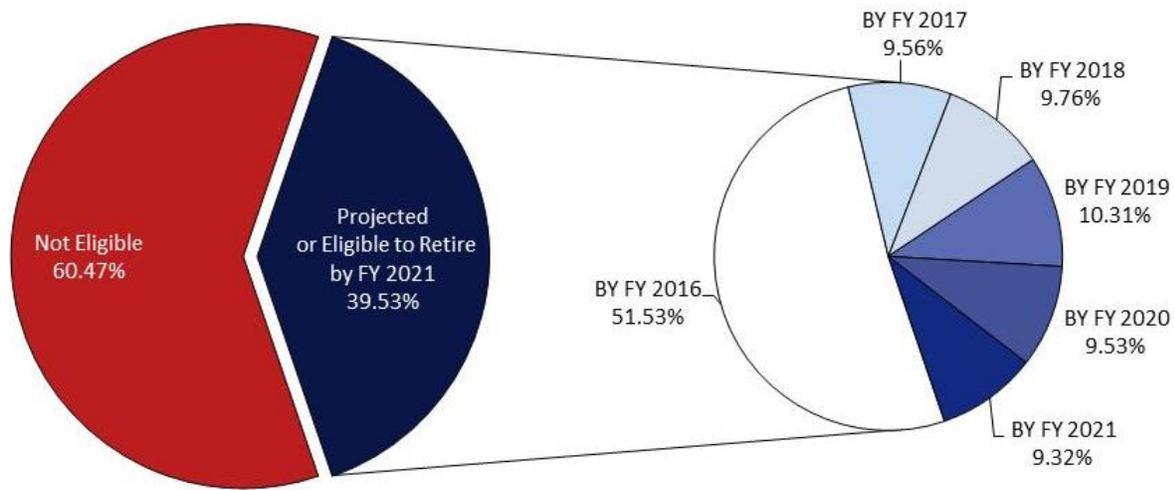


Figure 8: FY 2014 Employees Projected or Eligible to Retire by FY 2021

Organizational Impact

The impact of the growing number of retirement eligible employees has prompted the need for increased readiness and training for junior and mid-level employees. Throughout VHA, efforts have originated to improve on-the-job training opportunities and prepare those employees for future supervisory and other key leadership positions. Some opportunities include double-encumbering of positions, cross-training to expand employees' skillsets, career-specific mentorship, and succession planning. While these are constructive efforts at knowledge management, local levels within VHA are not able to provide insight on the effects to workload, customer satisfaction, and improved productivity or organizational outputs. As a result, a comprehensive assessment of impact to the organization is not available.

The continued increase in numbers of retirement eligible employees makes a strong case for strategic succession planning throughout VHA. The planning effort should begin with detailed analysis of workforce needs and the strategies to develop those needs among junior and mid-level employees.

Diversity and Inclusion

Average Age and Generational Makeup

The average age of VHA employees has remained stable at 48 years of age for the last five years. During this time, the percentage of employees age 55 and over increased from 32.5% to 33.1%. The percentage of employees under age 35 has also increased from 14.1% to 15.4% in that same time period (Figure 10).

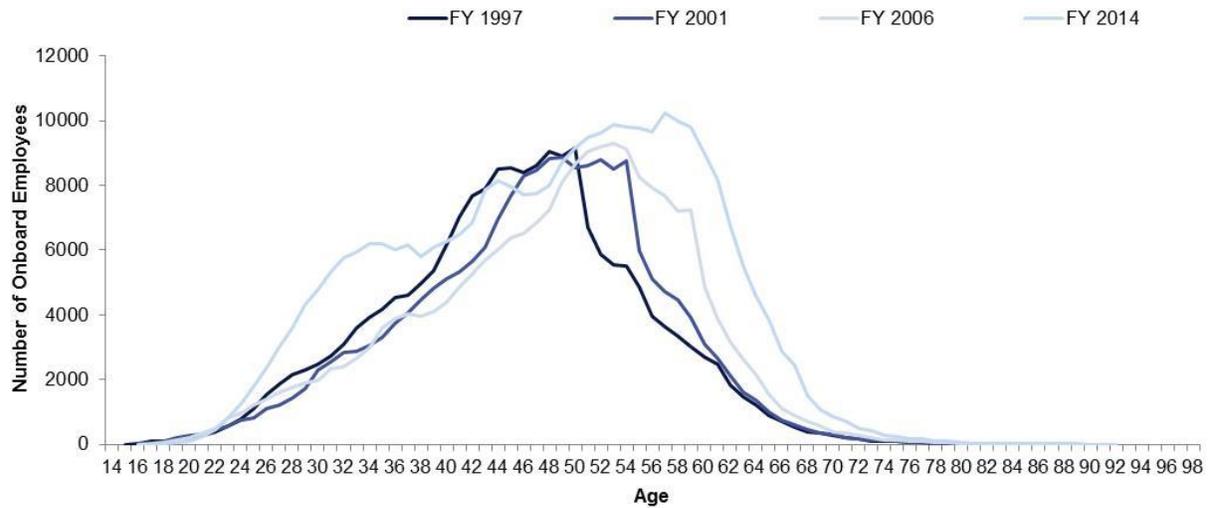


Figure 9: Age of VHA Employees

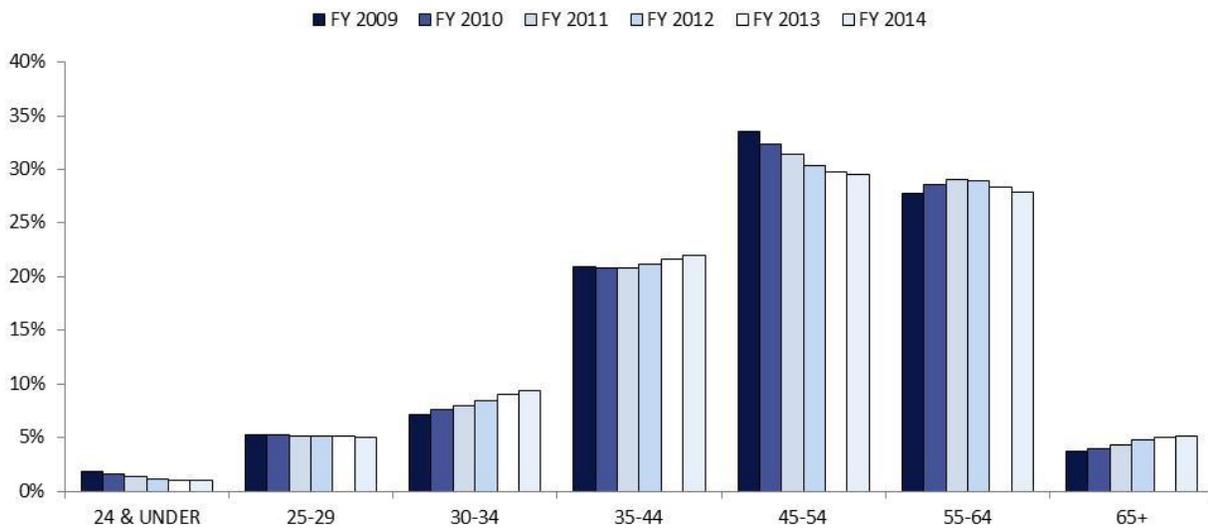
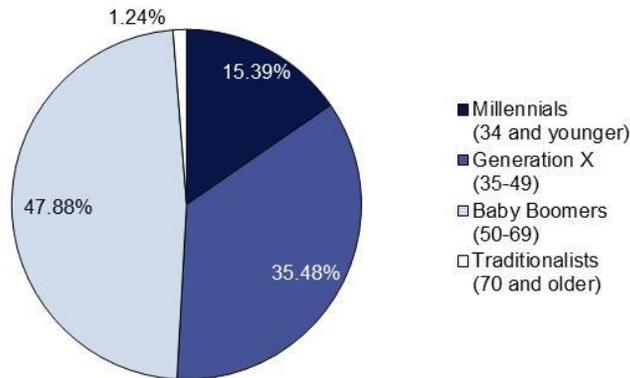


Figure 10: Age Distribution of VHA Total Workforce Employees

The average age of new hires has increased from 38.6 in FY 2000 to 40.4 in FY 2014. Nevertheless, new hires in VHA are approximately 8 years younger on average than the total onboard (40.4 compared to 48.0 years in FY 2014). “Baby Boomers” continue to make up the majority (47.9%) of the VHA workforce, but the percentage declined by nearly three percentage points (pp) in FY 2014. While “Millennials” only make up 15.4% of the workforce, they make up 20.7% of the total losses (Figure 11).

VHA Workforce by Generation



VHA Losses by Generation

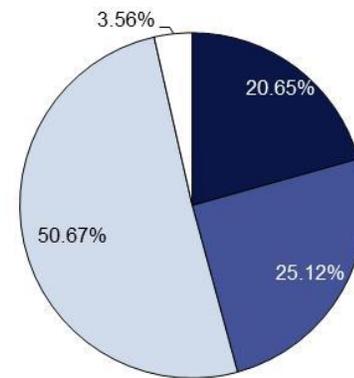


Figure 11: VHA FY 2014 Workforce and Losses by Generation

Race/Gender Summary Data

Overall in FY 2014, VHA's workforce is 40.2% minority and 60.6% female. Hispanic females (3.6%), Hispanic males (3.1%), and Asian males (2.9%) represent the only minority groups, besides Other/Multiple Race, that are below the Relevant Civilian Labor Force (RCLF) comparison statistics provided by the BLS. The RCLF data are based on the 2010 census and reflect the percentage of the civilian workforce in each race/gender category for VHA occupations. All other minority groups have a participation level that is equal to or greater than the RCLF. VHA continues to pursue national recruiting events that are aimed at diversity and minority outreach.

Table 2: VHA Total Workforce - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	23.8%	23.7%	23.7%	23.7%	23.7%	23.6%	21.6%	2.1%	1.10
WF	37.2%	37.2%	37.0%	36.8%	36.6%	36.2%	46.8%	-10.6%	0.77
BM	8.7%	8.7%	8.7%	8.7%	8.9%	9.0%	3.5%	5.6%	2.61
BF	14.7%	14.5%	14.5%	14.6%	14.8%	14.8%	9.4%	5.3%	1.57
HM	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%	3.8%	-0.6%	0.83
HF	3.6%	3.7%	3.7%	3.7%	3.6%	3.6%	5.8%	-2.2%	0.63
AM	2.7%	2.7%	2.7%	2.7%	2.8%	2.9%	2.9%	0.0%	0.99
AF	4.4%	4.4%	4.5%	4.5%	4.7%	4.7%	4.6%	0.2%	1.04
NHPIM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	3.16
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	2.04
AIM	0.5%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	2.09
AIF	0.8%	0.7%	0.7%	0.7%	0.8%	0.9%	0.7%	0.2%	1.34
OM	0.2%	0.2%	0.3%	0.3%	0.1%	0.1%	0.2%	-0.1%	0.61
OF	0.3%	0.4%	0.5%	0.5%	0.2%	0.2%	0.4%	-0.2%	0.48

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Disability & Veteran Summary Data

The workforce distribution of individuals with non-targeted disabilities continued to increase to the current level of 11.2%, while individuals with targeted disabilities increased to 2.1% (Table 3). Targeted disabilities include deafness, blindness, partial and total paralysis, missing limbs, distorted limbs or spine, mental disabilities, and convulsive disorders. Veterans Affairs (VA) has established the goal of maintaining a 2% rate of representation for persons with targeted disabilities.

At the end of FY 2014, the percentage of Veterans in the VHA workforce was 31.3%, reflecting an increase from the FY 2009 level of 28.7% (Table 3). VHA will continue to utilize special hiring authorities such as the Veterans Readjustment Authority, Veterans Employment Opportunity Act, and the authority to hire Veterans with service-connected disabilities rated 30% or higher. In addition, VA for Vets provides an online approach to recruiting, hiring, and reintegrating Veterans into civilian careers.

Table 3: Disability and Veteran Representation for VHA Employees

EEO Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	7.78%	8.03%	8.73%	9.92%	10.48%	11.17%
Targeted Disability	1.38%	1.48%	1.64%	1.87%	2.01%	2.13%
Veteran	28.68%	28.59%	30.78%	30.64%	30.79%	31.27%

Survey Analysis

Reasons for Choosing VA (VA Entrance Survey)

The VA entrance survey provides a means of assessing newly hired employees' reasons for choosing VA, and provides insight into ways VA can improve recruitment and marketing efforts. Like the exit survey, the completion of the entrance survey is completely voluntary and confidential. An analysis of FY 2014 survey participants' responses to the question of why they chose to work for VA indicates that the top three reasons were:

- 22.8% advancement
- 18.9% benefits (retirement/health and life insurance, etc.)
- 15.0% mission/serving the Veterans

In addition, more than half of new employees who responded to the survey in FY 2014 identified electronic resources, such as the OPM/USA Jobs website and VA Careers, as their main sources of information about the job.

Participation rates on the VA Entrance Survey have ranged from 40.1% to 49.7% between FY 2010 and FY 2014.

See [Appendix C, Figure C1, C2, & C3](#) for detailed entrance survey data.

Reasons for Leaving (VA Exit Survey)

The VA exit survey is a means for employees who voluntarily separate to communicate their reasons for leaving. To be most effective and to ensure the highest response rates, the opportunity to complete the survey should be provided during the clearance process. The completion of the exit survey is completely voluntary and confidential. The survey results are useful because they provide supervisors, managers, human resources officers, and senior leadership with valuable information to help improve employee retention and morale. An analysis of FY 2014 survey participants' responses to the question of why they chose to leave VHA employment indicates that the top three reasons were:

- 19.5% normal retirement
- 16.5% advancement (unique opportunity elsewhere)
- 9.1% advancement (lack of opportunity, etc.)

Exit survey data also indicate that 29.0% of exiting employees experienced a single particular event that caused them to think about leaving VHA. Moreover, while 77.7% of exiting employees would consider working for VA again, only 28.0% reported that a manager or supervisor made proactive retention efforts.

Participation rates on the VA Exit Survey have ranged from 28.2% to 31.5% between FY 2010 and FY 2014.

See [Appendix C, Figure C4, C5, & C6](#) for detailed exit survey data.

All Employee Survey

While the Federal Employee Viewpoint Survey (FEVS) highlights external VA comparisons of agency and administrative data, the All Employee Survey (AES) highlights internal comparisons. Both instruments assess comparable workplace concepts such as: Employee Satisfaction, Employee Development, Health/Safety, Innovation, Cooperation, Respect, Planning/Evaluation, Work/Life Balance, Rewards, and Promotion Opportunity. However, the AES includes unique concepts of Customer Service/Satisfaction, Civility, Psychological Safety, Burnout, and Turnover. It supports the precise and highly sensitive analyses that the VHA National Center for Organization Development (NCOD) routinely conducts in order to inform specific associations between employee workplace ratings and their demographic and attitude-related determinants.

The 2014 AES VHA response rate was 56.1% reflecting a steady downward trend in response rates since the FY 2010 high of 73.0% (Figure 12). The 2014 survey included several new metrics to help better serve VA's informational and organizational needs.

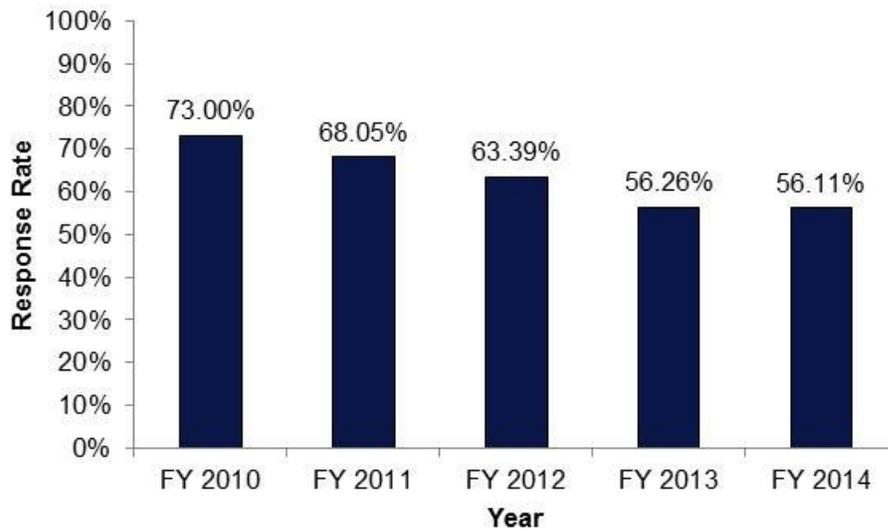


Figure 12: VHA Total Workforce Participation Rates

The national-level VHA AES scores reflected the highest levels of satisfaction/agreement with customer satisfaction, workgroup satisfaction, direct supervision, and amount of work (all above a 3.5 response average). The lowest areas of satisfaction/agreement were with organizational satisfaction, praise, senior management, and promotion opportunity. Overall job satisfaction scores have slowly decreased from 3.82 in FY 2011 to 3.60 in FY 2014 (Figure 13).

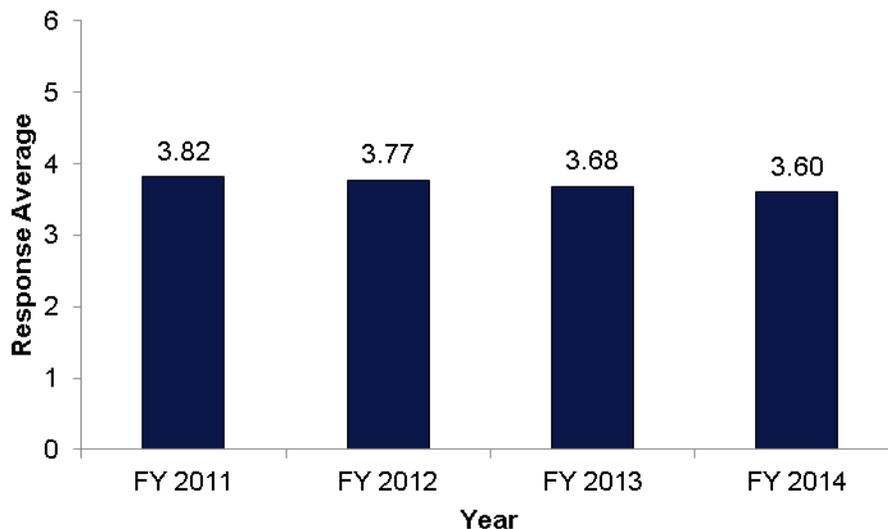


Figure 13: VHA Total Workforce Overall Satisfaction

Turnover and burnout factors were new to the AES in FY 2013. Since FY 2013, response averages for the turnover intentions and burnout questions have increased slightly (Figure 14).

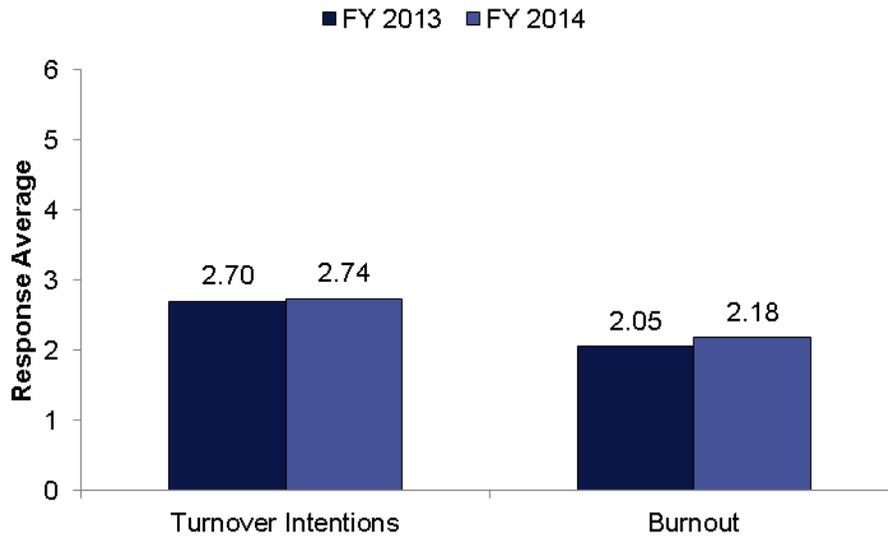


Figure 14: VHA Total Workforce Turnover Intentions and Burnout Response Averages

Federal Employee Viewpoint Survey

According to the Office of Personnel Management (OPM; 2014), “The Federal Employee Viewpoint Survey (FEVS) is a tool that provides a snapshot of employees’ perceptions of whether, and to what extent, conditions characterizing successful organizations are present in their agencies.” In 2014, OPM issued the FEVS to approximately 839,788 federal full- or part-time, permanent, civilian government employees representing 81 federal agencies. More than 392,000 federal employees responded to the survey, for a response rate of 46.8%. Department of VA had a 32.6% response rate.

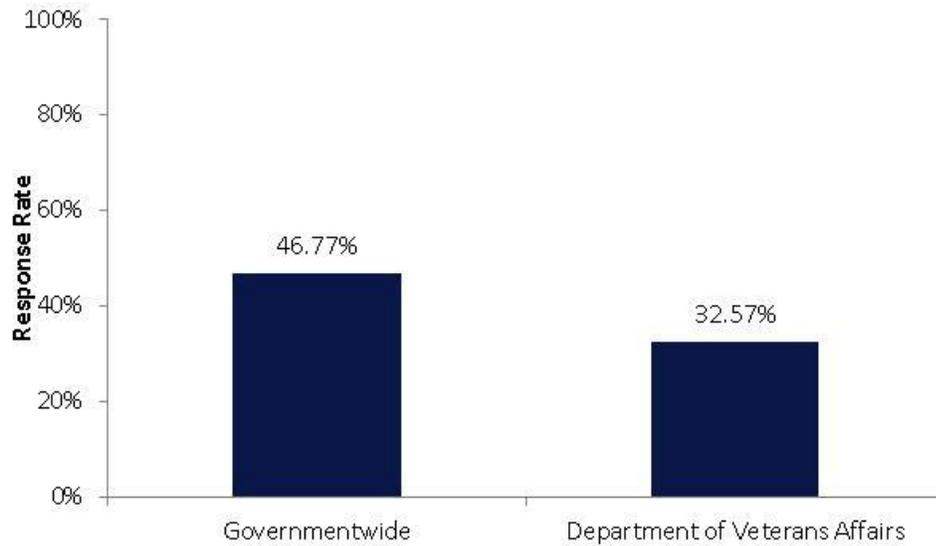


Figure 15: 2014 Federal Employees Viewpoint Survey Participation Rates

Data Retrieved from http://www.fedview.opm.gov/2014files/2014_Governmentwide_Management_Report.PDF in November 2014.

The survey contained 84 items that measured federal employees' perceptions about how effectively agencies manage their workforces. The government-wide results revealed an increase in satisfaction with an employee's immediate supervisor, as well as in the areas of recruiting new employees with the right skills and having sufficient resources for doing their jobs.

Survey indexes include engagement, global satisfaction, inclusion quotient, and leadership and knowledge management. The 2014 results revealed VA had lower scores than the government-wide average for all of the indexes in the survey. In addition, all but three of the sub-factors for these indexes were lower than the government. The most significant differences are described in the chart below.

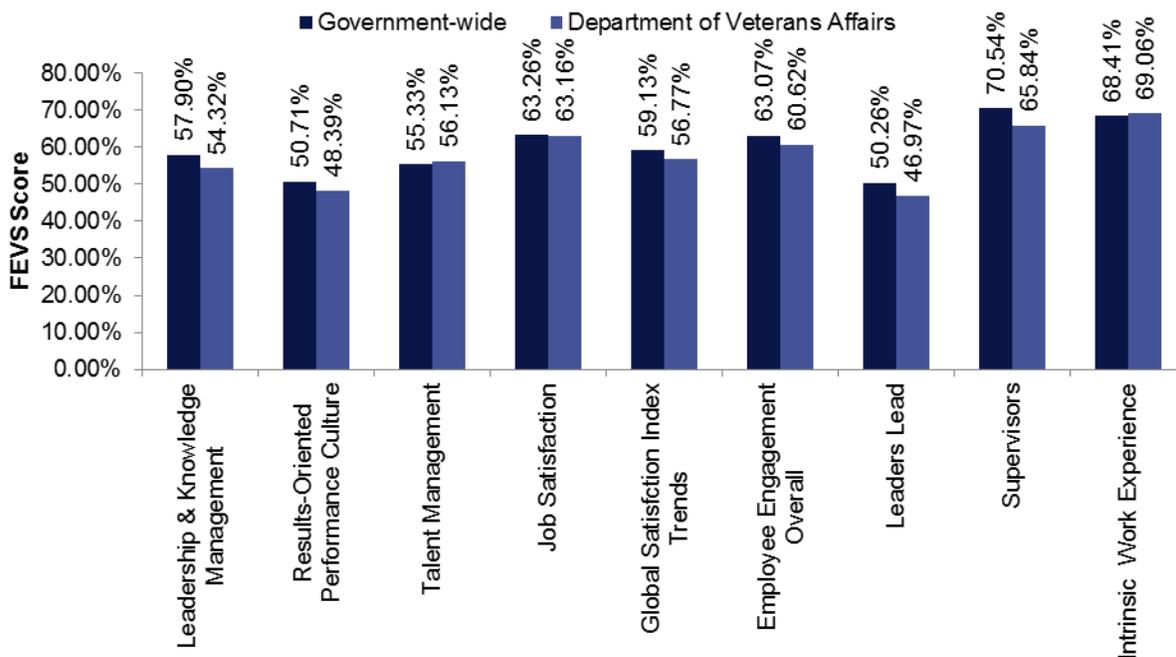


Figure 16: Most Significant FEVS Scores for VA Compared to Governmentwide

Best Places to Work Report

The Partnership for Public Service (2014) issues its annual *Best Places to Work in the Federal Government* report utilizing data from the FEVS to rank agencies according to an index score. The score utilizes employee satisfaction, as well as ten additional workplace categories, such as effective leadership, employee skills/mission match, pay, teamwork and work/life balance. These scores allow a side-by-side comparison of how agencies or their subcomponents rank in various categories, and examines how they compare to other agencies to see if they have improved or regressed over time. There was a governmentwide decline in job satisfaction scores from 64.0 in 2011 to 60.8 in 2012, 57.8 in 2013, and 56.9 in 2014. The 2014 score was the lowest since the rankings were first launched in 2003. There was also a governmentwide decline in 6 of the 10 workplace categories that the Partnership examined. The most significant drop across the government was in effective leadership and strategic management. Employees’ attitudes toward pay increased for the first time since 2010.

Among other large federal agencies, the Department of VA dropped from 13 out of 19 in 2013 to 18 out of 19 in 2014. VA scores decreased in all categories in 2014 when compared to the scores for 2013 senior leaders in VA have been encouraged to examine and share the feedback revealed from the FEVS and Best Places to Work rankings and to engage employees in improvement efforts.

Supervisors

Loss Rates for Supervisors

The number of supervisors in VHA has increased by 15.2% over the last five years. The majority of this growth (11.6%) occurred between FY 2009 to FY 2010. Supervisors currently make up 9.0% of the total workforce. VA has identified a best practice supervisor to workforce ratio of 1:15. VHA has maintained a ratio of 1:11 for the last several years. Since FY 2009, loss rates have continued to climb and are at a five year high. Voluntary retirements were up from a five year low of 3.3% in FY 2009 to a five year high of 4.5% in FY 2014. Regrettable loss rates increased from 1.4% in FY 2009 to 2.4% in FY 2014. Total loss rates also increased from 5.4% in FY 2009 to 7.4% in FY 2014 as shown in Figure 17. See [Appendix C, Table C3](#) for the VHA Supervisor Workforce Trends Table.

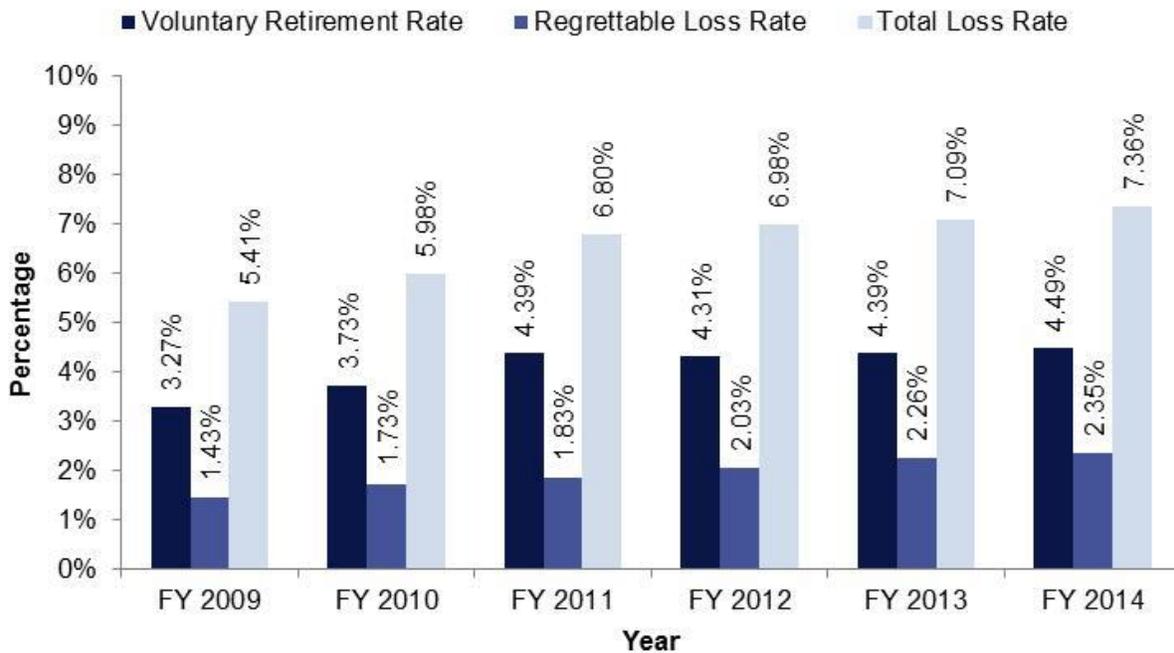


Figure 17: Loss Rate by Year for Supervisors

The number of supervisors is expected to continue to grow for a total increase of 24.7% over the next seven years with growth of 4.0% in FY 2015 and 4.2% in FY 2016, before leveling off to approximately 2.7% by FY 2021. To replace losses and increase the onboard number of supervisors as projected, VHA will need to gain approximately 20,910 supervisors by the end of FY 2021, for an average of 2,990 per year.

Table 4: VHA Supervisor - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	26,980	28047	29236	30242	31058	31897	32758	33642
% Change from Previous Year	3.99%	3.95%	4.24%	3.44%	2.70%	2.70%	2.70%	2.70%
Employees Eligible for Regular Retirement		6,533	6,587	6,745	6,750	6,783	6,730	6,552
Voluntary Retirements	1,211	1,090	1,118	1,192	1,223	1,279	1,313	1,305
Regrettable Losses	641	590	614	637	657	675	693	712
Other Losses	112	148	154	160	165	169	174	179
Total Losses	1,964	1,828	1,886	1,990	2,045	2,123	2,180	2,195
Gains Needed		2,895	3,075	2,995	2,861	2,962	3,041	3,080

Diversity Analysis for Supervisors

Overall, the supervisory workforce is less diverse than the VHA total workforce. As of FY 2014, 32.3% of supervisors were minorities (7.9 pp below VHA overall) and 51.6% were female (9.0 pp below VHA; see Figure 18). Furthermore, supervisors are under-represented in almost every minority race/gender category when compared to the total workforce. However, the percentage in minority categories has been steadily increasing (from 30.2% in FY 2009 to 32.3% in FY 2014). See [Appendix C, Table C4](#) for detailed VHA Supervisors Equal Employment Opportunity (EEO) Trends Data.

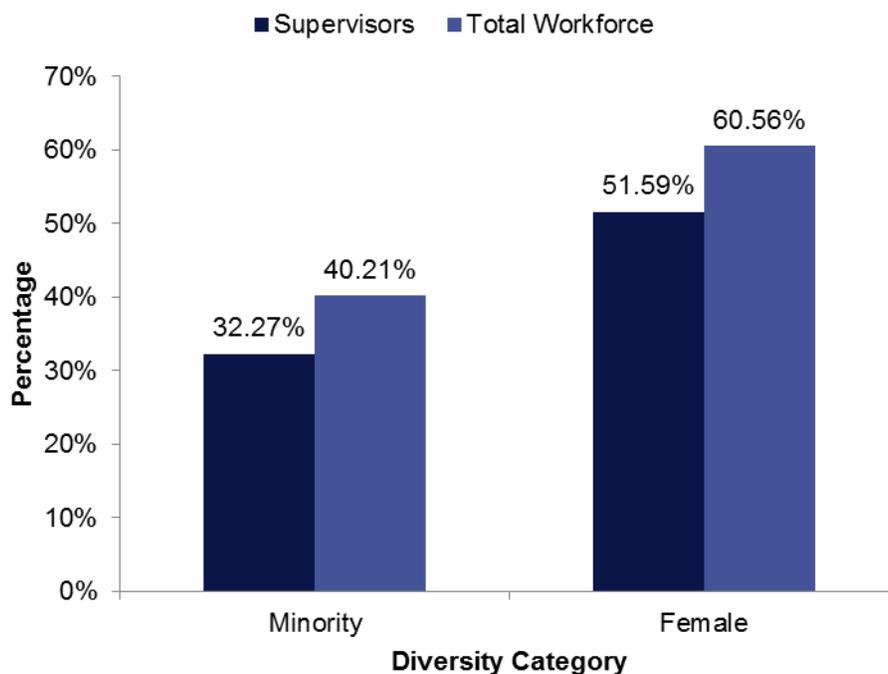


Figure 18: FY 2014 Minority and Female Representation Among Supervisors Compared to VHA Total Workforce

Disability and Veteran Representation for Supervisors

Compared with the total workforce ([Table 3](#)), fewer supervisors have targeted and non-targeted disabilities. However, representation of supervisors with disabilities has steadily increased since FY 2009. Supervisors who are Veterans are represented at a greater percentage (33.8%) than Veterans in the total workforce (31.3%).

Table 5: Disability and Veterans Representation for Supervisors

EEO Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	6.70%	7.03%	7.88%	9.09%	9.30%	10.00%
Targeted Disability	0.88%	0.98%	1.12%	1.18%	1.26%	1.29%
Veteran	31.81%	31.50%	33.06%	33.10%	33.48%	33.83%

VHA Executive Leadership

VHA Executive Leadership Retirement Eligibility

Retirement Eligibility

A crisis exists in VHA leadership positions, as evidenced by the fact that 41.0% of senior leaders will be eligible for retirement within the next year. Furthermore, in the next seven years, senior leaders' retirement eligibility is expected to increase to the following levels:

- 73.0% of all senior leaders
- 79.0% of SES
- 87.5% of Title 38 SES
- 87.3% of Chiefs of Staff
- 81.2% of Nurse Grade IV & V
- 47.7% of Associate, Assistant, and Deputy Directors

See [Appendix C, Table C8 and C10](#) for detailed VHA Leadership Retirement Eligibility data.

Senior Executive Service Vacancies

Review of Senior Executive Service (SES) vacancies indicates a total vacancy rate of 16.2% (as of September, 2014). While Deputy Network Directors (DND) had the highest vacancy rate (66.7%), Other SES Positions (23.9%) and Network Directors (23.8%) had the next highest rate.

Table 6: VHA SES Vacancies

VHA SES	Number of Positions	Number of Vacancies	Vacancy Rate
Network Directors	21	5	23.81%
Deputy Network Directors	3	2	66.67%
Medical Center Directors	140	16	11.43%
Other SES Positions	46	11	23.91%
Total	210	34	16.19%

Note: Data were updated in October 2014 (as of September 30, 2014). Data provided by 10A2A1E.

EEO Analysis for Executive Leadership Positions

Based upon the premise that leadership should reflect the “people we employ,” comparisons for executive leadership EEO data are from relevant VHA employee groups, including physicians (0602), registered nurses (0610), VHA’s total workforce, and VHA Central Office (VHACO) employees, as appropriate. Generally, White males exceed their expected participation rate in non-nurse executive positions. White females, on the other hand, exceed their expected rate only in Nurse Executive positions. All leadership groups have less representation in every

minority group when compared to their relevant workforce comparison group, with the exception of Hispanic Males in the Associate or Assistant Director (AD)/DND positions. See [Appendix C, Table C9](#) for detailed VHA Leadership EEO data.

Hiring Initiatives

Targeted Disabilities

To reaffirm VA's position as a federal government leader, former VA Secretary Shinseki increased the goal for hiring of persons with targeted disabilities from 2% to 3% in FY 2013. While the rate of representation of VHA onboard employees with targeted disabilities hovers just over 2% (see [Table 3](#)) in FY 2014, the rate of hires for employees with targeted disabilities in VHA was 3.7%.

Losses due to terminations, removals and separations in FY 2014 were 3.7% for employees with targeted disabilities compared to 1.2% for the total workforce. The rate of quits for employees with targeted disabilities was also higher than the total workforce (6.7% vs. 4.1%). If VHA is unable to retain employees with targeted disabilities, the hiring goal will need to be increased.

Accommodations and training and developmental opportunities are areas of particular concern for this group of employees. The Office of Diversity and Inclusion (ODI) recommends ensuring that employees receive timely accommodations when appropriate. Further, ODI recommends reviews prior to termination of an employee with a disability to determine whether an accommodation would help the employee perform. According to ODI, 39% of EEO complaint findings in FY 2014 against VA were based on disability.

Veterans

VHA continues to make positive steps towards accomplishing the Veteran hiring goal of 40%. The percentage of Veteran employees onboard in VHA has increased from 28.7% in FY 2009 to 31.3% in FY 2014. Furthermore, the percentage of new hires who are Veterans has increased from 28.2% in FY 2009 to 41.0% in FY 2014.

While VA Central Office (VACO), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA) have exceeded the goal for Veteran representation (Figure 16), the goal continues to be difficult to attain for VHA due to the low percentages of Veterans in Title 38 health care occupations. As of FY 2014, nearly one-third of the VHA workforce is comprised of employees in Title 38 health care occupations; however, only 14.7% of Title 38 non-hybrid employees are Veterans (Figure 20).

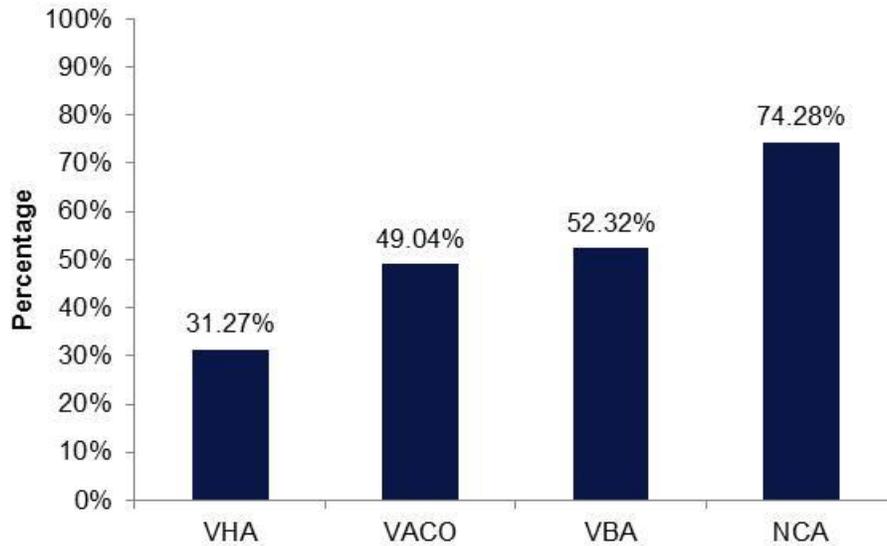


Figure 19: FY 2014 Percent of Veterans for all VA Organizations

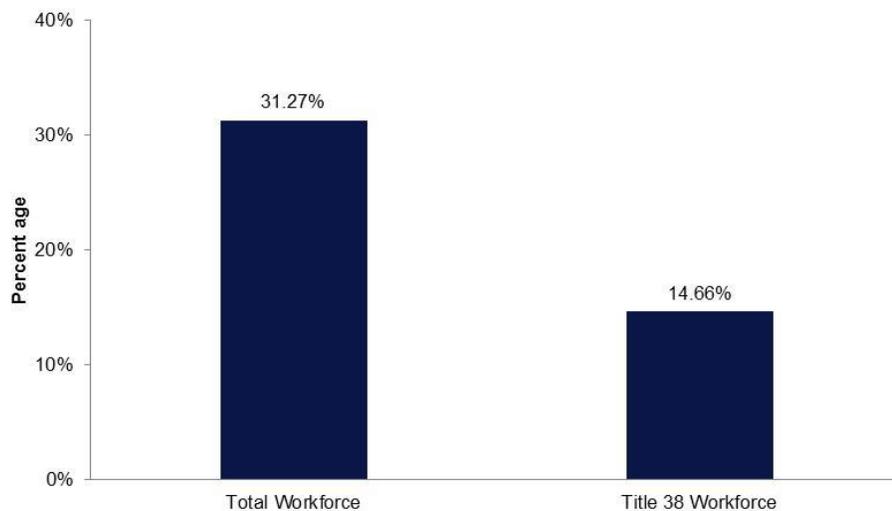


Figure 20: FY 2014 Percent of Veterans in the Total Workforce as Compared to Those in Title 38 (Non-Hybrid) Occupations.

The average age of onboard Veteran employees in FY 2014 was approximately 49.6, which is slightly higher than the total workforce average age of 48.0. In addition, the voluntary retirement rate for Veterans is also higher than the total workforce. Veteran employees' retirement rates increased from 2.8% in FY 2009 to 3.4% in FY 2014. In comparison, the voluntary retirement rate for the total workforce was 1.9% in FY 2009 and 2.9% in FY 2014 (Figure 21).

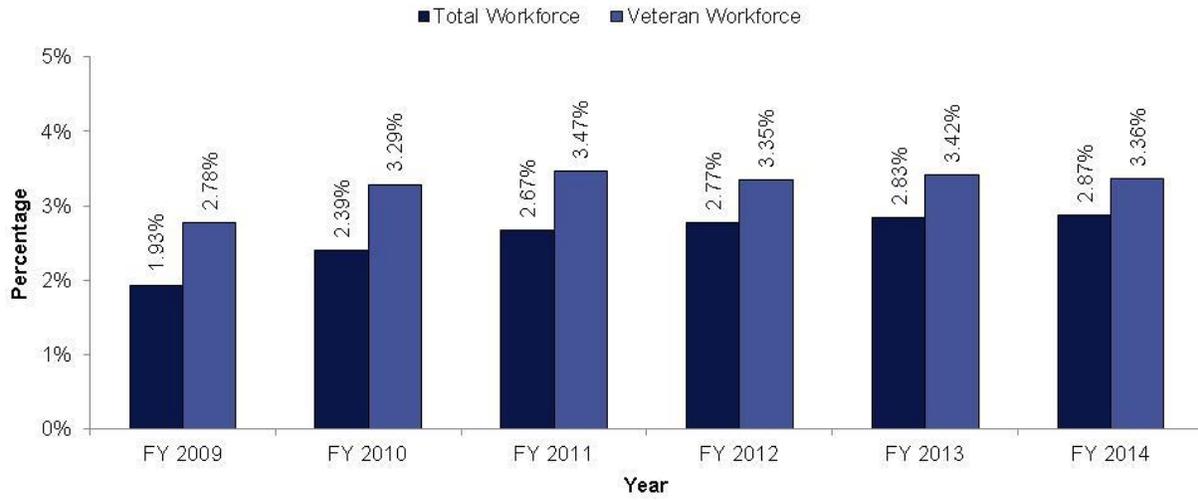


Figure 21: Retirement Rates for Total Workforce vs. Veterans

2015 VHA Mission Critical Occupations

This section provides an analysis of issues regarding recruitment and retention challenges for VHA's mission critical occupations. For more detailed information and data specific to each occupation, please see [VHA Mission Critical Occupations section of Appendix C](#).

Table 7: 2015 Mission Critical Occupations

Rank	Top Ten Occupations	Projected Losses FY 2015 Through FY 2021	Projected Hires FY 2015 Through FY 2021
1	0602 Medical Officer (Physician)	18,151	23,958
2	0610 Nurse	35,659	59,129
3	0201 Human Resource Mgmt	1,998	3,467
4	0633 Physical Therapist	1,186	2,321
5	0644 Medical Technologist	2,490	2,628
6	0603 Physician Assistant	1,511	2,008
7	0180 Psychology	3,777	7,483
8	0631 Occupational Therapist	655	930
9	0660 Pharmacist	3,192	4,902
10	0647 Diagnostic Radiologic Technologist	1,575	2,396
Total		70,196	109,224

Consolidated data from the VISN Workforce Succession Strategic Plans submitted in the spring of 2014 identified the occupations that are most challenging to recruit and retain. VISN plans projected staffing replacement needs based on regrettable losses, retirements, other separations and future mission needs. Facilities continued their participation in the succession planning process by providing their input on the top ten occupations to their Network planners. The occupations aggregated through this process are listed in rank order in the 2015 mission critical occupations table. A total of 70,196 losses are anticipated between FY 2015 and FY 2021 among these occupations. A total of 109,224 new hires will be needed to maintain staffing levels and grow these occupations as projected through FY 2021 (Table 7).

In addition to the top ten occupations for recruitment and retention, the five physician and nurse specialties are also identified and aggregated through the VISN and facility planning process and occupational priorities that ranked 11 to 15 are identified as other targeted occupational priorities (Table 8).

Table 8 - Top Physician & Nurse Specialties and Other Occupational Priorities

Top 5 Physician & Nurse Specialties		Other Priorities (Ranked 11-15)
31 Psychiatry	88 Staff Nurse	0647 Diagnostic Radiologic Technologist
25 Gastroenterology	87 RN, Mgr/Head Nurse	0620 Practical Nurse
07 Orthopedic Surgery	75 Nurse Practitioner	0649 Medical Instrument Technician
P1 Primary Care	Q1 RN/Staff-Outpatient	0801 General Engineering
E6 Cardiology	N4 NP Mental Health SUD	0640 Health Aid & Technician

Onboard Growth

At 4.3%, the FY 2014 top occupations group average growth rate is still slightly higher than the VHA total workforce growth rate of 3.4%. Physical therapist (7.7%) had the highest growth rate. Human resources management (5.7%), occupational therapist (4.9%), and nurse (4.7%) had higher rates as well. See Figure 22 for the growth rate of all occupations.

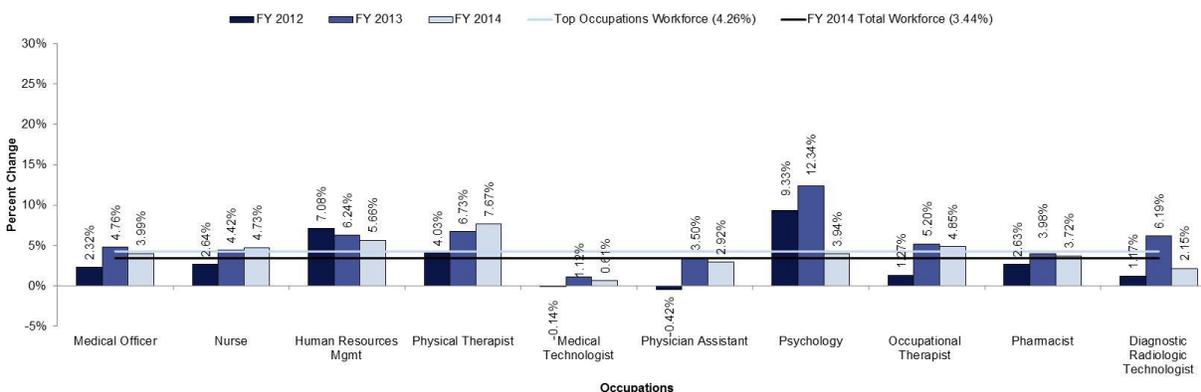


Figure 22: Percent Change in Onboard for Top Occupations Compared to Top Occupations Combined and VHA Overall

Loss Rates

The rebound in losses that began in FY 2010 and has continued through FY 2014 and resulted in increases in loss rates for most of the top occupations. However, the total loss rate average for the top occupations group (7.7%) was lower than the VHA total workforce average (8.6%) for FY 2014. Many VHA retention programs focus on the mission critical top occupations and may be the reason for our success in keeping the loss rates lower among this cohort. The programs are discussed later in this chapter.

The voluntary retirement rate (Figure 23) remained the same in FY 2014 for the top occupations group over FY 2013 (2.8%). Seven of the top occupations had an increase in voluntary retirements while the other three had decreases. The largest increases in retirements were seen in physical therapist, diagnostic radiologic technologist (DRT), and psychology (0.3 pp each).

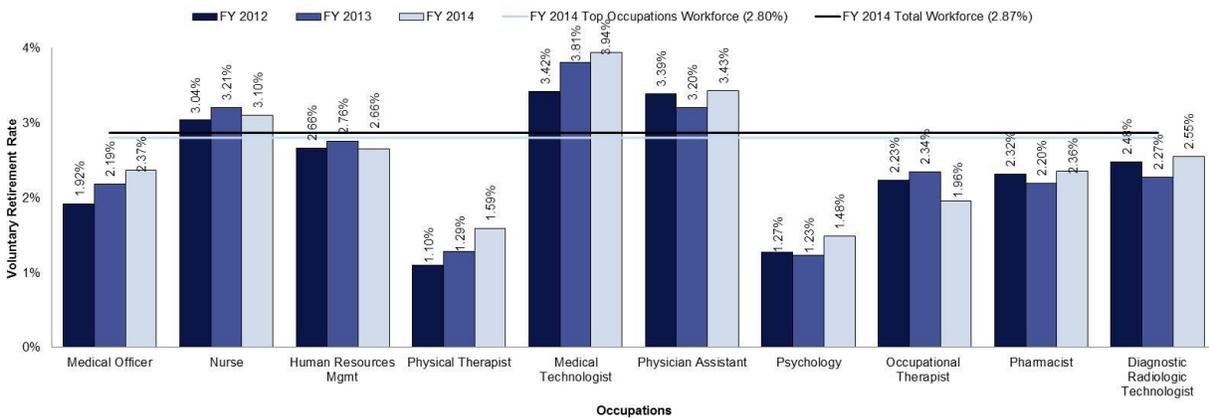


Figure 23: Voluntary Retirement Rate for Top Occupations Compared to Top Occupations Combined and VHA Overall

The quit rate (Figure 24) for the top occupations group remained relatively the same (4.0%) in FY 2014. Four of the individual occupations’ quit rates increased in FY 2014 (human resources management, DRT, medical officer, physician assistant). Human resources management had the largest increase in quit rate (+1.4 pp), while physical therapist (-0.7 pp) had the largest decrease.

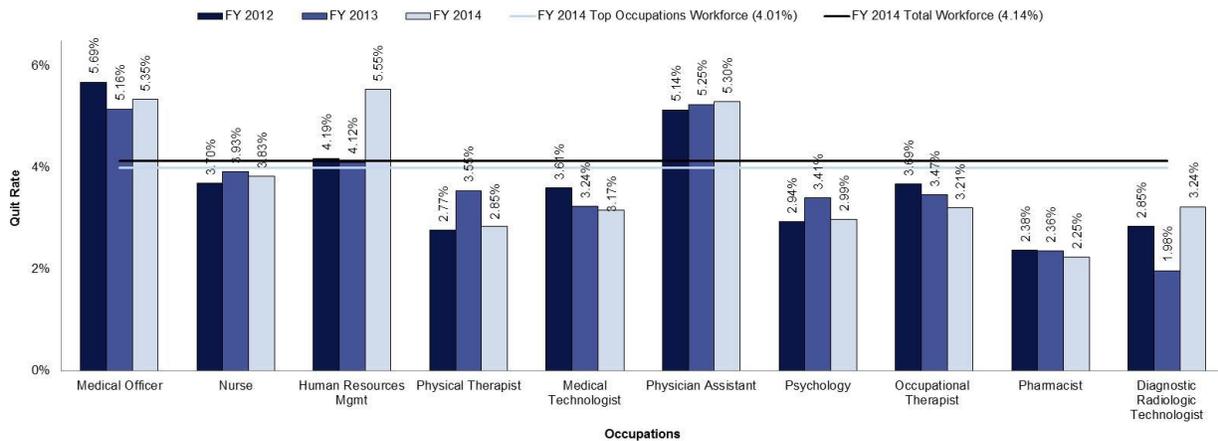


Figure 24: Quit Rate for Top Occupations Compared to Top Occupations Combined and VHA Overall

The total loss rate (Figure 25) for the top occupations group increased by 0.1 pp overall in FY 2014. Seven of the occupations had an increase in total loss rates (medical officer, human resources management, physical therapist, medical technologist, physician assistant, pharmacist, and DRT). DRT had the largest increase of (+1.7 pp), while Occupational Therapist (-1.2 pp) had the largest decrease.

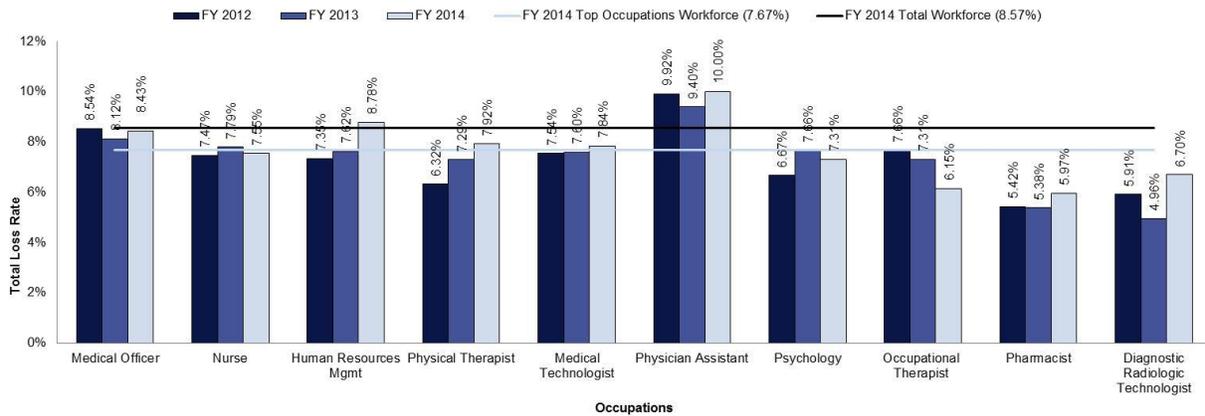


Figure 25: Total Loss Rate for Top Occupations Compared to Top Occupation Combined vs VHA Overall

Average Age

The top occupations group average age (Figure 26) in FY 2014 was 48.4 years, as compared to the total workforce average age of 48.0 years. Medical officer (51.3 years), nurse (48.6 years), medical technologist (48.4 years), and physician assistant (49.4 years) all had higher average ages than the total workforce. Physical therapist (43.1 years) had the lowest average age.

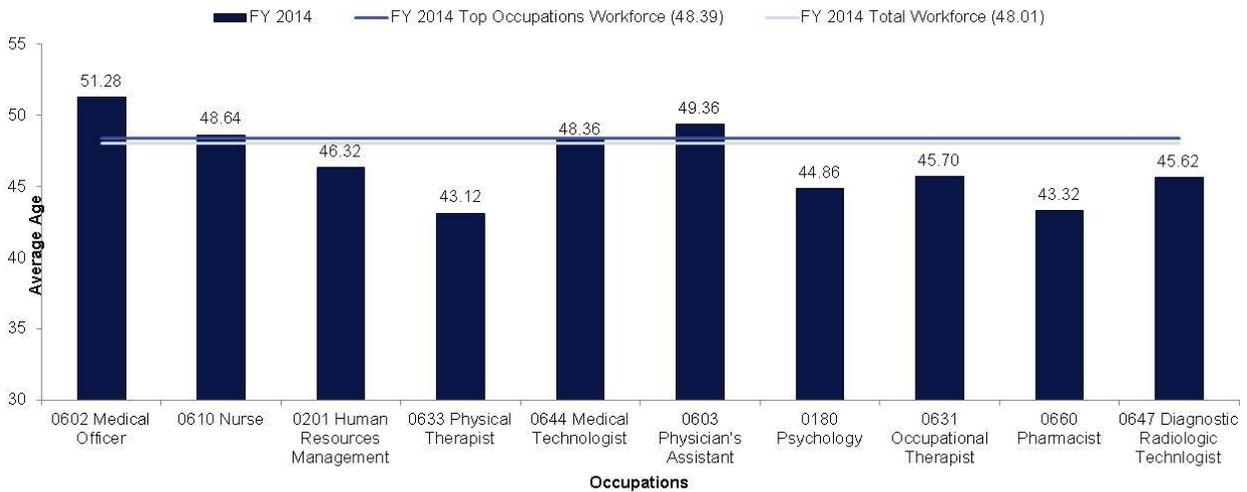


Figure 26: Average Age for Top Occupations Compared to Top Occupations Combined and VHA Overall

Quits by Year of Employment for All Top Occupations

- On average, 27.2% of all new hires in the top occupations quit in the first five years of employment; 1.7 pp more than for the workforce overall.
- Nearly half (39.8%) of the employees who quit between FY 2007 and FY 2009 did so within the first year; another 23.4% quit in the second year. This means that around two-thirds of quits occur within the first two years of employment (Figure 27).

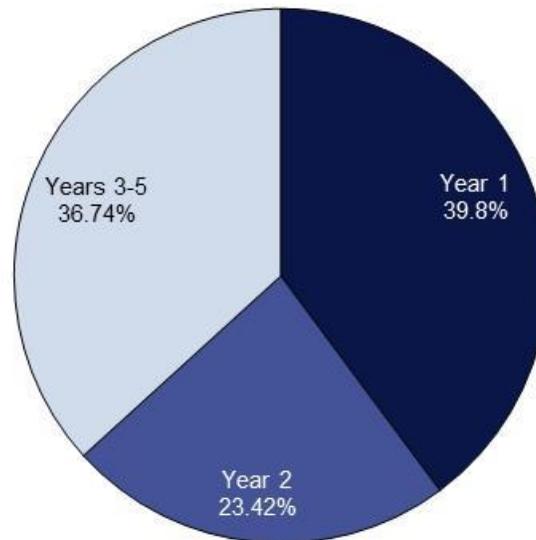


Figure 27: FY 2007 – 2009 Quits as a Percentage of New Hired Losses Within the First Five Years

An examination of individual occupations' new hire quit rates (Figure 28) within the first two years of employment (for those hired between FY 2007 and FY 2012) reveals that the occupations with the highest loss rates within the first two years are human resources management (23.5%), medical officer (20.3%), nurse (18.7%), and physician assistant (18.5%). Medical technologist (15.2%), occupational therapist (13.6%), DRT (12.5%), pharmacist (12.1%), physical therapist (11.3%), and psychologist (8.2%) had the lowest quit rates within the first two years. Human resources management is the only occupation in the top occupations that is not health care related.

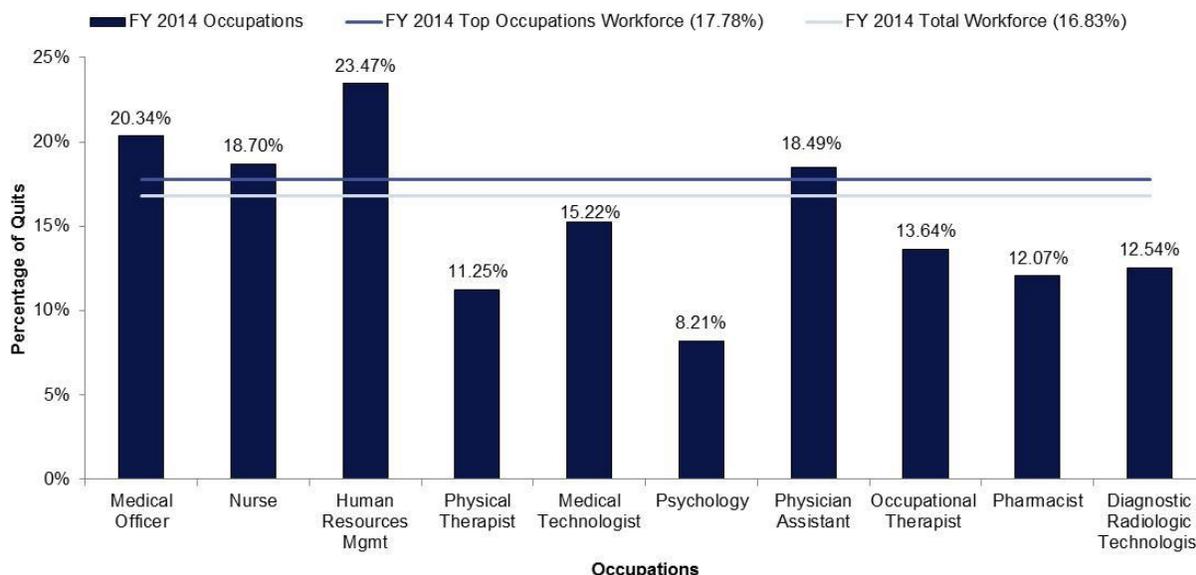


Figure 28: Quits Within the First Two Years of Employment

Survey Analysis

VA Entrance Survey Results

The VA entrance survey provides a means of assessing newly hired employees' reasons for choosing VA, and provides insight into ways VA can improve recruitment and marketing efforts. Like the exit survey, the completion of the entrance survey is completely voluntary and confidential. An analysis of FY 2014 survey participants' responses to the question of why they chose to work for VA indicates that the top three reasons were:

- 21.0% career opportunity/advancement/professional growth/development
- 20.0% benefits (retirement/health and life insurance, etc.)
- 14.2% mission/serving the Veterans

Those in the top occupations chose these reasons somewhat more frequently than the total workforce. Like the total workforce, more than half of top occupation respondents identified electronic resources, such as VA Careers and the OPM/USA Jobs website as their main sources of information about the job.

VA Exit Survey Results

The FY 2014 VA Exit Survey indicated that those in the top ten occupations left VHA for the following reasons:

- 20.7% normal retirement
- 17.8% advancement (unique opportunity elsewhere)
- 9.4% relocation with spouse

Like the workforce overall, those in the top occupations chose normal retirement and advancement for unique opportunities elsewhere as their top two reasons for leaving. Instead of “advancement due to lack of opportunity,” however, they chose “relocation with spouse” as their third reason for leaving.

Diversity and Inclusion

Minority Representation

The percentage of minorities among the top occupations (Figure 29) is generally lower than the total workforce. The top occupation’s group percentage of minorities in FY 2014 was 34.3%, compared to the total workforce percentage of 40.2%. The occupations with the highest percentage of minorities were human resources management (41.6%), medical technologist (37.7%), and medical officer (36.8%). The occupations with the lowest percentage were psychology (15.1%), occupational therapist (22.3%), and physician assistant (24.9%).

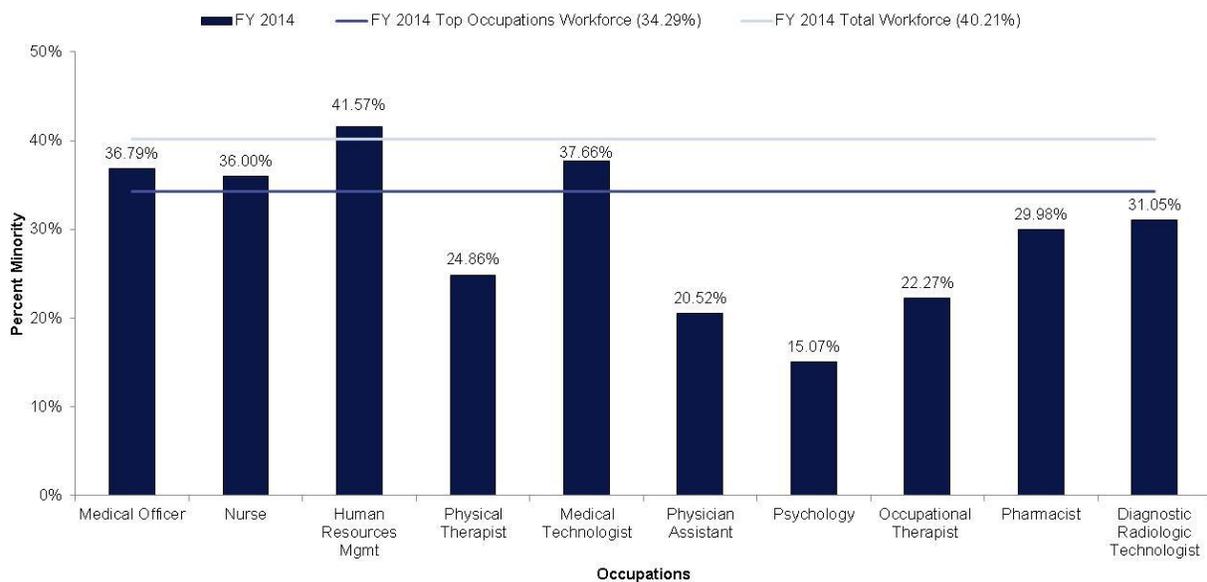


Figure 29: Minority by Occupation Compared to Top Occupations Combined and VHA Overall

The top occupation's group percentage of females (Figure 30) was 68.1% as compared to the total workforce average of 60.6%. With the exception of medical officer (36.5%), DRT (53.0%), and physician assistant (54.8%), the percentage of females is higher for most of the top occupations when compared to the total workforce.

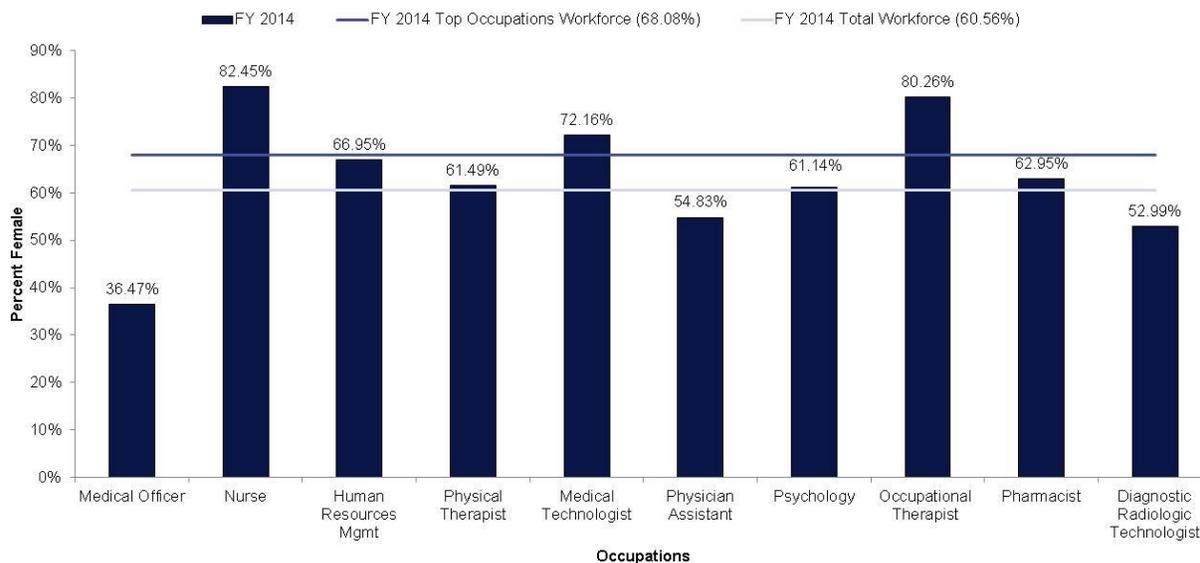


Figure 30: Females by Occupation Compared to Top Occupations Combined and VHA Overall

Veteran Representation

Due to the fact that most of the occupations in the top occupation list are clinical, and because of the low representation of Veterans in clinical occupations, the FY 2014 percentage of Veterans among the top occupations group (Figure 28) is much lower (14.8%) than the total workforce rate of 31.3%. Human resources management (43.6%) is the only occupation that had Veteran percentages higher than the total workforce. Pharmacist (7.0%) and psychology (7.1%) had the lowest percentages of Veterans. An internal review of the pipeline of Active Duty Department of Defense (DOD) health care professionals compared to VHA's health care workforce needs showed that there are an inadequate number of Active Duty sources to meet the Veteran hiring goal in these Title 38 health care occupations.

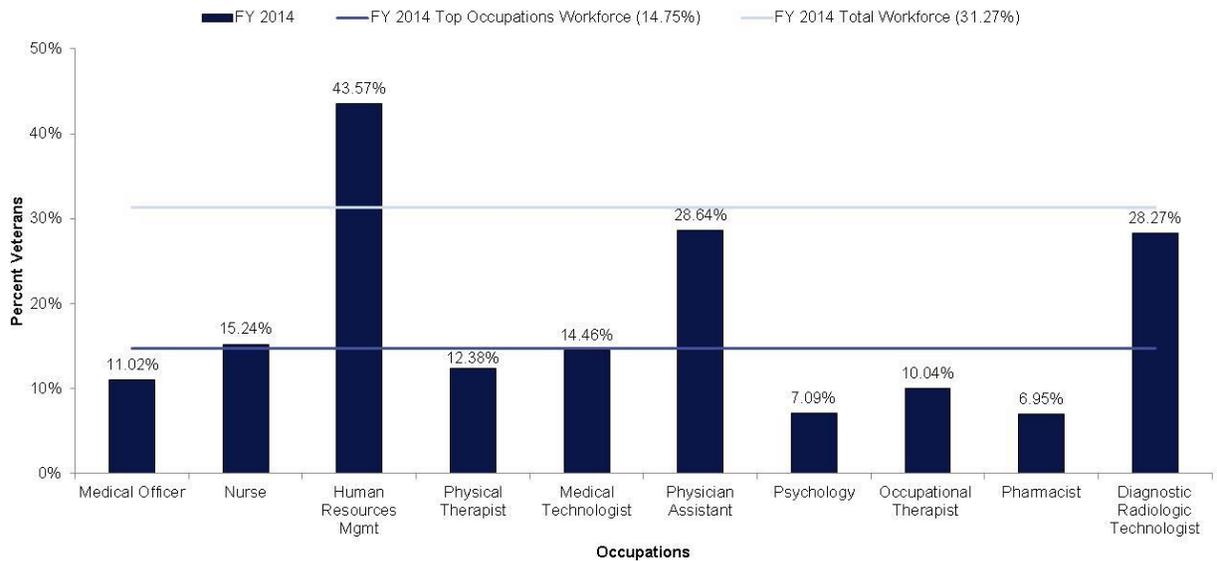


Figure 31: Veterans by Occupation Compared to Top Occupations Combined and VHA Overall

Veteran New Hires

In FY 2014, the rate of Veteran representation among new hires (Figure 32) in the top occupations group was 20.9%, compared to the total workforce at 41.0%. Veteran representation among clinical occupations is typically lower than that of administrative occupations due to the fact that the pool of candidates for clinical occupations is largely represented by non-Veterans. While human resources management had the highest percentage (54.6%), DRT and physician assistant, at 45.9% and 23.9% respectively, had representation rates higher than the top occupations average for new hires. The occupations with the lowest percentage of new hire Veteran representation were psychology (6.3%) and medical officer (8.1%).

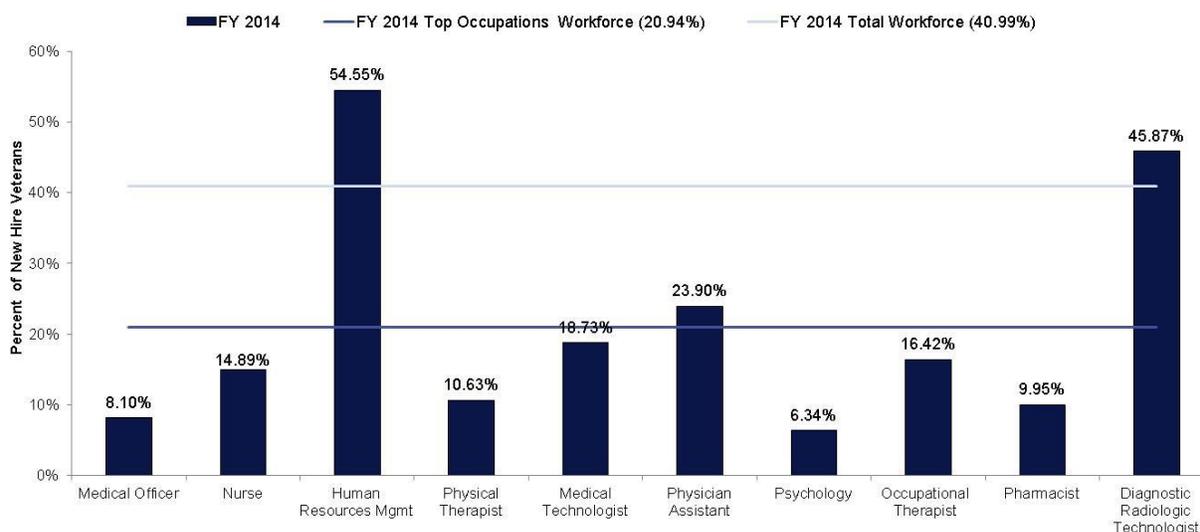


Figure 32: Veteran Representation Among New Hires by Occupation Compared to Top Occupations Combined and VHA Overall

Disability Representation

VHA’s goal for targeted disability participation is 2%. The top occupations’ group average is 0.6%, as compared to the total workforce average of 2.1% (Figure 33). Human resources management (2.9%) was the only occupation with a targeted disability participation rate higher than the goal. Many of the top occupations are physically demanding, such as physician and nurse positions that require many hours of standing, lifting, and assisting the mobility of others, which may contribute to the low employment rates of individuals with targeted disabilities in these occupations.

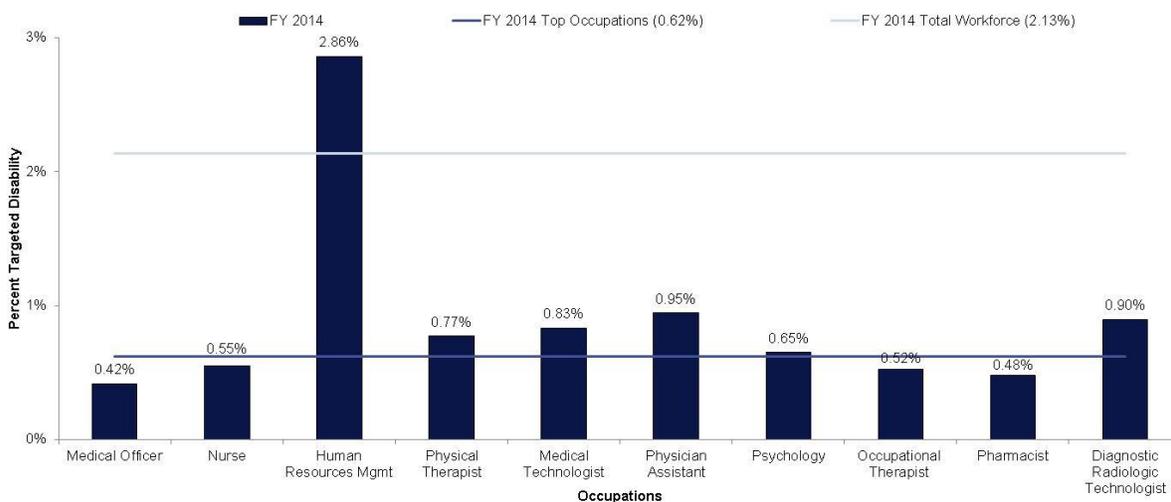


Figure 33: Targeted Disability by Occupation Compared to Top Occupations Combined and VHA Overall

Recruitment, Retention and Relocation Incentives

Recruitment Incentives for Top Occupations and Total Workforce

Table 9: FY 2014 Recruitment Incentives for Top Occupations and Total Workforce

Occupations	Total Funds	# Employees Receiving Award	Average
0602 Medical Officer (Physician)	\$14,737,792.14	922	\$15,984.59
0610 Nurse	\$2,187,808.86	341	\$6,415.86
0201 Human Resource Mgmt	\$99,718.24	11	\$9,065.29
0633 Physical Therapist	\$285,351.68	37	\$7,712.21
0644 Medical Technologist	\$99,315.00	22	\$4,514.32
0603 Physician Assistant	\$554,289.24	60	\$9,238.15
0180 Psychology	\$580,476.85	70	\$8,292.53
0631 Occupational Therapist	\$119,092.10	14	\$8,506.58
0660 Pharmacist	\$165,098.95	17	\$9,711.70
0647 Diagnostic Radiologic Technician	\$43,227.39	8	\$5,403.42
Top Occupations Overall	\$18,872,170.45	1,502	\$84,844.66
Total Workforce	\$20,971,912.03	1,763	\$11,895.58

Retention Incentives for Top Occupations and Total Workforce

Table 10: FY 2014 Retention Incentives for Top Occupations and Total Workforce

Occupations	Total Funds	# Employees Receiving Award	Average
0602 Medical Officer (Physician)	\$13,032,127.12	641	\$20,330.93
0610 Nurse	\$4,706,693.89	1352	\$3,481.28
0201 Human Resource Mgmt	\$223,992.92	19	\$11,789.10
0633 Physical Therapist	\$298,171.68	43	\$6,934.23
0644 Medical Technologist	\$932,629.61	148	\$6,301.55
0603 Physician Assistant	\$951,788.08	105	\$9,064.65
0180 Psychology	\$220,462.61	18	\$12,247.92
0631 Occupational Therapist	\$21,574.39	4	\$5,393.60
0660 Pharmacist	\$784,933.57	58	\$13,533.34
0647 Diagnostic Radiologic Technician	\$1,443,209.39	222	\$6,500.94
Top Occupations Overall	\$22,615,583.26	2610	\$95,577.54
Total Workforce	\$33,891,403.75	4,113	\$8,240.07

*Relocation Incentives for Top Occupations and Total Workforce***Table 11: FY 2014 Relocation Incentives for Top Occupations and Total Workforce**

Occupations	Total Funds	# Employees Receiving Award	Average
0602 Medical Officer (Physician)	\$3,724,609.01	185	\$20,133.02
0610 Nurse	\$1,269,086.49	107	\$11,860.62
0201 Human Resource Mgmt	\$1,030,382.40	99	\$10,407.90
0633 Physical Therapist	\$33,000.00	5	\$6,600.00
0644 Medical Technologist	\$58,231.00	10	\$5,823.10
0603 Physician Assistant	\$86,737.70	9	\$9,637.52
0180 Psychology	\$197,869.62	26	\$7,610.37
0631 Occupational Therapist	\$5,000.00	1	\$5,000.00
0660 Pharmacist	\$135,489.35	8	\$16,936.17
0647 Diagnostic Radiologic Technician	\$0.00	0	\$0.00
Top Occupations Overall	\$6,540,405.57	450	\$94,008.71
Total Workforce	\$10,494,186.01	805	\$13,036.26

Medical Officer (0602)

BLS (2014) predicts faster than average job growth by FY 2022 of 18% (123,300) among the physician and surgeon occupational group. In contrast, VHA predicts growth of 25.0% by FY 2021, an estimate that includes additional hiring needs identified in FY 2014.

Within VHA, the medical officer occupation total loss rate, at 8.4% in FY 2014, was the third highest among the mission critical occupations. The bulk of the losses for this occupation continue to be from quits, and the majority of quits are due to resignations. In fact, the quit rate, at 5.4% in FY 2014, was the second highest of all of the mission critical occupations, and was much higher than the total workforce average of 4.1%. Voluntary retirements remain lower than the VHA workforce average, and make up just over one quarter of the total losses for this occupation.

On average, 28.4% of all new hires in the top occupations quit in the first five years of employment; this is 1.9 pp more than for the workforce overall. Nearly half (45.3%) of the employees who quit between FY 2006 and FY 2008 did so within the first year, another 23.5% quit in the second year. This means that nearly three quarters of quits occur within the first two years of employment.

Of the 339 physician exit survey respondents in FY 2014 (a 19.4% response rate), the highest percentage (22.4%) indicated that their reason for leaving was due to advancement (unique opportunity elsewhere), followed by normal retirement (17.7%), and relocation with spouse (11.5%). Although 62.0% indicated that their supervisor or manager did not try to get them to change their mind about leaving VA, approximately 78% indicated that they would consider working for VA again.

Current Innovations, Studies, and/or Projects:

In FY 2014, the VHA Workforce Planning Team reviewed administration activities that were being conducted to analyze the physician workforce and recommend solutions. The Team found several efforts underway led by the Recruitment & Retention InnoVation Group, Primary Care Provider (PCP) Shortage Workgroup, and Physician Transition Focus Group.

The Recruitment & Retention InnoVation Group focused on primary care physician job satisfaction with the premise that job satisfaction levels are related to retention and an increase in satisfaction level could translate to an increase in overall primary care provider retention. The group conducted an analysis of two measurement instruments, the VA AES and the Patient Aligned Care Team (PACT) Compass and found that increased job control was significantly associated with improved provider satisfaction. The Tuscaloosa, AL VA Medical Center is piloting a two-year project to reduce Primary Care provider panel sizes by hiring additional providers and other support staff.

The Primary Care Provider Shortage Workgroup created a comprehensive toolkit for VISN/Facility and Primary Care Leaders outlining current VHA flexibilities and regulations addressing recruitment tools and incentives, as well as expanding roles, options, pay/benefits and work life balance for VA PCP. The Data Analysis section of the toolkit addresses PCP physicians, nurse practitioners (NPs) and physician assistants and like the VA Primary Care

Physician Job Satisfaction & Retention group addresses AES statistics relating to those occupations.

The Physician Transition Focus Subgroup focused efforts on orientation and training within the two-year probationary period for physicians. The subgroup conducted focused interviews with 40 new hires and the presented results to the National Leadership Council.

Because of the focus on primary care physician satisfaction and retention in many of these studies, the Workforce Planning Team conducted a review of the primary care physician subset¹ of the Medical Officer occupation. The review revealed that in FY 2012, VHA hired 2,322 physicians of all types and 537 of those were classified as primary care (23%). Of the total number of primary care physician gains for FY 2012, 84 resigned/quit in the first year for a rate of 15.6% compared to the 11% quit rate for non-Primary Care physicians. Further, 57% of the quits for primary care physicians occurred within the first 6 months of employment compared to 39% of the quits for non-primary care physicians.

A small focus group will conduct further review of the issues surrounding Primary Care physician satisfaction and quit rates in order to make recommendations to Succession and Workforce Development Management Subcommittee (SWDMS).

For a full analysis of medical officers see [Appendix C](#).

¹ For this study, primary care was defined as assignment codes 21 – General Internal Medicine, 49 – Family Practice, and P1 – Primary care. This is consistent with the other studies mentioned above. Data were analyzed for defined time periods (i.e., <= 90 days, 90 – 180 days, 181 – 365 days). Resignations and 352g transfers to other government agencies for the FY 2012 “gain year” (i.e., the year the employee was hired) were studied. The data set also included temporary appointments due to the routine practice of hiring physicians in a temporary status and then converting them to permanent status when they become board certified.

Nurse (0610)

Registered Nurse (RN) continues to be a top ten mission critical occupation for VHA. BLS (2014) projects that the employment of RNs will grow 19% through 2022. The VHA RN workforce grew by 4.4% in FY 2013 and another 4.73% in FY 2014, up from 2.6% in FY 2012. By FY 2021, the RN occupation is projected to grow within VHA by 38.8%.

Recruitment and retention of employees in this occupation is difficult. Total losses among nurses have continued to rise since the low of 5.7% in FY 2009 to 7.6% in FY 2014. While quits have generally been higher than retirements in past years, the FY 2014 rate of retirements (3.1%) almost equaled the rate of quits (3.8%). The average age of VHA nurses onboard has remained constant over the last five years at approximately 49 years of age, somewhat above the VHA average of 48 years.

Within the occupation the total loss rate for NP (assignment code 75; 8.6%) and NP Mental Health (assignment code N4; 13.4%) exceeds the VHA rate of 8.6%.

Of the 1,264 RN Exit Survey respondents in FY 2014, 309 (24.5%) indicated retirement as the most frequently identified reason for leaving. Other responses indicated that advancement (unique opportunity elsewhere; 11.1%), relocation with spouse (10.7%), and family matters (7.5%) led to their decision to leave VA service.

The VHA Office of Nursing Service recommends the following strategies to improve recruitment and retention:

- Decrease the onboarding time for new nurses so that 80% of the positions receive a tentative offer of employment within 60 days of the date the position was approved. Improve the time it takes to bring a nurse onboard to within 30 days of offer.
- In order to plan for the succession of potential retirees, managers should conduct succession planning to identify positions and utilize leadership training and development opportunities to fill those positions. Nursing historically has a strong internal development process using mentoring and educational opportunities. Continued use of existing workforce and succession planning programs will help to begin recruitments earlier and avoid interruption of patient care. Nurse Executives should be encouraged to prepare a succession plan for their own positions.
- Maintain clinical expertise and organizational knowledge via cross training and employee development opportunities. The available pool of potential nursing candidates across all specialties associated with new models of care should increase.
- Manage the nurse to patient ratio. Incorporate Clinical Nurse Leader (CNL) staffing levels into the current number of existing Full Time Employee Equivalent. Meet and maintain targets in “modeled areas”.
- Promote and use the National Nursing Education Initiative (NNEI) to attract and retain current nurses. Utilize and fully leverage VA National Employee Education Program, NNEI, Education Debt Reduction Program (EDRP), and other recruiting/retention/development tools.

- Improve the experience of the new employee at the beginning of their entrance on duty. Establish mentors and coaches for new hires. Improve the interview and hiring process.

For a full analysis of nurses see [Appendix C](#).

Human Resources Management (0201)

The Human Resource Management Specialist occupation is facing an uphill battle for recruitment and retention of qualified Human Resources (HR) staff. In FY 2014, VHA's HR Specialist total quit rate was 5.6%, one of the highest among VHA's mission critical occupations. The quit rate includes resignations (1.88%) and transfers to other federal agencies (3.67%). Unlike most other occupations, where resignations make up the majority of quits, transfers to other federal agencies make up the majority of quits for HR Specialists. In fact, the majority of VHA facilities cite transfers as the number one reason for their 0201 series losses. Some possible reasons for this are that HR work within VHA is considerably more demanding, more complex, and larger in scope than other federal agencies; and other federal agencies are able to offer higher grades than VHA (General Schedule (GS)-12 vs GS-11) for less complex work. This is due, in part, to outdated OPM Classification Standards that cannot be appropriately applied to the work required of VHA HR Specialists and the organizational structure of VHA. Additionally, according to the HR Dashboard, the HR to employee ratio in VHA is approximately 1:101 (as of FY 2014). This is still below the preferred target of 1:85, which would bring the ratio more in line with that of other federal agencies.

The 2013 AES data for HR Specialists' burnout scores were provided to VISNs to evaluate the health of the HR workforce during the 2014 workforce planning cycle. Because burnout scores for HR Specialists are higher than the average for VHA overall (2.48 and 2.08 respectively), planners were asked to address the reasons for their scores and any action plans related to reducing burnout among their HR workforce within their individual workforce strategic plans. Most VISNs cited their HR Specialists' burnout score to be on par with the national number or slightly higher. Complexity of work and workload were top contributors to this score. The increase in organizational hiring initiatives without the proportional increase in resources and support for HR continue to impact the burnout and add to the retention issues facing the occupation. Many VISN workforce plans described efforts to continue hiring new HR staff, utilize recruitment and retention incentives and the Pathways and TCF program as part of their action plans to reduce stress on HR professionals.

Recruitment of qualified HR Specialists has grown increasingly difficult for VHA facilities. Finding HR Specialists that possess the knowledge, skills, and abilities to work proficiently with Title 5, Title 38, and Hybrid Title 38 hiring authorities, policies, regulations, and processes is extremely rare unless they are hired from other VHA facilities. The training process can take years, rather than weeks or months to train new HR Specialists hired from outside the VHA.

Approximately 40.2% of the HR Specialist workforce will become retirement eligible by FY 2020. Many VISN workforce planners stated that most of their HR community will become eligible for retirement within the next 5 years. The potential loss of organizational knowledge and experience within the occupation is concerning when coupled with the recruitment and retention issues already noted.

Any future initiatives related to the HR workforce should aim to improve retention rates of VHA HR professionals, reduce burnout, increase resources and support for HR during hiring

initiatives, and increase the availability of travel and training funds to improve skills and competencies and share knowledge within and among the HR community.

For a full analysis of human resources management please see [Appendix C](#).

Physical Therapist (0633)

The BLS (2014) projects that employment of physical therapists will grow 36% from 2012 to 2022, compared to the average projected 10.8% growth for all occupations. BLS indicates job opportunities for physical therapists especially in acute hospital settings, skilled nursing, and orthopedic settings where the elderly are most often treated. Long-term demand for physical therapists is expected to continue to increase as new treatments and techniques expand the scope of physical therapy practices. Moreover, the increasing elderly population, which is typically more vulnerable to chronic and debilitating conditions, is anticipated to drive growth in the demand for physical therapy services, including cardiac and physical rehabilitation. Advancement in medical technology will permit a greater percentage of trauma victims to survive, creating additional demand for rehabilitative care.

VHA anticipates growth in the need for rehabilitation therapies because of the greater therapeutic needs of returning Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND) Veterans due to traumatic injuries and the comorbidities of orthopedic, sensory, Posttraumatic Stress Disorder, and other injuries sustained in combat. Musculoskeletal injuries are one of the most frequent complaints that will continue to drive demand for these services. The influx of new Veterans combined with the increasing age of VHA's traditional Veteran population and increased emphasis on non-institutional care, tele-rehabilitation, and rural health coverage, will contribute to growth in this occupation within VHA. Strategies for efficiently utilizing non-VA care for physical therapy services will be critical for meeting the increasing rehabilitation demand of Veterans.

The challenge of many VHA health care systems is establishing and maintaining competitive salary rates for physical therapists, many of which are now entering the work force as doctoral-prepared professionals. Pay freezes and other budget constraints will contribute to the difficulty many facilities are experiencing in the recruitment and retention of these higher-level physical therapist graduates. "Credential creep" is becoming more prevalent as universities combine masters and doctoral physical therapy degrees into one program. VHA will have to make a concerted effort to retain new physical therapists entering VHA at the top of their occupation. VHA will need to provide other avenues of career growth for physical therapists such as leadership development opportunities or expanded scopes of practice.

In order to mitigate recruitment difficulties, many VISNs have focused on improving and monitoring affiliation agreements with local colleges and universities in hopes of attracting new graduates to VHA, fortifying the workforce succession pipeline. Increases in trainee positions through VA's Office of Academic Affiliations (OAA) could mitigate the risk associated with competition from the private sector. In addition, local physical therapist VA Learning Opportunity Residency programs may be considered for VA facilities with high losses for physical therapists who return to school to further their education, along with other recruitment and retention incentives such as Education Debt Reduction Program (EDRP), Employee Incentive Scholarship Program (EISP), and Student Loan Repayment Program (SLRP). VHA must continue to use new and existing VHA training programs as a pipeline for recruitment of new employees.

To help with the retention challenges, VHA encourages facilities to partner with Healthcare Recruitment and Marketing Office (HRMO) to develop career path content for VA Learning University (VALU, <http://www.mycareeratva.va.gov/>) for all clinical rehabilitation occupations in VHA. The MyCareer website will continue to be marketed to external and internal customers. Facilities need to continue sharing workforce succession strategic plan data with program office staff and field advisory committees and develop action plans to address recruitment and retention of physical therapists. Also, a physical therapist Healthcare Analysis and Information Group survey will be sent to the field in FY 2014. The survey aims to gather accurate and specific information on recruitment and retention issues; the results will be analyzed and recommendations will be implemented. Finally, information must continue to be shared with the rehabilitation field regarding VA leadership training opportunities.

For a full analysis of physical therapist see [Appendix C](#).

Medical Technologist (0644)

The BLS (2014) reports the number of medical technologist job openings is expected to continue to exceed the number of job applicants, projecting a 22% growth in employment by 2022. In VHA, the medical technologist workforce increased 0.6% from FY 2013 to FY 2014 (27 employees), but the medical technologist occupation has been on the VHA's mission critical occupation list for several years. The workforce decreased by 0.6% in FY 2011, and then decreased again in FY 2012 by 0.1%. There was a slight turn-around in FY 2013, where the workforce increased by 1.1%.

At the same time, loss rates have increased to their highest level in five years (7.8% in FY 2014). The majority of losses over the last 5 years are due to voluntary retirements, which reached a peak of 4.0% in FY 2014. Quits have also rebounded from the low of 2.3% in FY 2010 to a high of 3.6% in FY 2012, to decreasing slightly to 3.2% in FY 2013 and FY 2014. The new hire quit rate within the first two years of employment (FY 2006-FY 2011) was 16.5% for medical technologists, as compared to 18.2% for new hires in the overall VHA workforce.

VHA VISNs and facilities report that medical technologists are difficult to fill because of the highly specific qualification standards and the lack of availability of National Accrediting Agency for Clinical Laboratory Sciences medical technologist training programs. They also report that salaries do not compare to local hospital salaries for the occupation.

On May 12, 2014, a new medical technologist Qualification Standard was released, which completely replaced the existing standard. This new standard addresses some of the issues that the VISNs and facilities had reported by adding new education/experience requirements that will allow for a greater pool of potential applicants. Additionally the new standard removed the GS-5 grade level from the occupation and promoted any qualified existing GS-5 medical technologists to the GS-7 grade. The new standard also allows for the promotion of GS-9 employees to the GS-11 level directly (without going through the GS-10 level.)

The effect of the new qualification standard on the medical technologist occupation should be examined at the national level to see if it effectively addresses the barriers to recruitment and retention that the VISNs and medical centers have addressed. The review should include analysis of entrance and exit survey results, AES satisfaction scores, and turnover. The goal for VHA should be to increase the medical technologist workforce, decrease quit rates, and increase job satisfaction scores.

For a full analysis of medical technologist see [Appendix C](#).

Physician Assistant (0603)

Physician Assistants (PA) have one of the highest administrative quit rates, retirement rates and total loss rates of any of any of the mission critical occupations. Although VISN workforce plans concentrate on maintaining the current occupation levels, the BLS (2014) predicts growth of 38% in the profession overall. In addition, VHA's projected retirement rate of 40% over the next 7 years, and the shortage of medical providers due to the Affordable Care Act (ACA) have impacted the VHA PA workforce.

This loss of the VHA PA workforce was detailed in the Journal of the American Academy of Physician Assistants (Woodmansee & Hooker, 2010), when the BLS predicted growth was only 30%. The conclusion of this study suggests the demand for PA services in the VHA will grow to 2,550 by 2018. Factoring retirement, attrition, and projected growth, the VHA will need to recruit approximately 300 new PAs per year in order to maintain and grow the workforce as projected.

The singular common theme in review of the 21 VISN workforce plans is that the VHA cannot compete with the competitive, robust private sector hiring of PAs, as starting pay is traditionally 20-30% higher than VHA for new PA graduates. VHA has successfully implemented recruitment efforts to remain competitive for NPs with mandated the yearly locality pay system, and for medical officers with the physician pay system that is based off of base pay, market pay and performance pay. However, there are no mandated PA market salary surveys to ensure parity with private sector pay. Currently, the VHA must also compete with over 30,000 (BLS, 2014) PA openings that exist in the private sector. Results from a recent Medicus survey (as cited in Japsen, 2014), stated that just 2 percent of providers (PA, NP, and Physician) found government-employed practice appealing. These critical factors have moved the PA profession into the VHA mission critical occupation list.

The PA profession is critical to accomplishing strategic goals.

- Provide Veterans Personalized, Proactive, Patient-driven Health Care
- Achieve Measureable Improvements in Health Outcomes
- Align Resources to Deliver Sustained Value to Veterans

In order to align PAs to the VA and VHA strategic goals, the following need to be implemented:

- Petition the Secretary, through the Under Secretary for Health, to include PAs as a covered occupation in the Nurse Locality Pay System. This will provide for an annual market pay survey and enable facilities to remain competitive with the private sector.
- Decrease onboarding time of new PAs receiving a tentative offer of employment within 60 days of the date the recruitment of the position was approved.
- Use succession planning to help identify positions which incur turnover due to retirement and identify leadership training and development opportunities to fill those positions.

- Fully implement Directive 1063 – Utilization of PAs and establish facility and VISN lead PA positions.
- Educate workforce planners and hiring managers on the collaborative role of PAs in delivering health care. PAs work in collaboration with a physician lead team with significant autonomy. The physical presence of the collaborating physician at the site of PA practice is not required.
- Establish fully functional PA Professional Standards Boards (PSB) at each facility.
- Include the VISN lead PA on the VISN workforce succession planning team as the subject matter expert for the occupation.
- Champion local Chief of Staff (COS) and VISN Chief Medical Officers (CMO) for PA recruitment initiatives.
- Utilize VHA HRMO national recruiters to fill all PA vacant positions opening as they can advertise to a greater audience and have a greater reach of applicants.
- Maximize EDRP on initial advertised PA positions for recruitment, and endorse the use of EDRP as a retention incentive.
- Utilize recruitment incentives to supplement pay rates to remain competitive.
- Encourage facilities to include PAs in performance awards based on annual proficiency reports.
- Identify best PA recruitment and retention practices and replicate throughout the VHA.
- Expand OAA PA trainee stipend support program.
- Continue and expand the PA PGY Residency Program in PACT Primary Care.
- Encourage medical facilities to establish a PA education coordinator to facilitate increased participation in PA trainee clinical education and coordinate activities with educational institution affiliates.
- Collaborate with the DoD to recruit PAs who are separating from active duty to increase Veteran representation in the VHA PA workforce.

Obvious stakeholders for the VA are our Veterans and the ability to obtain high quality timely access and appropriate health care. The Director of PA Services, along with VA and VHA leadership need to implement proven strategic plans for the recruitment and retention of PAs within the VHA. The appropriate governing bodies within VHA should drive the initiative and track progress at the national level with involvement of local and regional Medical Center Directors, Chiefs of Staff and human resources to implement and utilize the recommendations.

VHA's barriers to success for the PA occupation are due primarily to its inability to keep up with total losses due to quits and retirements, and its failure to remain competitive with the private sector. Some of these losses are due to the pay freeze, decreased utilization of retention

bonuses, and the lack of competitive salary. In addition, failure to implement mandated yearly market pay reviews through the Secretary will accelerate the occupations losses. Yearly market pay analysis has been a proven method of success for the recruitment for physicians, NPs, and pharmacists. Workforce and succession planners must be educated to account for the projected increase in demand for the PA profession and the growth of the profession in the US. The pay freeze and decreased utilization of retention bonuses has forced PAs to seek private sector jobs.

The risk to the VA medical professional is not supporting or building the individual profession to its maximum potential. No one profession – physician, physician assistant, or NP, can singularly address the provider shortage. No one profession can produce enough applicants to fill the primary care or specialty medicine shortage. All three professions form a diverse workforce. VHA must not exploit one profession over another as there is fierce competition with the private sector. VA leadership must support the aggressive promotion of all three professions and replicate the private sector to provide optimal and timely veteran care and address the aging VA workforce.

For a full analysis of physician assistants see [Appendix C](#).

Psychology (0180)

BLS (2014), projects that employment of psychology professionals will grow 12% from 2012 to 2022. Within VHA, workforce data indicate psychologists will remain mission critical due to the vital role they play in the implementation and sustainability of VHA Mental Health Enhancement Initiatives. The utilization of student loan reduction programs (SLRP or EDRP) and recruitment incentives may be necessary in order to recruit and retain the knowledge and experience that these candidates possess. Most psychologists find VHA job opportunities via federal job search engines, through their universities and colleges, through contact with VA employees, and direct recruitment. VHA must work toward the goal of implementing an effective recruitment and retention program which is customized to mitigate the limitations identified by VISNs (e.g. rural locations, candidate pool scarcity, high demand of specialized services, limitations in pay).

Skill sets vary widely within the profession making some psychologists better suited to work with Veteran populations than others. In combination with competition for the talent and increasing demand for mental health services it is very important to hire and retain the very best practitioners to deliver quality care. Recruitment efforts need to leverage resources such as psychology departments at colleges and universities, special funding for mental health program initiatives, human resource recruiters, VHA employees, and EEO program staff.

For a full analysis of psychologists see [Appendix C](#).

Occupational Therapist (0631)

BLS (2014) indicates the occupational therapy (OT) program prepares individuals to assist patients limited by physical, cognitive, psychosocial, mental, developmental, and learning disabilities, as well as adverse environmental conditions, to maximize their independence and maintain optimum health. BLS industry projections estimate that between 2012 and 2022 the demand for OTs will grow by 29%, which is faster than average for all occupations. National BLS statistics indicate the supply of OTs is adequate to meet the demand. Job opportunities for licensed occupational therapists will be excellent in all health care settings, particularly in acute hospital, rehabilitation, and orthopedic settings because of the elderly population that receive their care in these settings. Newly emerging areas of practice for OTs include low-vision rehabilitation, treatment of various types of dementia, mental health care, assisted living, and home modification.

The influx of OEF/OIF/OND Veterans seeking rehabilitation care for traumatic injuries and comorbidities of orthopedic, sensory, mental health, and other injuries sustained in combat will increase VHA's demand for OTs. Increased Veteran therapy demands will continue to affect non-VA care costs. Strategies for efficiently utilizing non-VA care for OT services will be critical for meeting those demands. In addition to this increased demand, the complexity of the role of OTs will also increase as collaboration with PACT and primary care will necessitate interventions to address health and wellness services, pain management for alternative forms of therapy, and group encounters. OTs will need to continue to expand the types of services provided and modify scopes of practice and clinical practice guidelines to meet the increasing complexity and volume of rehabilitation services.

Establishing and maintaining competitive salary rates for OTs is a challenge for many VHA health care systems due to "credential creep." This phenomenon is becoming more prevalent in regions of the country where doctoral OT degree programs are offered by colleges and universities, and results in more OTs entering the work force as masters or doctoral-prepared professionals. In order to retain new graduates, VHA will need to provide other avenues for career growth such as leadership development opportunities or modified scopes of practice. Within VHA, a national OT Supervisory Forum has been established to assist new and experienced supervisors in their leadership roles. The forum provides networking opportunity for sharing best practices within the OT community.

OT academic programs lack equal distribution across the country, with the Southwest (14 of 179 programs) and West (16 of 179 programs) having a smaller graduate pool from which to recruit. In order to mitigate recruitment difficulties, many VISNs within VHA have focused on improving and monitoring affiliation agreements with local colleges and universities in hopes of attracting new graduates to VHA. Pay freezes, competitive salaries and incentives, and other budget constraints will contribute to the difficulty many facilities are experiencing with recruiting and retaining higher level OT graduates.

VHA Program Offices and facility Directors are recommended to survey and analyze the recruitment and retention strategies for OTs to identify strong practices, to support and encourage local salary surveys to offer competitive pay, recruit aggressively to ensure an

adequate pool of competitive applicants, and encourage the use of the EDRP, EISP, SLRP, and other leadership and career development opportunities. Other strategies include:

- Continue to use new and existing VHA training programs as a pipeline for recruitment of new employees. Since VA Occupational Therapy (OT) students are often hired as VA employees, efforts have been made to improve the student experience by providing additional training opportunities for our VA OT clinical instructors. Fieldwork educator programs can contribute to the success and recruitment of OT trainees. In partnership with Employee Education Service (EES), two face-to-face Occupational Therapy Fieldwork Conferences were provided for 45 OTs and OT Assistants during quarter one and two of FY 2014. An EES level three evaluation will be implemented to assess effectiveness of instructors for implementing teaching strategies with OT students.
- Continue to share information with rehabilitation field regarding leadership training opportunities. The Physical Medicine and Rehabilitation Services (PM&RS) Leadership Mentoring Program Coordinators continue to disseminate information regarding service specific leadership development opportunities available within the annual PM&RS Leadership Mentoring Program which has expanded beyond service chiefs with applicants across the supervisory fields for all PM&RS disciplines in 2013. Specifically, 22 supervisory mentees have completed the PM&RS Leadership Mentoring Program as of September 2013 and 16 are currently enrolled in the fiscal year 2014 training program. These leadership development opportunities have been widely promoted through email distribution, during National PM&RS Conference Calls and PM&RS national discipline calls including OT. In addition, the VHA Healthcare Talent Management (HTM) Office presented on National PM&RS Conference Calls and the National Physician Leadership Conference Calls detailing opportunities across VHA for leadership development (Leadership, Effectiveness, Accountability and Development (LEAD), Leadership Development Institute, Executive Career Fellowship (ECF)) and the VHA Mentor Program.
- Increase OT participation in VA's interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services and pre-professional programs. In partnership with OAA all 2015 VHA OT stipends have been allocated.
- Rehabilitation and Prosthetic Services will continue to analyze recruitment and retention trends and encourage education, awareness and use of EDRP, EISP, SLRP and other incentive, leadership and career development opportunities.
- Continued outreach and collaboration with other offices to develop pilot projects promoting additional opportunities for rehabilitation professionals including Be Active and MOVE!, Traumatic Brain Injury Tele-consultation Evaluation Pilot Project, Polytrauma Integrative Medicine, integration with PACT, and innovate rural health projects.

For a full analysis of occupational therapists see [Appendix C](#).

Pharmacist (0660)

BLS (2014) projects that employment of pharmacists will grow 14.5% from 2012 to 2022. Within VHA over the past several years, the pharmacist series has continued to steadily decline in rank within the top 10 mission-critical occupations; however, this drop in rank deserves closer examination because the pharmacy profession has a dichotomous supply-demand index. Entry-level pharmacists are in great supply, but there is very high demand for seasoned pharmacy leadership (while 27.6% of the FY 2014 pharmacist workforce will be eligible to retire by FY 2021, 21.7% of pharmacy leaders in the GS 13-15 grade range will be eligible to retire during that same period.) Outside of VHA, pharmacy leadership positions are in high demand also, resulting in a dramatic rise in salaries. VHA has been unable to compete with the private sector in compensation and will likely lose many pharmacy leaders in the future. The fact that VHA had frozen salaries and dramatically reduced performance bonuses further exacerbates the problem. In VHA, Pharmacy Chief and Associate Chief of Pharmacy positions remain especially difficult to fill, with many of these pharmacy leadership positions remaining vacant for extended periods (i.e., 2-3 years) without qualified applicants.

There are several options for addressing this issue. Pharmacy students and residents are a pipeline for the development of future pharmacy leaders. VHA pharmacy services are encouraged to incorporate more pharmacy leadership and management training into their student rotation curriculum and post-graduate year (PGY) 1 Pharmacy Residencies in an effort to increase the number of students and residents that pursue a pharmacy administration career path. Also, VHA administers 13 PGY2 Health-System Pharmacy Administration residency programs for the 2014-2015 academic year. VHA's National Pharmacy Benefits Management (PBM) Services has made a commitment to training PGY2 Pharmacy Administration residents, which allows residents to rotate at various local, regional, and national offices. Every effort is made to place these residents into positions that will challenge them and give them opportunities to advance within VHA. Additionally, a national pharmacy leadership group has been developed to work with key VHA leaders to teach, support, and mentor new pharmacy administrators. Finally, clear career ladders are developed at the facility level and promotional opportunities are advertised to pharmacy staff. PBM Services has implemented a national monthly announcement to the field of the advancement opportunities available at the Associate Chief level and higher. By highlighting available pharmacy leadership positions within VHA this will increase awareness of the opportunities for advancement within VHA Pharmacy.

Another barrier to the recruitment and retention in the pharmacist series is that pharmacists with broad-based hospital experience are currently in extremely limited supply. Also, the occupation is a highly competitive market making it difficult to maintain a competitive salary with private sector retailers and hospital pharmacists. Further, there are limited schedule options as pharmacists must provide coverage around the clock (day, evening, and night shifts) and in several different areas of the service to include inpatient, outpatient, Intensive Care Units, and clinical specialties such as anti-coagulation, mental health, and oncology. Hiring needs will be further increased by a significant number of retirements expected within the next five years as well as from national initiatives such as the PACT and Mental Health initiatives that will demand additional pharmacists to be added into the team concepts of these initiatives.

VHA Pharmacy Departments are encouraged to collaborate with the HRMO National Healthcare Recruiter (NHR) in their respective VISNs. Each facility can work with their NHR to ensure more timely responses to quality candidates and to better describe the pharmacy's needs on job announcements which will continue to strengthen the recruitment pool.

For a full analysis of pharmacists see [Appendix C](#).

Diagnostic Radiologic Technologist (0647)

BLS (2014) projects that employment of DRTs will grow 21% from 2012 to 2022. Individuals performing functions in this series are highly specialized to specific types of equipment, and they enable the function of ancillary care in specialty clinics to provide accurate readings and diagnosis. There is an increasing demand for DRTs in specialized settings such as Computerized Tomography and Medical Resonance Imaging. Once individuals achieve competency in a particular practice setting, they can command a higher salary from competing hospitals in the local market areas. Prior to FY 2014, the regrettable loss rates by fiscal year were relatively reasonable compared to other mission critical occupations. However, there is a significant increase in both resignations (FY 2013 – 67; FY 2014– 108) and 352G transfers (FY 2013 – 0; FY 2014 – 6).

Exit survey results show 82% percent of DRT participants indicated they would consider working for VHA again. The top reasons for leaving (excluding personal reasons) included advancement (unique opportunity elsewhere) 16.13%; management (lack of respect) 9.86%; management (lack of managerial skills) 3.23%; and workload (too much work, pressure, impact on personal life, etc.) 3.23%. Among newly hired DRTs, the highest loss rate is within the first two years of employment. These results indicate VHA needs to not only recruit candidates with the necessary skills, but also recruit with a strategy that seeks a good “job fit.” The exit survey results related to managers indicate VHA needs to focus efforts on improving managerial skill sets. Finally, to overcome the recruitment and retention challenges within the DRT series, programs must be implemented to heighten the awareness among facility leadership of the need for well-qualified and competent DRTs to ultimately decrease excessive turnover.

For a full analysis of DRTs see [Appendix C](#).

Other VHA Occupations to Watch in FY 2015

Medical Instrument Technician (0649)

The U.S. Office of Personnel Management (2009) defines medical instrument technicians as healthcare workers who operate and maintain the medical equipment used for therapeutic treatments, imaging bodily structures, monitoring organs, or surgical support. These positions require basic knowledge of anatomy and physiology as well as a thorough understanding of a particular piece of equipment or medical procedure. Because of the highly specialized nature of the work they do, Medical Instrument Technician (MIT) vacancies are historically hard to fill due to the limited number of qualified candidates. Once individuals achieve competency for a particular piece of equipment, they may command a higher salary in competing hospitals in the local labor market. Private sector salaries far exceed the pay scale for the federal government.

The MIT series includes multiple occupations. Three of the most difficult to recruit and retain include Ultrasound, Vascular, and Gastroenterology Technicians. Capital investments and expansion of services in these areas will increase the demand for MITs in these fields. In addition, there has been increased focus on this occupation because of the new emphasis and complexity of work in Sterile Processing and Supplies departments brought about by Quality Management System improvements and required certification in International Organization for Standardization standards. These new standards may bring an upgrade in skills and credibility for this occupational series.

The availability of experienced MITs in many of the geographic locations, especially in rural areas, continues to be limited. Projections are based on past history with recruitment lag time and lack of qualified applicants. There is also a high turnover rate for MITs.

For a full analysis of medical instrument technicians see [Appendix C](#).

Nurse Anesthetist (0605)

BLS (2014) indicates Nurse Anesthetists (CRNAs) provide anesthesia and related care before, during, and after surgical, therapeutic, diagnostic and obstetrical procedures. They also provide pain management and some emergency services. BLS projects that nationwide employment among advanced practice RNs (including CRNAs) will grow 31% between 2012 and 2022.

Data collected from VISN and facility plans indicate the occupation has dropped in rank among the top 10 mission critical occupations from 10th place in FY 2014 to 12th place in FY 2015. Within VHA, the occupation has grown approximately 27% between FY 2010 and FY 2014 (166 employees). Total loss rates decreased from 6.6% in FY 2013 to 6.2% in FY 2014, but have ranged from 9.4% to 6.2% between FY 2009 and FY 2014. Voluntary retirements decreased from 3.2% in FY 2013 to 2.7% in FY 2014. Quits increased from 1.9% in FY 2013 to 2.6% in FY 2014. The average age of VHA CRNAs is 49.6 in FY 2014, higher than the average age of 48 for all VHA occupations.

For a full analysis of nurse anesthetists see [Appendix C](#).

Practical Nurse (0620)

BLS (2014) indicates that nationwide employment of Practical Nurses (LPNs) is expected to grow 25% between 2012 and 2022. LPNs provide basic nursing care and work under the direction of RNs and doctors.

Within VHA, the occupation grew by 10.3% (1,297 employees) between FY 2010 and FY 2014. Total loss rates decreased from 8.4% in FY 2013 to 7.6% in FY 2014. The majority of losses are due to quits; quit rates decreased slightly from 4.8% in FY 2013 to 4% in FY 2014. Voluntary retirements remained stable at 2.4% over the past year.

For a full analysis of practical nurses see [Appendix C](#).

Medical Records Technician (0675)

The BLS (2014) projects that employment of Medical Records Technician (MRTs) will grow 22% from 2012 to 2022. Analyses of feedback from VISN workforce plans indicate difficulty in finding qualified candidates with sufficient knowledge of International Classification of Diseases (ICD)-10 and CPT (current procedural terminology) codes.

Because the minimum qualifications needed for the MRT position are difficult for applicants to meet, it is considered a hard-to-fill position. The conversion from ICD-9 to ICD-10 will increase the difficulty in finding MRTs who meet the new OPM qualification requirement.

The loss rate for MRTs in VHA increased from 6.8% in FY 2012 to 8.5% in FY 2013, but decreased to 7.3% in FY 2014. A significant number of employees are 55 years of age and older. Approximately 18.5% will be eligible to retire in FY 2015, and 3.2% are projected to actually retire. Approximately 44% will retire or be eligible to retire by FY 2021. In addition, quit rates have increased from 2.6% in FY 2009 to 3.4% in FY 2014. Exit data showed approximately 21% of loss was due to lack of advancement opportunity within VA and/or leaving for advancement opportunities elsewhere.

Threats to be mitigated, avoided, or exploited for MRTs include the new OPM qualification requirements, lack of advancement opportunities within the series, and a large number of retirement-eligible employees. Opportunities lie in the maximization of the use of student intern programs and succession planning funds, partnering with technical colleges to recruit students early in their training, and developing collateral career opportunities for MRTs as a way to use their other skills/talents within VHA.

For a full analysis of medical record technicians see [Appendix C](#).

General Engineering (0801)

BLS (2014) projects that employment of General Engineers will grow 3.8% from 2012 to 2022. This occupation is responsible for the analysis, development, design, and preparation of complete contract plans and specifications for renovation, retrofits, and new construction projects. Work includes the extension, alteration, and maintenance and repair of medical centers, and engineering support responsibility for outpatient clinics. Once individuals achieve competency, they can command a higher salary in competing hospitals in the local market areas.

Within VHA, quit rates increased from 3.7% in FY 2013 to 4.8% in FY 2014. Similar to the HR Management occupation, the majority of quits for this occupation are due to transfers to other government agencies. Retirement rates decreased from 3.1% to 1.9% in the same timeframe, resulting in a decrease in the overall loss rate (from 7.6% to 7.3%).

General Engineers that completed the exit survey indicated they would consider working for VA again at a lower rate (70.4%) in FY 2014 (down from 85.7% in FY 2012). Employees who completed the survey indicated their top reasons for leaving were: advancement (unique opportunity elsewhere) 29.6%; advancement (lack of opportunity, etc.) 18.5%; normal retirement 14.8%; obstacles to getting the work done 14.8%.

In order to retain employees, VHA needs to not only recruit candidates with the needed skills, but also recruit with a strategy that looks for a good “job fit.” The federal government is a unique employer and that is what needs to be communicated to candidates. Additionally, this position is one that is in demand across both the private sector and other federal agencies, which makes job satisfaction particularly important for recruitment and retention efforts. There must be strong leadership and HR support for creation of recruitment and retention programs to reduce turnover and plan for smoothly transitioning private sector employees into VHA.

For a full analysis of general engineers see [Appendix C](#).

Other Priority Issues from 2014 Planning Cycle

Women Veterans Health Care Providers

The number of women Veterans who use VHA healthcare services has nearly doubled in the past decade and is projected to continue to increase from 8% in 2015 to 20% of the patients treated in VHA facilities by 2030. This growth rate outpaces that of the male Veteran population seeking care at VHA facilities. To prepare for this increase, additional recruitment and training efforts are needed to acquire, develop, and retain a proficient workforce capable of treating these additional women Veterans. These workforce efforts should not solely focus on primary care and obstetrics/gynecology services, but also on all specialty care and services provided in VA medical centers and CBOCs (Community Based Outpatient Clinics) and functions that support obtaining and monitoring coordinated care. Furthermore, realignment of resources (staff, space, etc.) will be necessary to address this increase in demand.

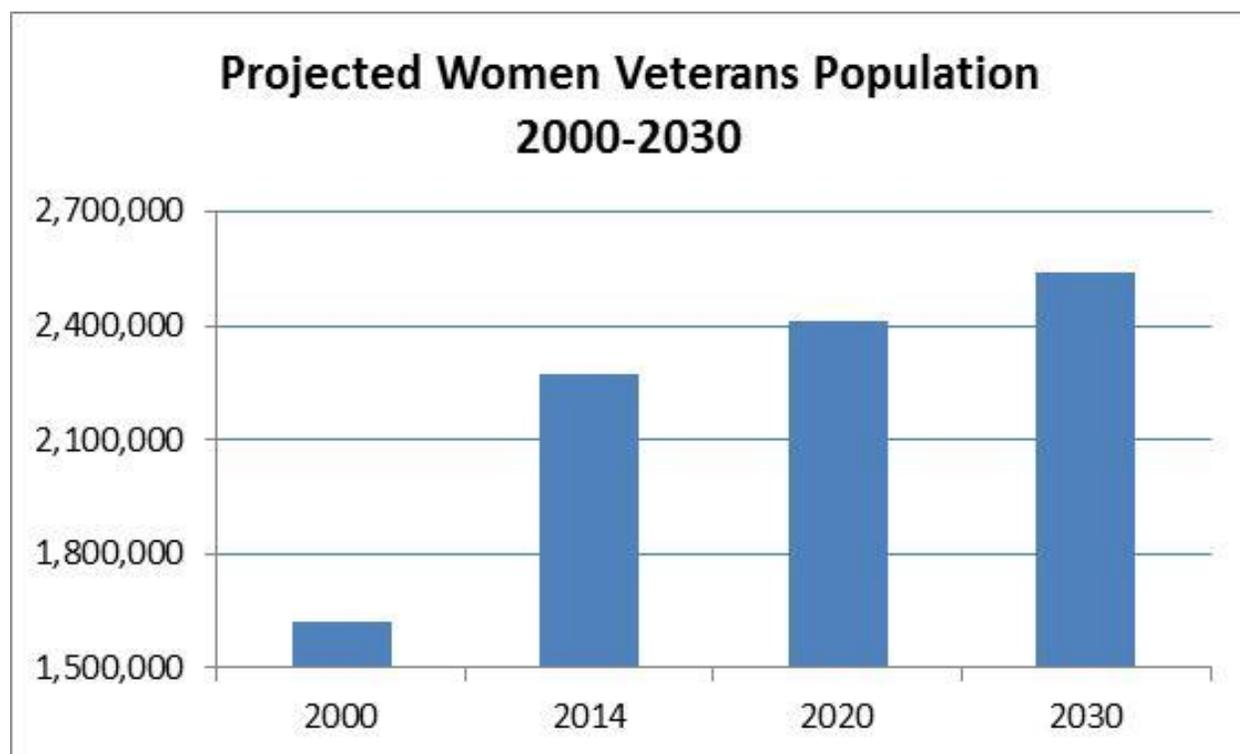


Figure 34: Projected Women Veterans Population 2000-2030

Comprehensive primary care for women Veterans is collaborative-team-based care that includes not only trained and proficient women's health providers, but also nurses, health-technologists, chaperones, and co-location of mental health. This model is consistent with the principles of PACT, providing patient centeredness, access, continuity, and coordination of care in the setting of team-based care. The ideal setting for women Veterans care in VHA is via a Women's Health PACT team with an assigned designated women's health provider. However, significant gaps remain in reaching this ideal:

- 30.5% of 945 sites do not have a designated women's health provider currently (at least one provider identified to specifically provide primary care for women.)
- 59% of 945 sites of care do not have a Women's Health PACT team.
- 55% of women using VHA primary care are not enrolled in a Women's Health PACT team.
- 26% of 740 Women's Health PACT teams do not have 3:1 staffing ratio.

Access for female Veterans is highly dependent on the number of PCP in VHA's workforce. In general, female Veterans request more patient visits than males and, due to staffing shortages or gaps in care in VHA, they are more likely than men to use Non-VA Care (Fee) at local community care providers. At least 1,000 PCP will need to be hired or trained in women's health issues to meet the needs of the growing population. Further, women's health PACT teams will need to be adequately staffed so women Veterans receive high-quality primary health care from a single team. Thereby, decreasing fragmentation and improving quality of care for women Veterans.

The reproductive health needs of women evolve across a life span and are vitally important for ensuring comprehensive care of our female veterans. Reproductive health is a state of complete physical, mental and social well-being. This includes maternity care/obstetrics, maintenance of fertility, urogynecology, gender specific cancer and disease screening and management, preventive health services, and menopause-related health issues. Currently, 90 of 152 facilities have gynecology services on site; other facilities choose to provide Non-VA Care (Fee) or contract services. Very few CBOCs provide gynecology services on site. Those facilities with services on site have varying degrees of access due to limited service days. Gender-specific services for women are less available in Emergency Departments that treat fewer women or have fewer beds or are located in small/non-metropolitan areas; 35% of VA Emergency Departments report 24/7 availability of emergency gynecology consultations.

Access to specialty care and services provided in VA medical centers and CBOCs is also critical to women veterans' health. Medical conditions within certain specialty care services are more common in women or manifest differently or uniquely in women. Examples are osteoporosis, cardiovascular diseases, rheumatologic conditions (fibromyalgia and connective tissue disorders), chronic pain syndromes, and headaches. In other areas, such as geriatrics, oncology, prosthetics, pharmacy, and emergency medicine, specific needs of women Veterans may be overlooked or under-recognized. VHA providers, having historically treated men, may lack expertise or proficiency in these areas. Certain services may be unavailable at VHA facilities. These deficiencies directly impact quality of care, timeliness of care, and patient satisfaction and need to be addressed via targeted recruiting and training as this population increases.

Due to the current high reliance by the VA on Non-VA Care (Fee) or contract services in the local community for women Veterans, adequate staffing and education to execute Fee-basis scheduling, payment, medical record processing, and care coordination is needed to ensure timely care. In addition, recruitment and retention of Women Veteran Program Managers

(WVPM) is integral to ensuring each facility has an advocate for women Veterans who provides program leadership and coordinates high-quality health care services with the multiple disciplines in the medical facility.

VA Office of Women's Health Services

The Office of Women's Health Services (WHS) leads VHA in focusing on improving access and care for women Veterans . The mission of WHS is to serve as a trusted resource for the VHA medical centers and clinics and work to ensure that women Veterans experience timely, high quality comprehensive care in a sensitive and safe environment at all points of care. WHS seeks to: 1) Transform health care delivery for women Veterans, using a personalized, proactive, patient-centered model of care; 2) Develop, implement, and influence VA health policy as it relates to women Veterans, 3) Ensure a proficient and agile workforce through training, education, effective measures, and assessment, 4) Develop, seamlessly integrate, and enhance VA reproductive health care, and 5) Drive the focus and set the agenda to increase understanding of the effects of military service on women Veteran's lives.

Recommended Actions

Improving access and care for women Veterans in VHA will require significant collaboration among several stakeholders, including WHS, VISN and facility leadership, VISN and facility Women Veterans Program Managers, facility Women's Health Medical Directors, and facility Women Veterans Health Committees. The below proposed recommended actions focus on developing strategic recruitment and retention efforts to attract and retain Women Veteran Healthcare Providers.

VA Office of Women's Health Services:

- WHS should conduct further gap and needs analysis to determine the ideal number of designated women Veteran's healthcare providers and trained specialty care providers needed to care for women at all VHA sites. This data should be used to set staffing targets for facilities.
- WHS should partner with the VHA Office of Telehealth Services to increase the availability and access to care via women's telehealth programs (including telegynecology, telematernity and telemental health) by determining virtual staffing needs, particularly for women Veterans in rural areas.
- WHS should partner with VHA Support Service Center (VSSC) and VHA HR to develop a method to identify and track all VHA staff with proficiency in treating women Veterans at VHA sites via VSSC. While some of this data may reside in credentialing and privileges folders, it does not appear to be comprehensive and needs to be more widely available to those responsible for recruiting and retention, human resources, supervisors/managers and leadership. Criteria, levels of proficiency (hours, skill experience, sensitivity), and specialty areas should all be tracked. Providing this data via VSSC will enable VHA to monitor and project retirement, quit, turnover numbers.

- WHS should partner with NCOD and VHA Organizational Health to develop a method to survey women Veteran's healthcare providers to track reasons for overall losses and quits.
- WHS should develop a method to identify and track fee-basis costs incurred due to a lack of proficient women Veteran's healthcare providers or specialty staff able to provide care to women Veterans within 50 miles of the veteran's home.
- WHS should continue to provide training and education opportunities to increase proficiency focused on women Veterans healthcare, including Mini-residencies, Specialty Care Access Network - Extension for Community Healthcare Outcomes (SCAN-ECHO), etc.
- WHS should partner with HTM to review incentive pay, awards, and EDRP structure to encourage current employees, especially Designated Women Healthcare Providers, to not only continue at VHA, but also increase abilities in providing comprehensive women's health care.

VA Medical Centers:

- Each facility should develop and update annually a written strategic plan for their women Veteran's health care program. This plan should include recruitment, development, and retention of staff, and enrollment projections.
- Each facility should ensure it has a fulltime Women Veterans Program Manager and a Succession Plan for the position.
- Each facility should develop a plan to adequately staff women's health PACT teams so that women Veterans receive high-quality primary health care from a single team in the VA. This should include plans for recruitment, development, and retention of staff.
- Each facility should ensure adequate staffing and education to execute Fee-basis scheduling, payment, medical record processing, and care coordination to ensure timely care for women Veterans. Facilities should consider selecting specific staff to specialize and work directly with the women's health PACT teams at each site on these areas.
- Each facility should develop a plan to implement recommendations in VHA Handbook 1330.01 to reduce panel sizes by 20% of the total number of women Veterans in a mixed gender panel.
- Each facility should identify the extent of barriers and disincentives of current staff to provide women's health care. Create a plan to overcome barriers.
- Each facility should identify providers who are proficient in comprehensive women's care and interested in precepting.

- Each facility should continue to improve knowledge and skills for treating women Veterans via increased local training and education opportunities. Proficiency plans should be created and maintained for each provider.
- Each facility should partner with HR to provide suggested language and guidance for advertisements and questions/selection criteria to ensure experience with treating women is a factor for new hires, especially for ED clinicians, endocrinologists, rheumatologists, and mental health.

Leadership Programs

Developing VHA leaders at all levels is fundamental to creating a workforce to transform and carry the Department forward. Organizational and cultural challenges, the changing nature of healthcare, and turnover in critical occupations and in key leadership positions make developing talent an essential component of the VHA's immediate and long-term succession planning efforts.

VHA offers a wide variety of workforce development opportunities. Some programs target executives, while others are geared to managers, supervisors, or line employees. Many of the more high-profile programs are centrally funded and managed through the HTM Office, while others are conducted at network or facility levels following national guidelines. The programs differ in focus generally along two lines—they are oriented toward either developing leadership skills or building technical skills for specific occupations. All of the programs are designed to develop a Veteran-centric, results-driven, and forward-looking workforce.

Comprehensive Program Review

The VHA does not use an overarching framework to map its workforce development programs and assist in identifying gaps or overlaps. Similarly, VHA has not undertaken a comprehensive training needs assessment to identify and prioritize training requirements and set the future direction for workforce development in the Administration. Trainee and stakeholder feedback is collected and used to make improvements in participant selection, training content, delivery methods, and other areas within each individual program. However, feedback from facility and network Directors indicates that there are significant shortfalls in the number and scope of training opportunities for specific audiences in VHA.

Elimination of the Service Chief Orientation training program and suspension of the Senior Executive Service Candidate Development Program (SESCDP) left two large holes in the VHA training portfolio. Anecdotal evidence and feedback from VHA executives points to an insufficient pipeline of ready, willing and able employees to fill a growing number of vacancies in medical center senior leadership team positions. While the Health Care Executive Fellowship (HCEF) program was intended to address this need, delays following the pilot running in 2012-13 have deferred the program's potential benefit until at least 2016. Some medical centers and networks have created their own training to fill gaps at the local level. At times, this has wasted resources "reinventing the wheel" or resulted in an overlap with existing national training

programs. At other times, the local training has proven extremely beneficial, but there has been no simple way to replicate or implement it across other organizations.

A more in-depth, multi-faceted analysis of VHA's workforce development programs is needed that goes beyond graduation, retention and promotion rates, and addresses costs and value to the organization. Undertaking such an analysis will be a time-intensive process which may encumber the very staff members already fully engaged with implementing the training and development courses. Nevertheless, the analysis should prove fruitful and lay the procedural groundwork to enable the VHA to be more forward leaning in identifying and responding to future needs.

Linkage to Succession Planning Needs

Succession planning focuses on defining talent pools and preparing the employees in them for key positions of increased responsibility. The targeted positions for many of VHA's leadership development programs are designated Executive Career Field positions that involve leading functions, teams and/or programs. This includes the senior leadership team (QUAD) positions in VA medical centers, networks and program offices, the very positions that are now experiencing or are projected to experience increased turnover due to retirements, resignations or other departures. The robustness of the VHA leadership training programs directly affects the pipeline of talent needed to backfill these ECF positions.

The VHA Health Care Leadership Development Program (HCLDP) is the highest level of leadership-oriented training for employees just below the ECF level. HCLDP provides a high-quality developmental experience that covers personal, team and organizational leadership skills and concepts essential to leading in a healthcare environment. The training occurs through three week-long, face-to-face sessions spread over seven months with coaching in between and applications on the job guided by personal leadership development plans. Costs and challenges associated with the VA conference and training event policies interrupted the flow of HCLDP classes over the last two years and limited the capacity of the program to meet demands. However, adjustments for 2015 should more than double the number of training opportunities for VHA employees and include seats for current QUAD members who missed the training opportunity in the past.

As mentioned above, the HCEF program was designed to provide experiential training for select candidates prior to their assumption of a QUAD position. Unfortunately, the design of the pilot program and a lack of senior leader support for it significantly stifled its success. VHA must leverage the lessons learned from the pilot and implement creative solutions that preserve the essential elements of the training and enable HCEF to produce highly competent leaders to fill QUAD positions.

Currently, the highest level of training for VHA leaders below SES is the New Executive Training (NExT) program. All newly-appointed QUAD members and network Deputy Directors are required to attend a week-long NExT VHA Perspective Orientation session in Washington D.C. The training includes overviews from VHA program offices, talks by VA senior leaders, occupation-specific discussions, and opportunities to form and strengthen networks essential to

success in the field. Unfortunately, without an SESCDP, VHA leaders aspiring to SES positions do not have a formal training step beyond the NExT program. Even after VA reintroduces the SESCDP in FY 2015, VHA will need to aggressively manage the selection of candidates and the training they receive to ensure graduates have the experience and leadership savvy to assume VHA SES positions, particularly medical center Director positions.

In the meantime, VHA needs to embrace a pattern of continuous learning for its leadership talent pool by identifying and leveraging alternative training opportunities. These might include external programs, such as the Federal Executive Institute (FEI), executive programs offered through institutions like Harvard's John f. Kennedy School of Government, or customized courses through providers such as Partners for Public Service. Many of these high-cost external programs are offered through the VA Corporate Employee Development Board (CEDB) process. VHA needs to make maximum use of the CEDB opportunities. However, VHA should consider identifying a parallel set of programs for its workforce that prepare health care leaders.

One of the shortfalls in VHA's succession planning is in the identification and tracking of its high potential talent pool. A process needs to be developed to identify employees with the highest potential and drive for filling leadership positions. This talent pool must be given priority in training courses and managed developmental experiences to prepare them for their future roles. Course management systems must integrate with WebHR and other databases to ensure that graduates of the programs are tracked throughout their careers. This process of identifying specific high-priority leadership positions or roles, defining and developing the talent pool to fill them, and ensuring the employees are used to fill the vacancies, is the essence of succession planning.

Training Funding Constraints and Evolving Training Modalities

Virtual learning environments such as Talent Management System (TMS) provide the organization with lower cost alternatives to face-to-face training, but they do not replace that training modality. Other emerging options, including SimLEARN, will provide the VHA with additional resources to stretch training budgets, expand the training footprint, and supplement more traditional methods. At the end of the day, however, a blended approach to developing leaders is the most effective way to prepare current and future leaders in a resource constrained and heavily monitored fiscal reality. These options should be further developed, with a keen eye to measuring effectiveness and ensuring that the training is both viable and productive.

While these other methods provide additional flexibility, they cannot completely replace face-to-face learning. Approval to conduct face-to-face training sessions must comply with VA conference and training event approval processes. Unfortunately, the cumbersome approval process has resulted in delayed or canceled training events for many of VHA's leadership development programs and been a serious detriment to VHA's ability to plan, execute and evaluate the training. VA has made a number of changes to the procedures since they were implemented in 2012, but continued streamlining is needed, particularly in the process for securing contracted conference space or support. Options that streamline the process without sacrificing the required fiscal oversight would help alleviate many of the challenges.

Integrate VA and VHA Competency Models

The VHA adopted the High Performance Development Model (HPDM) in 1996 and incorporated the framework throughout many of its training and personnel management systems. HPDM served VHA very well over the years, particularly through its eight competencies that defined behavioral expectations for employees at various levels. In 2012, VA began development of a set of All Employee and Leadership competency models based on the HPDM competencies and OPM Executive Core Qualifications. The learning objectives for many of VA's leadership development programs, to include VHA's HCLDP program, are now anchored against the VA competencies, but many others are not. The inconsistency makes alignment of all leadership development programs difficult. A more streamlined competency model for VA-wide adaptation would support a common, systematic leadership development framework.

Other Areas for Consideration

VHA has had a robust mentor certification program for several years. The focus needs to shift from mentor certification to mentor training and development. VHA must continue to invest in the training and support of skilled mentors and coaches for both VHA-sponsored health care leadership development programs and the health of the workforce overall. Expanded use of technology and professional coaches/trainers to support mentors in VHA would be worth the investment.

Similar to the need for Service Chief Training, the need for CNL training has been identified as a crucial need by the VHA nursing corps. Implementation of a CNL program should be in place by FY 2016.

One of the most neglected sources of leadership development is the existing cadre of leaders. VHA should consider implementing a phased retirement process with a defined objective of leveraging the skills of retirement-eligible leaders in preparing their successors.

Recommended Actions

VHA must conduct a thorough training needs assessment to highlight its highest priority requirements for developing leaders. The analysis should include a thorough review of its current programs and their viability for meeting the requirements identified through the needs assessment. Strategies to fill the resulting gaps must be developed and resource requirements defined. This may include changes to existing programs or development of new ones. All requirements must be prioritized using clear criteria that takes into consideration factors such as the targeted population, program throughput, level of program management required, and anticipated value to the organization. This undertaking should be a collaborative effort with VHA leadership involvement and be executed under the guidance of the VHA Workforce Committee through SWDMS.

VHA must develop a systematic process for identifying its highest potential employees and ensuring they receive the training and developmental experiences they need before transitioning into key senior leadership positions. Ideas for a framework to do this can be gleaned from

public and private organizations, academicians, consultants, OPM, and others through research and benchmarking efforts.

Finally, because effective leadership development requires a combination of learning modalities, including face-to-face training, the VHA must continue to press VA to streamline the conference approval process. This should include strategies for identifying and using low-cost government facilities, centralizing a process to produce interagency agreements, and identifying and developing internal training expertise in the form of a VHA Speakers Bureau to recognize and make available existing talent.

Rural Health

As the Department of VA lead proponent on rural Veterans' health and well-being, the Office of Rural Health (ORH) mission is to "promote the health and well-being of rural and highly rural Veterans by improving access to quality health care and services." The Office of Rural Health develops and promotes evidence-based policies and practices in rural health care delivery. The Office of Rural Health vision is to collaborate with other VA and non-VA entities to improve health care for all rural Veterans. ORH is committed to honoring service by empowering health and well-being.

According to the VA Office of the Actuary (2011) and VSSC Current Enrollment Cube (2014), as of end-of-fiscal year 2013

- **22 million** Veterans live in the U.S.;
- **5.3 million** Veterans live in rural areas;
- **8.9 million** of the Veterans in the U.S. are enrolled in the VA health care system;
- **3.2 million**, or 36 percent, of enrolled Veterans live in rural or highly rural areas.

Rural Veterans face unique barriers to accessing health care, such as lack of public transportation, fewer health care providers in their local community, limited broadband coverage and distance health care facilities. According to a 2013 American Family Physician Journal policy brief for the Graham Center, there are 80 primary care physicians per 100,000 people in the United States; however, the average is 68 per 100,000 in rural areas and 84 per 100,000 in urban areas. The demand for health care services continues to increase each year and there is an unequal distribution of health care professionals especially in rural communities.

Individuals living in rural areas have traditionally been underserved with regard to health care access. More than 15% of rural residents are over the age of 65, compared to 12.4% nationwide (Alliance for Health Reform, 2010). Because older people as a whole experience more chronic disease and disability than younger people, rural communities that are already medically underserved have an even greater challenge. The aging of the population and the demands resulting from the complex chronic care needs of older persons, presents unique challenges for health care workforce in rural communities.

Many rural communities struggle to recruit and retain an adequate number of primary care, specialty, pharmacy, mental health, and health technology professionals to provide high quality care. Large changes in medicine and graduate medical education funding have resulted in fewer new physicians choosing primary care and even fewer choosing to practice in rural settings. This shortage of providers nationally and in rural areas specifically is expected to significantly worsen as an aging provider workforce retires and fewer physicians choose rural-based primary care. Additional challenges noted in recruitment of providers and clinicians to rural areas include lower salaries, cultural differences and professional isolation as well as potential limited accessibility to continuing medical education opportunities and lack of spousal job opportunities.

One of the ORH Strategic Goals is to strengthen community health care infrastructure where rural veterans reside. A specific objective is to develop innovative methods to identify, recruit and retain health care professionals and requisite expertise in rural and highly rural communities. ORH has made significant investments in strengthening the rural VA provider workforce. ORH is continuously seeking to understand the current and future rural workforce needs as well as all of the potential opportunities to expand and improve existing efforts. The VA ORH investments are aimed at both mitigating common factors that contribute to providers leaving rural practice as well as providing experiences that may attract providers to rural practice. The goal is that these investments into rural workforce programs will retain rural providers thereby impacting consequent periods without physician care or provider coverage. In Fiscal Years (FY) 2013 and 2014, ORH invested more than \$15 million dollars to support the following rural provider education and training initiatives:

- **Rural Health Training Initiative (RHTI):** A collaborative program piloted by ORH and OAA to increase health care workforce recruitment to rural areas by providing opportunities for residents and health professions' trainees to receive clinical training at rural health care delivery sites. Launched in the fall of 2012, RHTI funds seven projects where more than 260 clinicians have trained at 22 VHA rural sites of care.
- **Geri Scholars:** The VA ORH supports geriatric health care providers in rural and highly rural areas by aiding them in treating the special needs of older Veterans. Through intensive coursework and training, VA disseminates the most current and effective methods in rural and highly rural geriatric medicine to rural and highly rural health care providers. In FY 2013, this program served all twenty-one VISNs, to include 185 facilities and 1,356 staff which include PCP as well as pharmacy, social work, psychology staff that support the care of older Veterans.
- **The Specialty Care Access Network - Extension for Community Healthcare Outcomes (SCAN-ECHO):** In FYs 13 and 14, ORH collaborated with the Office of Specialty Care Transformation to expand this already-successful training program to rural VA facilities. By leveraging telehealth technology for the provision of specialty care consultation, clinical training, and clinical support from specialty care teams, rural VA providers are better equipped to manage patients with

chronic conditions closer to home. Providers trained included primary care physicians, NPs, and social workers.

- Rural Provider and Staff Training Initiative (RPSTI):** Launched in FY 14, the RPSTI is one of ORH’s newest training and education initiatives. Twenty-one VHA clinical sites serving rural Veterans throughout the U.S. are implementing locally based, innovative training and educational programs for their existing health care providers and clinic staff. Training topics range from palliative care and dementia to polypharmacy and substance use disorders. As of FY 2014, 4,755 clinicians and staff have been trained.

The significant ORH investments have supported training and education opportunities for residents, health professions’ students, providers and clinicians in rural areas. However, recruitment and retention challenges in rural communities remain due to limitations in the classification of ORH-funded positions as temporary. ORH looks to the future with the recently released 2015–2019 VA Rural Health Strategic Plan and recognizes the significant needs and challenges that persist within the rural health care workforce. These challenges and needs require continued collaboration with VHA Program Offices, VISNs, VA Facilities, and rural non-VA community providers. The Rural Health Strategic Plan targets efficient and effective solutions intended to bring care and services to our rural Veterans. Below are the rural health strategic goals that outline the areas of focus for ORH.

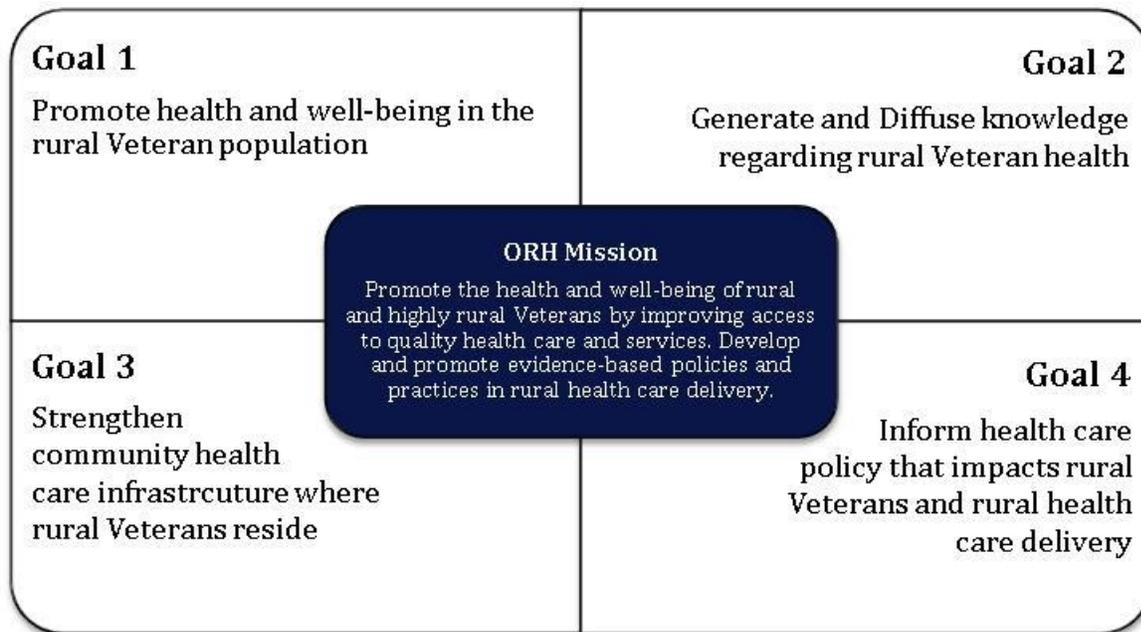


Figure 35: ORH Strategic Goals

This five year Rural Health Strategic Plan supports the ORH mission to “promote the health and well-being of rural and highly rural Veterans by improved access to quality health care and services. To develop and promote evidence-based policies and practices in rural health care

delivery.” The Objectives within the Rural Health Strategic Plan includes continued support of workforce initiatives.

ORH will work in collaboration with other VA partners, such as the Health Talent Management Office, the Health Services Research and Development Office, the Office of Specialty Care Transformation and OAA, and non-VA federal partners within the US Department of Health and Human Services and the US Department of Agriculture. Together, these stakeholders strive to address rural workforce staffing issues to promote timely access to high quality care for rural Veterans. Objectives include:

- Determine where and what types of providers are in short supply at rural health care facilities providing care for rural Veterans;
- Solicit the voice of the Veteran to better understand rural Veterans preferences and decisions regarding health care providers;
- Determine best practices in rural provider recruitment and retention;
- Explore and promote the use of VA financial incentives and other innovative solutions to recruit providers to rural VA facilities;
- Develop and/or expand and support clinical training opportunities for rural health care practitioners providing care for rural Veterans to help retain them in rural areas;
- Promote and support rural health educational and rural clinical training experiences for residents, nursing and other health professions' students to help recruit future health care providers to rural practice; and

Expand opportunities for training rural PCP in specialty areas that address the unique medical needs of rural Veteran demographic groups.

Workforce Planning Accomplishments

Succession and Workforce Development Management Subcommittee (SWDMS)

SWDMS is responsible for the governance of functions contributing to the goals of workforce and succession planning, workforce and health care leadership development. By providing continuous oversight and planning of policy and processes SWDMS has ensured that all programs have been effective. SWDMS continues to monitor and evaluate existing programs, assuring effective infrastructure, improving the effectiveness and efficiency of current programs, coordinating activities, enhancing communication, determining organizational needs, encouraging creativity in new program development, developing and prioritizing initiatives, and engaging employees. These programs include, but are not limited to recruitment, employee engagement and retention, leadership development, workforce development, knowledge transfer, workforce planning, and organizational health.

2014 SWDMS Accomplishments

SWDMS continues to be instrumental in meeting the VHA's workforce succession goal to recruit, develop, and retain a competent, committed, and diverse workforce that provides high quality services to veterans and their families. The SWDMS Sub-committee has successfully:

- Conducted workforce analysis and scans ensuring awareness of workforce related issues and proactively responded to changes in the environment that impacted employment.
- Published a 2014 Interim VHA Workforce and Succession Strategic Plan and prepared a 2015 VHA Workforce Planning Report.
- Partnered with and assisted in the coordination of activities of multiple organizational entities that contributed to workforce development and succession planning.
- Assured that organizational policies and processes facilitated the successful recruitment and retention of an adequate pool of talented people with the right skills, experiences, and competencies needed in VHA.
- Ensured the appropriate use of the HPDM as the foundation for all leadership development programs, while assuring that the HPDM retained its value as a relevant workforce-wide leadership development model.
- Advised and guided the effective development, implementation, and maintenance of leadership training and development throughout VHA.
- Structured workforce development strategies in a variety of delivery methods that met current and future realities.
- Facilitated the development of a healthy organizational culture that encouraged the engagement and contribution of employees to the VHA mission.

- Supported diversity and inclusion in all aspects of workforce planning and development.
- Incorporated feedback from the AES and other assessments that strengthened organizational health and workplace environments.
- Ensured the successful implementation of established initiatives recommended through the workforce planning process.
- Conducted environmental scans to gather information on issues that affected VHA’s workforce. These environmental scans were critical for the development of national initiatives and facilitated recommendation for actions to further workforce and succession planning goals that are aligned with VA and VHA strategic planning objectives.

Table 12: Completed SWDMS Initiatives (As of end of FY 2014)

Initiatives	Strategies/Accomplishments
<p>Recruitment – Recruitment initiatives will attract a wide range of skilled professionals to provide the highest quality care to our nation’s Veterans.</p>	<ul style="list-style-type: none"> ● Implemented the Pathways Recent Graduates Program that allows recent graduates to enter VHA in career positions that emphasize long-term training and development. ● Conducted a study on recruitment and retention of physicians in VHA and implemented physician recruitment incentives utilizing current authorities.
<p>Engagement and Retention – Retention initiatives include programs, flexibilities, and developmental opportunities designed to keep highly qualified professionals growing and engaged within VHA.</p>	<ul style="list-style-type: none"> ● Implemented the standardized New Employee Orientation Program modules that provide an understanding of VHA’s health care mission and the employee’s role in accomplishing the mission, work team concepts, competency models, diversity, and personal development and career planning.
<p>Leadership Development – Leadership development is key strategy for creating a leadership continuum that drives our Veteran-centric organization, engages employees, is results driven, and supports innovation in a constantly changing environment.</p>	<ul style="list-style-type: none"> ● Ensured that all VHA Leadership Development Programs were consistent with VA Integrity, Commitment, Advocacy, Respect, and Excellence values. ● Continued the implementation and evaluation of the HCEF program.

Initiatives	Strategies/Accomplishments
<p>Workforce Development/Knowledge Transfer – Workforce development provides opportunities and directed experiences to develop employee skills and behaviors needed for continued transformation of VHA into a people-centric, results-driven, and forward-looking culture. VHA knowledge transfer initiatives will enable the organization to organize, create, capture and distribute knowledge and ensure its availability for future users by utilizing technology and practices such as mentoring/coaching, training, documentation, and other methods of collaboration.</p>	<ul style="list-style-type: none"> ● Continued the development of skilled, certified mentors and coaches for VHA-sponsored health care leadership development programs.
<p>Workforce Planning – Workforce planning ensures a continuous process that incorporates the very best in analytical and forecasting methodologies in support of VHA initiatives to recruit and retain the right number of employees with the right skills, experiences, and competencies, in the right jobs at the right time.</p>	<ul style="list-style-type: none"> ● The VHA National Workforce Planning team in Health Care Talent Management collaborated with the VA Workforce Planning and Analysis team and launched the VA Workforce Planner Certification Program and implemented VA workforce planner competencies. ● The VHA National Workforce Planning team implemented a newly designed workforce and succession strategic planning process. ● Developed skills and competencies for effective facility-based workforce planners by enhancing the content of and access to workforce and succession planning training opportunities through modalities such as web-based courses and other virtual modalities.

Status Report on Implementation and Execution of New Workforce Planning Process

Table 13: Design and Testing (2014)

Activities	Results
<p>Communication:</p> <ul style="list-style-type: none"> ● Finalizing implementation plan and briefing leadership ● Issuing stakeholder surveys and gathering results both before and after Phase I ● Completing a communication plan and deploying select elements of the Plan 	<p>Completed</p> <p>Post planning season survey completed</p> <p>Postponed to create in 2015</p>
<p>Planning:</p> <ul style="list-style-type: none"> ● Launch SWAPS ● Conduct initial environmental scan and call for proposed/new initiatives ● Issue workforce planning guidance for FY 2014 ● Produce an interim VHA Workforce Plan for FY 2014 and an electronic supplemental report ● Launch a project to create a Workforce Planning Portal with quarterly updates of data 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Postponed until 2015 (will be called a Workforce Planning Data Mart)</p>
<p>Collaboration/Integration:</p> <ul style="list-style-type: none"> ● Collaborate to include workforce planning as part of PPBE process ● Define the key objectives of the new workforce planning process model and how they integrate with PPBE 	<p>In progress</p> <p>In progress</p>
<p>Deployment and Tools:</p> <ul style="list-style-type: none"> ● Minor modifications to Web-based Planning Tool ● Develop Training Plan to define new requirements/processes ● Deploy VA Workforce Maps tool 	<p>Completed</p> <p>Postponed to create in 2015</p> <p>Postponed</p>
<p>Reporting and Evaluation:</p> <ul style="list-style-type: none"> ● Create criteria to evaluate the results of Phase 1 ● Design a scorecard report ● Report status of initiatives on a quarterly basis 	<p>Completed</p> <p>Completed</p> <p>Completed</p>

Table 14: Plan for Phase II (2015) Activities

Activities
<p>Communication:</p> <ul style="list-style-type: none"> ● Continue to gather feedback from stakeholders to understand the needs and customize tools and requirements for the future
<p>Planning:</p> <ul style="list-style-type: none"> ● Continue environmental scans and inventory of initiatives ● Request proposed/new initiatives ● Produce a WF plan that addresses high priority issues ● Introduce new objectives and strategies where appropriate
<p>Collaboration/Integration:</p> <ul style="list-style-type: none"> ● Define and realign timelines to coordinate with VHA and VA processes (e.g., PPBE and corporate WF Planning)
<p>Deployment and Tools:</p> <ul style="list-style-type: none"> ● Continue to develop and deploy select tools and training ● Deploy select elements of the Communication Plan ● Deploy the Workforce Planning Portal ● Perform a major revision of the Web-based Planning Tool to reflect the changes in the new process
<p>Reporting and Evaluation:</p> <ul style="list-style-type: none"> ● Produce quarterly summaries of initiatives ● Evaluate the results of Phase II via the scorecard report

Appendix A: Workforce Development Resources

Resource	Purpose	Target Users	Web Site Link
VA Leadership Development Portal	On-line resource for education and training of leaders in today's VA. Contains articles, videos, discussion boards, book reviews and links to multiple related sites.	All VA staff	Requires account. Access request or login at: http://www.leaders4va.com
MyCareer@VA	Interactive online career development resource enabling creation of personalized career plans. Maps technical and leadership competencies and associated developmental steps underlying occupational families. Includes links to other related sites (e.g., current vacancies within VA).	All VA staff	http://mycareeratva.va.gov/Pages/default.aspx
Books 24x7	Online library of thousands of the latest business and technology books. Includes technical manuals and guides for Microsoft Outlook, SharePoint and other popular Information Technology products and software. Accessible through mobile devices.	All VA staff	Accessed through TMS. Search catalog for "Books24" and click "Go to Content" for "Books24x7 Referenceware": https://www.tms.va.gov/learning/user/login.jsp
High Performance Development Model (HPDM)	Information and resources underlying development and implementation of the VHA HPDM.	All VHA staff	http://vaww.va.gov/hpdm/
Talent Management System (TMS)	Official training portal for VA. Contains searchable catalogue enabling registration and access to training of all venues (online, classroom, blended). Provides links to occupation-specific career information and personal development planning tools.	All VA staff. Educators and supervisors for tracking progress and monitoring compliance with mandatory requirements.	https://www.tms.va.gov/
Nurse Executive and Nurse Manager Core Curricula	A comprehensive handbook, guide and links to detailed performance expectations for nursing managers and those aspiring to nursing leadership roles.	VA Nurse Managers from across the VA system.	Nurse Manager Manual: http://vaww.va.gov/nursing/docs/goalgroup/PASSP OR T O S U C C E S S M A N U A L revNOV13.pdf Nurse Executive Core Curriculum: http://vaww.va.gov/nursing/leadership.asp

Resource	Purpose	Target Users	Web Site Link
Performance Based Interviewing (PBI)	Provides information regarding the PBI methodology used to elicit behavioral examples of past performance and experiences. Contains example PBI questions and recommendations for preparing for a PBI as an interviewer or interviewee.	Applicants and interviewers.	http://www.va.gov/pbi/
VA Learning University Training Catalog	Catalog of all training available through VALU, the Change Academy, and other providers to meet expressed training requirements from across the Department. Includes instructor-led, web-based, streaming video, e-books, and blended learning programs within career and technical focus areas.	All VA staff	Available through VALU intranet site: http://vaww1.va.gov/VALU/index.asp
VHA Succession Planning Employee Development	Provides details on each of VHA's national employee development programs and links to other employee development programs and resources.	All VHA staff	http://vaww.succession.va.gov/Employee_Development/default.aspx

Appendix B: National Leadership Programs

Program Name	Program Objectives	Target Participants	Web Site Link
Office of Personnel Management	OPM offers numerous open enrollment courses for employees through the SES level.	Grades vary depending on the specific course or program of courses.	https://www.leadership.opm.gov/Programs/Index.aspx
Harvard Business Publishing Senior Executive Forum	VHA has contracted with Harvard Business Publishing to provide senior VHA leaders with access to on-line training, books, articles, and other materials. VHA-specific line of curriculum includes Leading, Developing Strategy, and Managing Change at VHA.	Members of the SES coaching network, Medical Center Directors, CMO, and other select executives (e.g., medical center senior leadership team members).	http://elearninghome.hbsp.org
Health Care Executive Fellowship (HCEF) Program	The HCEF is an extensive emersion training program to prepare aspiring VHA AD, COS, and Associate Directors for Patient Care Services (ADPCS). Training focuses on the technical skills necessary for the positions. It combines classroom, on-line, and on-the-job experiences.	Managers at the GS 13-15, Nurse IV/V, or Physician Tier 2. Open internally and externally.	http://vaww.succession.va.gov/EmployeeDevelopment/HCEF/default.aspx
Health Care Leadership Development Program (HCLDP)	The HCLDP is a 10-month program in foundational leadership. It focuses on raising awareness and control of one's personal leadership style and strengthening one's ability to agilely lead teams and organizations. The curriculum is built around three face-to-face sessions with readings, assessments, and peer and executive coaching in between.	GS 13-15 and Title 38 Equivalents that do not currently hold an executive leadership positions.	http://vaww.succession.va.gov/EmployeeDevelopment/HCLDP/default.aspx
Leadership VA	Leadership VA contributes to building leaders across VA by exposing participants to VA strategic landscape—the internal and external forces and challenges that affect the Department. It provides a forum for leader networking and exchange of ideas. Applications are accepted during an annually-announced period.	GS-13 (or equivalent) through SES.	http://vaww.va.gov/valu/lva.asp

Program Name	Program Objectives	Target Participants	Web Site Link
New Executive Training (NExT) Program	NExT is a 12-month training program for newly-appointed facility ADs, COS, Associate Directors for Patient Care Services (ADPCS) and DNDs. It begins with a week-long orientation to VHACO Program Offices and critical leadership issues, and continues thereafter with actively engaged Executive Coaches and Communities of Practice. Two sessions/cohort groups are organized each year.	Required for newly appointed ADs, DNDs, ADPCSs, and COSs with 6-12 months tenure on the job.	http://vaww.succession.va.gov/Employee_Development/NExT/default.aspx
The Institute for Management Excellence (TIME)	TIME is a week-long course for intermediate-level supervisors and managers with at least three years supervisory experience in VA. It is a collaborative effort between VALU and Brooking Executive Education officials.	Supervisors and managers with at least three years supervisory experience in VA.	http://www.valu.va.gov/Home/Leadership
Senior Executive Orientation (SEO)	The SEO program consists of four two-day sessions each year on the topics of “Leading in the New Environment,” “Building Effective Relationships with Stakeholders,” “Leading for Results through Crucial Conversations” and “Executive Decision-Making.” The four sessions are practical, interactive, experiential and allowing for learning from colleagues as well as from faculty. Sessions are 2 days and they rotate so Directors can “drop in” as soon as possible after appointment and “drop out” after four sessions are completed (one year).	All new SES members with goal of completion in first two years of this role.	For more information, contact the Senior Executive Performance Management, Executive Development and Awards Group (10A2A1C) http://vaww.va.gov/wmc/10A2A1-HRM/10A2A1C-Awards.asp

Program Name	Program Objectives	Target Participants	Web Site Link
Senior Executive Service Coaching Network	The Coaching Network is comprised of current and recently retired SES leaders, who serve or served in highly complex leadership positions within VHA. Sessions enable participants to (1) discuss shared or unique experiences, challenges, and successes, (2) identify leadership skills or competencies that need further development, and (3) receive training and executive coaching that results in improved competencies and performance within the context of health care.	All new SES members with goal of completion in first two years of this role.	For more information, contact the Senior Executive Performance Management, Executive Development and Awards Group (10A2A1C) http://vaww.va.gov/wmc/10A2A1-HRM/10A2A1C-Awards.asp
Senior Executive Service Candidate Development Program (SESCDP)	The SESCDP consists of 2 years of formal interagency training, VA specific training and a minimum of 120-days of developmental assignments. All training is oriented toward development of the OPMs Executive Core Qualifications and competencies. Graduates are eligible for non-competitive placement into an SES position for which they are otherwise qualified.	High performing GS 14-15 and Title 38 equivalent employees (if they agree to relinquish their Title 38 status for a Title 5 appointment)	http://www.valu.va.gov/Home/Leadership
Leadership, Effectiveness, Accountability and Development (LEAD)	The LEAD program provides a three-tiered continuum of leadership development at the local, network and national levels. Each VA Medical Center, VISN, and the VACO develops its own LEAD program using unique names and designs, but following nationally approved curricula. Each program incorporates mentoring, class projects, panel discussions, and other experiential learning opportunities.	Facility LEAD programs target GS5-11 employees, and equivalents; VISN and VACO programs are open to employees in the grades of GS-9-13.	http://vaww.succession.va.gov/EmployeeDevelopment/LEAD/default.aspx
VA Corporate Employee Development Board (CEDB)	The CEDB provides VA employees with several long-term external training opportunities. Applications are sought from eligible employees during November-January time frame with competitive selection by the CEDB shortly thereafter. In 2014, the programs included the FEI military Senior Service Colleges, U.S. Army School of Advance Military Studies, and U.S. Army Command and General Staff Officers' Course.	Eligibility varies by program, but generally includes employees in the grades of GS-13 to SES, and equivalents.	http://www.valu.va.gov/SlickSheet/View/10

Appendix C: Detailed Workforce Data

VHA Total Workforce Analysis

*Workforce Trends Table***Table C1: VHA Total Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	253,079	262,713	269,908	277,152	288,828	298,764
Onboard percent change at end of FY	5.78%	3.81%	2.74%	2.68%	4.21%	3.44%
Average Onboard	247,732.75	257,655.17	267,762.50	272,542.08	282,783.83	294,103.83
FTE at end of FY	244,382.37	253,812.71	261,069.40	268,329.34	280,045.56	289,812.63
Voluntary Retirements	4,790	6,166	7,155	7,550	8,016	8,430
Disability retirements	780	685	689	738	579	635
Special (early out) retirements	13	30	31	39	22	16
Resignations	7845	8268	9130	9755	10515	10801
Transfers (352G)	1054	1110	1048	1142	1053	1388
Terminations, Removals, & Separations	3,854	3,637	3,544	3,593	3,551	3,490
Deaths	440	417	490	500	494	440
Total losses	18,776	20,313	22,087	23,317	24,230	25,200
Total gains (computed)	32,609	29,947	29,282	30,561	35,906	35,136
<i>Voluntary Retirement Rate</i>	1.93%	2.39%	2.67%	2.77%	2.83%	2.87%
<i>Regrettable Loss Rate</i>	3.59%	3.64%	3.80%	4.00%	4.09%	4.14%
<i>Total Loss Rate</i>	7.58%	7.88%	8.25%	8.56%	8.57%	8.57%

Note: Delays in processing nature of actions for losses in FY 2014 will affect the results.

Quits by Year of Employment

Table C2: VHA Total Workforce Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	12.87%	5.27%	3.17%	2.53%	2.07%
FY 2008	10.27%	5.22%	3.42%	3.25%	2.39%
FY 2009	9.53%	6.13%	4.15%	3.72%	2.42%
FY 2010	9.94%	6.76%	4.18%	3.77%	
FY 2011	10.57%	6.87%	4.15%		
FY 2012	11.08%	6.45%			
FY 2013	10.74%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Entrance Survey

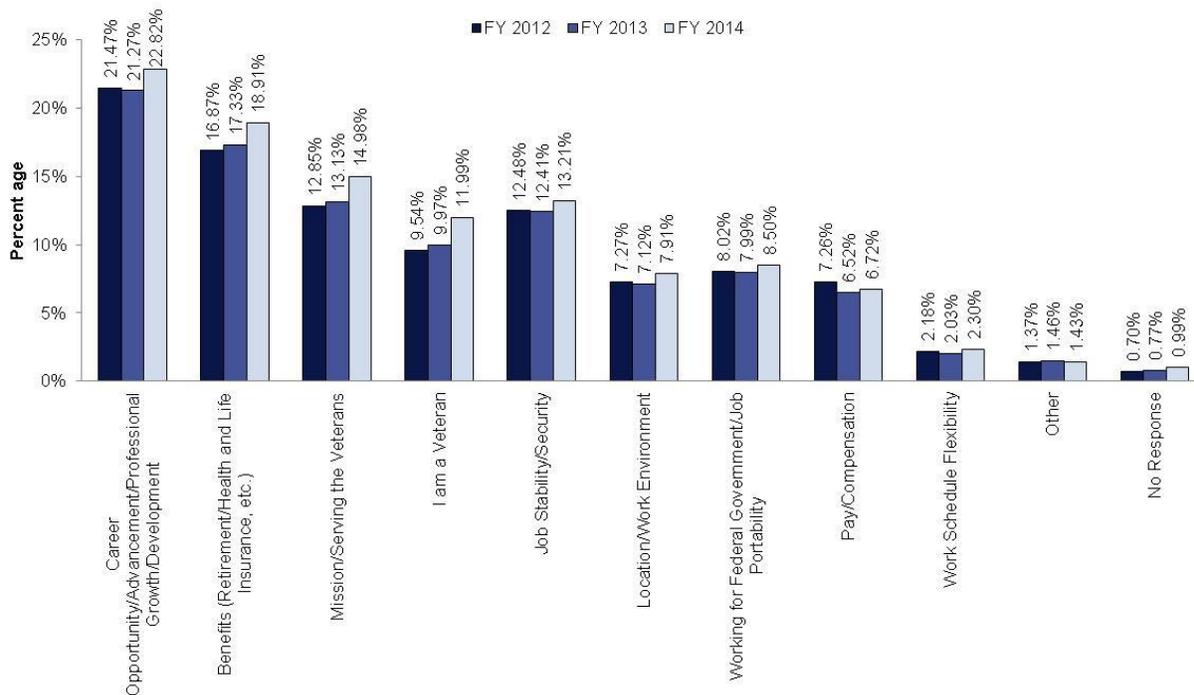


Figure C1: VHA Total Workforce Reasons for Choosing

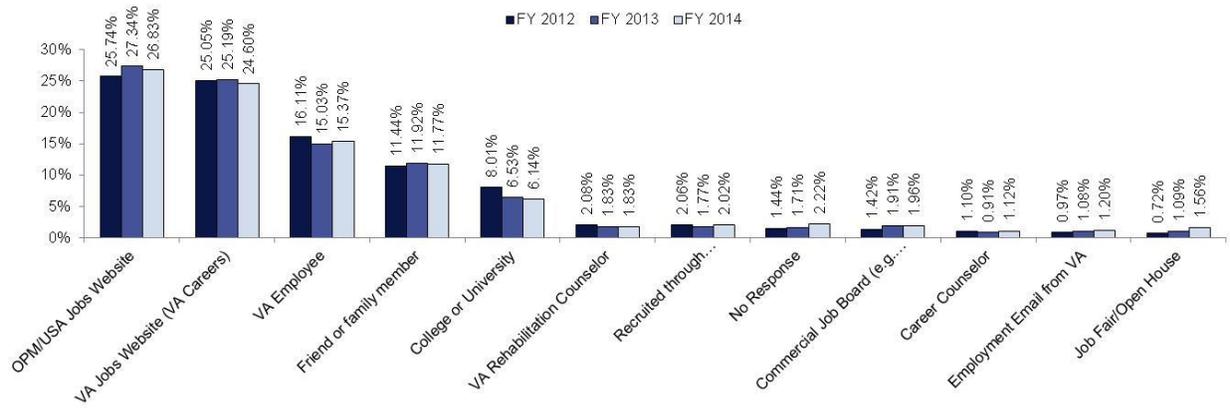


Figure C2: VHA Total Workforce Top Resources for Hearing about VA Jobs

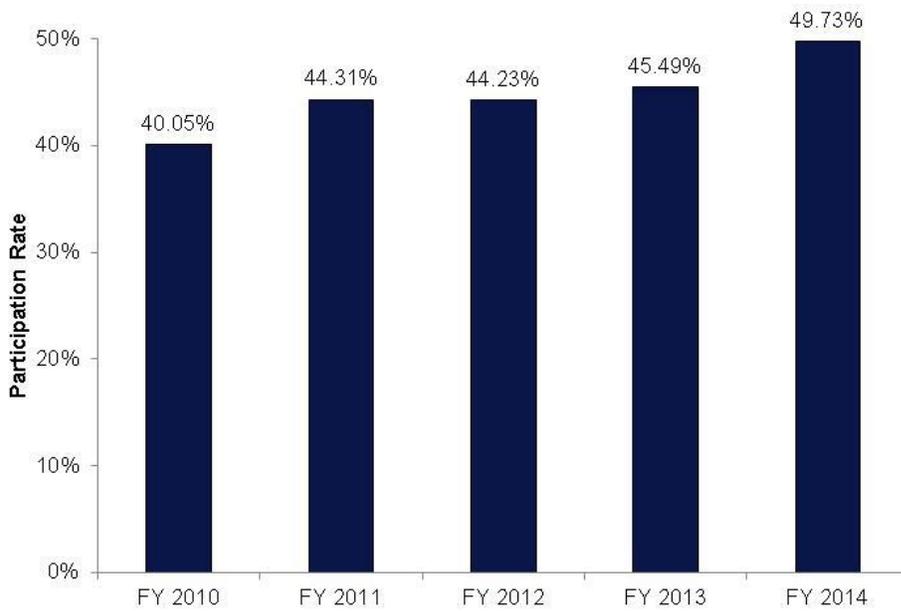


Figure C3: VHA Total Workforce Participation Rates

Exit Survey

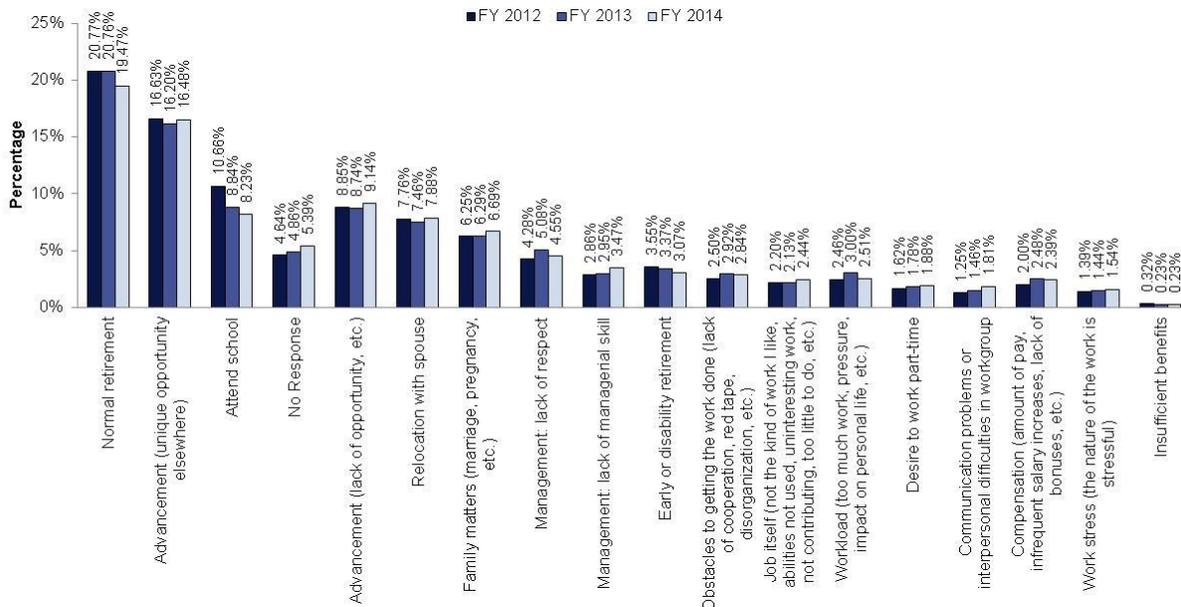


Figure C4: VHA Total Workforce Reasons for Leaving

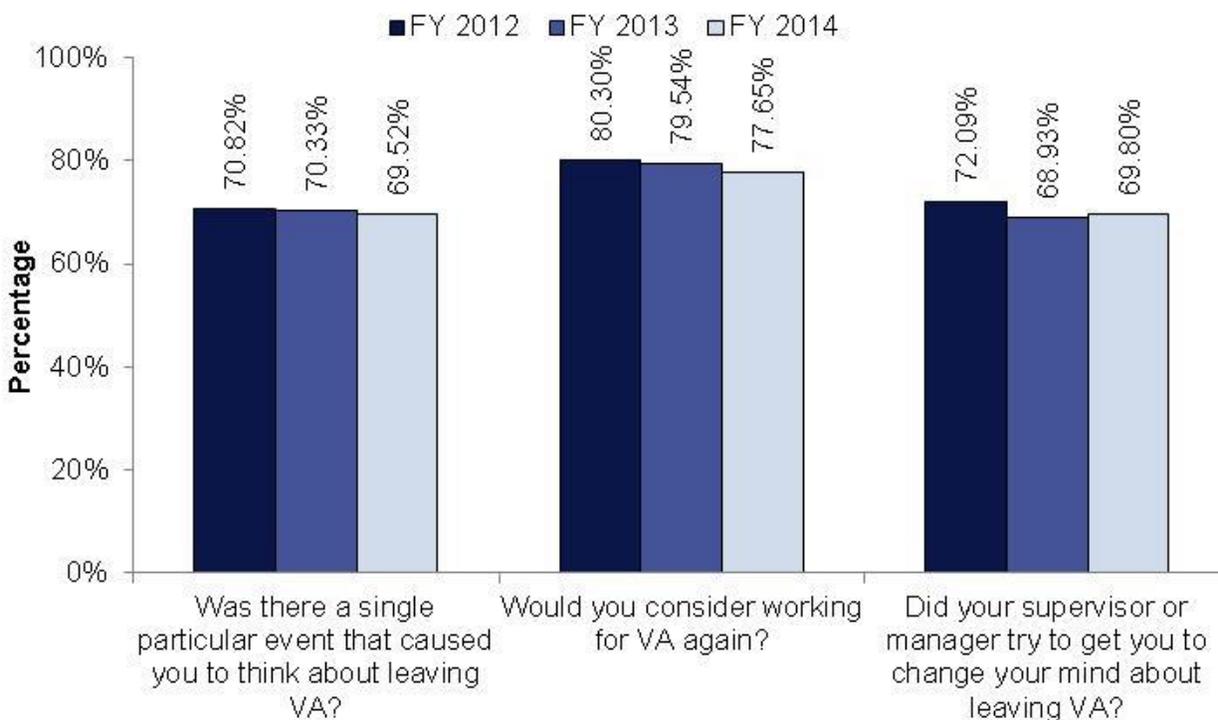


Figure C5: VHA Total Workforce Percentage of Employees that Answered "Yes"

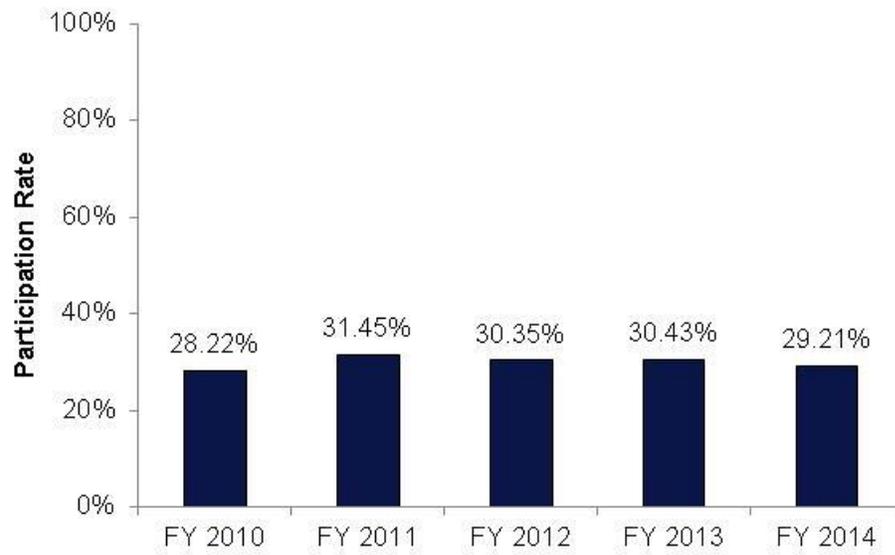


Figure C6: VHA Total Workforce Participation Rates

Supervisors

*Supervisor Workforce Trends***Table C3: VHA Supervisor Workforce Trends**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees onboard at end of FY	22,240	23,429	24,266	24,917	25,944	26,980
Onboard percent change at end of FY	6.23%	5.35%	3.57%	2.68%	4.12%	3.99%
Average Onboard	21,700.83	22,835.50	23,946.58	24,662.75	25,449.17	26,495.00
FTE at end of FY	22,038.66	23,230.54	24,070.34	24,715.45	25,749.71	26,779.31
Voluntary Retirements	710	851	1,052	1,063	1,118	1,190
Disability retirements	49	30	40	50	32	33
Special (early out) retirements	3	2	0	3	6	6
Resignations	231	297	355	390	476	517
Transfers (352G)	80	97	84	111	98	106
Terminations, Removals, & Separations	60	58	57	63	36	63
Deaths	40	30	40	41	38	35
Total losses	1,173	1,365	1,628	1,721	1,804	1,950
Total gains (computed)	2,477	2,554	2,465	2,372	2,831	2,986
<i>Voluntary Retirement Rate</i>	3.27%	3.73%	4.39%	4.31%	4.39%	4.49%
<i>Regrettable Loss Rate</i>	1.43%	1.73%	1.83%	2.03%	2.26%	2.35%
<i>Total Loss Rate</i>	5.41%	5.98%	6.80%	6.98%	7.09%	7.36%

*VHA EEO Trends for Supervisors***Table C4: VHA Supervisors - EEO Trends Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	VHA Total Workforce	% Difference	Ratio
WM	35.0%	34.4%	33.9%	33.9%	33.4%	33.1%	23.6%	9.5%	1.40
WF	34.8%	35.1%	35.2%	34.9%	34.8%	34.6%	36.2%	-1.5%	0.96
BM	8.3%	8.2%	8.1%	8.4%	8.6%	8.6%	9.0%	-0.4%	0.95
BF	9.8%	9.8%	10.1%	10.2%	10.5%	10.7%	14.8%	-4.1%	0.72
HM	3.0%	3.1%	3.1%	3.1%	3.1%	3.2%	3.1%	0.1%	1.03
HF	2.6%	2.7%	2.7%	2.7%	2.7%	2.8%	3.6%	-0.9%	0.76
AM	2.7%	2.7%	2.7%	2.7%	2.8%	2.8%	2.9%	-0.1%	0.97
AF	2.3%	2.4%	2.5%	2.7%	2.8%	2.8%	4.7%	-2.0%	0.58
NHPIM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.76
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	-0.1%	0.59
AIM	0.4%	0.4%	0.4%	0.4%	0.5%	0.6%	0.5%	0.0%	1.02
AIF	0.5%	0.5%	0.5%	0.5%	0.6%	0.6%	0.9%	-0.3%	0.65
OM	0.3%	0.2%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.64
OF	0.2%	0.2%	0.4%	0.3%	0.1%	0.1%	0.2%	-0.1%	0.58

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

VHA Program Office

*Workforce Trends for VHA Program Offices***Table C5: VHA Program Office - Workforce Trends Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	7,469	9,124	11,258	13,379	15,917	16,064
Onboard percent change at end of FY	23.47%	22.16%	23.39%	18.84%	18.97%	0.92%
Average Onboard	6,730.83	8,258.50	10,237.92	12,523.50	14,498.58	16,101.50
FTE at end of FY	7,346.96	8,997.93	11,139.84	13,259.29	15,803.25	15,967.24
Voluntary Retirements	138	171	202	254	278	381
Disability retirements	13	14	21	20	11	30
Special (early out) retirements	1	1	0	0	0	0
Resignations	230	302	344	485	536	540
Transfers (352G)	58	86	100	138	192	247
Terminations, Removals, & Separations	117	147	160	199	194	139
Deaths	11	8	18	22	9	23
Total losses	568	729	845	1,118	1,220	1,360
Total gains (computed)	1,988	2,384	2,979	3,239	3,758	1,507
<i>Voluntary Retirement Rate</i>	2.05%	2.07%	1.97%	2.03%	1.92%	2.37%
<i>Regrettable Loss Rate</i>	4.28%	4.70%	4.34%	4.97%	5.02%	4.89%
<i>Total Loss Rate</i>	8.44%	8.83%	8.25%	8.93%	8.41%	8.45%

VHA Program Office Diversity Analysis

Table C6: VHA Program Office - EEO Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	VHA Total Workforce	% Difference	Ratio
WM	28.5%	27.7%	26.9%	26.6%	27.0%	27.6%	21.6%	6.0%	1.28
WF	40.1%	40.1%	41.1%	41.4%	39.7%	38.6%	46.8%	-8.2%	0.82
BM	6.7%	6.8%	6.6%	6.8%	7.8%	8.0%	3.5%	4.6%	2.32
BF	13.0%	13.2%	13.3%	13.1%	13.7%	13.5%	9.4%	4.0%	1.43
HM	2.3%	2.6%	2.5%	2.5%	2.8%	2.9%	3.8%	-0.9%	0.77
HF	3.2%	3.7%	3.6%	3.4%	3.4%	3.4%	5.8%	-2.5%	0.58
AM	1.5%	1.5%	1.5%	1.5%	1.6%	1.8%	2.9%	-1.2%	0.60
AF	2.1%	2.0%	2.0%	2.1%	2.1%	2.1%	4.6%	-2.4%	0.47
NHPIM	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.0%	0.2%	4.82
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	1.95
AIM	0.6%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	1.99
AIF	0.9%	0.7%	0.6%	0.7%	0.8%	0.9%	0.7%	0.2%	1.30
OM	0.3%	0.4%	0.4%	0.5%	0.1%	0.1%	0.2%	0.0%	0.79
OF	0.7%	0.7%	0.8%	0.8%	0.3%	0.3%	0.4%	-0.1%	0.78

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C7: VHA Program Office - Disability and Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	10.88%	10.61%	11.13%	12.75%	13.79%	14.65%
Targeted Disability	1.47%	1.60%	1.75%	1.76%	1.84%	1.95%
Veteran	34.05%	33.80%	36.16%	36.39%	39.12%	40.54%

Age of VHACO Employees

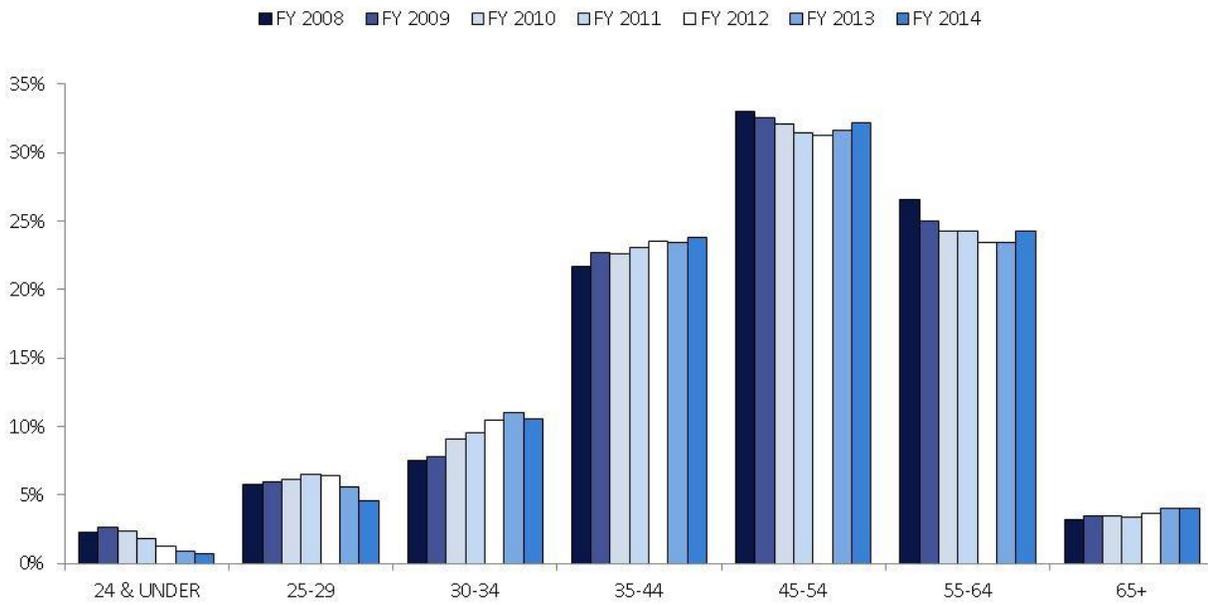


Figure C7: Age of VHA Program Office Employees

VHA Executive Leadership

Table C8: VHA Leadership - Projected Workforce Data

VHA Leadership		FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Senior Executive Service (SES)	Onboard	167	167	167	167	167	167	167	167
	Voluntary Retire Eligible		83	80	80	74	76	72	66
	Retire Voluntary	19	12	11	11	10	11	11	10
	Resignation & Other Losses	2	2	2	2	2	2	2	2
	Transfers	7	7	7	7	7	7	7	7
	Total Losses	28	21	20	20	19	20	20	19
T-38 SES Equivalent	Onboard	96	107	107	107	107	107	107	107
	Voluntary Retire Eligible		52	51	47	45	39	34	33
	Retire Voluntary	14	9	10	9	9	8	6	7
	Resignation & Other Losses	4	4	4	4	4	4	4	4
	Transfers	5	5	5	5	5	5	5	5
	Total Losses	23	18	19	18	18	17	15	16
Chief of Staff	Onboard	134	135	135	135	135	135	135	135
	Voluntary Retire Eligible		59	57	56	52	54	50	47
	Retire Voluntary	5	11	12	12	12	12	11	11
	Resignation & Other Losses	5	5	5	5	5	5	5	5
	Transfers	7	7	7	7	7	7	7	7
	Total Losses	17	23	24	24	24	24	23	23
Associate/ Assistant Network Directors	Onboard	216	208	208	208	208	208	208	208
	Voluntary Retire Eligible		51	51	49	48	50	55	53
	Retire Voluntary	6	8	8	8	7	9	10	10
	Resignation & Other Losses	1	1	1	1	1	1	1	1
	Transfers	33	33	33	33	33	33	33	33
	Total Losses	40	42	42	42	41	43	44	44
Nurse Executives	Onboard	138	134	134	134	134	134	134	134
	Voluntary Retire Eligible		63	61	60	60	64	61	58
	Retire Voluntary	17	9	8	9	9	10	9	9
	Resignation & Other Losses	4	4	4	4	4	4	4	4
	Transfers	6	6	6	6	6	6	6	6
	Total Losses	27	19	18	19	19	20	19	19
VHA LEADERSHIP TOTAL LOSSES		135	123	123	123	121	124	121	121

Table C9: EEO Analysis Executive Leadership Position in FY 2014

	White		Black		Hispanic		Asian		All Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
SES & Title 38 Equivalents	133	93	7	8	7	1	8	4	1	1
	50.57%	35.36%	2.66%	3.04%	2.66%	0.38%	3.04%	1.52%	0.38%	0.38%
VHA Workforce Overall	23.63%	36.16%	9.03%	14.78%	3.11%	3.64%	2.89%	4.75%	0.79%	1.23%
Participation Ratio	2.14	0.98	0.29	0.21	0.86	0.10	1.05	0.32	0.48	0.31
Chief of Staff	72	27	6	2	5	2	16	4	0	0
	53.73%	20.15%	4.48%	1.49%	3.73%	1.49%	11.94%	2.99%	0.00%	0.00%
All Medical Officers	42.71%	20.50%	2.55%	2.54%	3.55%	2.14%	13.59%	10.48%	1.12%	0.81%
Participation Ratio	1.26	0.98	1.76	0.59	1.05	0.70	0.88	0.28	0.00	0.00
Assoc./Asst. Director/Deputy Network Director	99	70	15	10	10	4	4	2	0	2
	45.83%	32.41%	6.94%	4.63%	4.63%	1.85%	1.85%	0.93%	0.00%	0.93%
VHA Workforce Overall	23.63%	36.16%	9.03%	14.78%	3.11%	3.64%	2.89%	4.75%	0.79%	1.23%
Participation Ratio	1.94	0.90	0.77	0.31	1.49	0.51	0.64	0.20	0.00	0.75
Nurse Executives	16	97	2	17	0	3	0	0	0	3
	11.59%	70.29%	1.45%	12.32%	0.00%	2.17%	0.00%	0.00%	0.00%	2.17%
VHA Registered Nurses	11.88%	52.13%	1.90%	15.26%	1.46%	4.29%	1.97%	9.26%	0.35%	1.51%
Participation Ratio	0.98	1.35	0.76	0.81	0.00	0.51	0.00	0.00	0.00	1.44
VHA Central Office GS-15	284	169	21	34	9	7	34	18	4	0
	48.97%	29.14%	3.62%	5.86%	1.55%	1.21%	5.86%	3.10%	0.69%	0.00%
VHA Central Office Overall	27.57%	38.61%	8.02%	13.45%	2.89%	3.36%	1.76%	2.15%	0.86%	1.32%
Participation Ratio	1.78	0.75	0.45	0.44	0.54	0.36	3.33	1.45	0.80	0.00

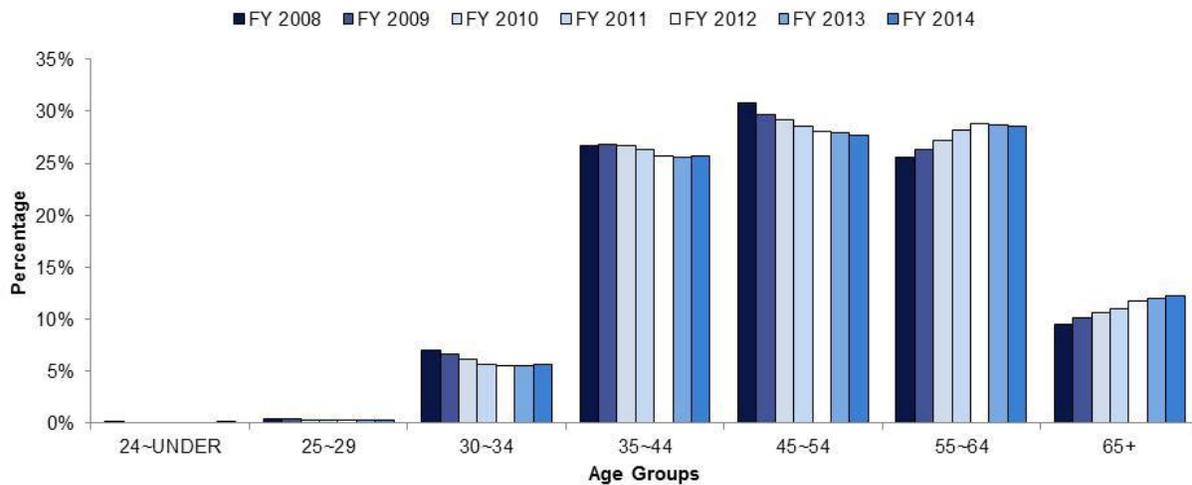
Table C10: VHA SES - Projected Workforce Data

VHA SES	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Network Directors	Onboard	16	21	21	21	21	21	21
	Voluntary Retire Eligible		11	13	12	10	8	7
	Retire Voluntary	4	1	2	2	1	1	1
	Resignation & Other Losses	0	0	0	0	0	0	0
	Transfers	0	0	0	0	0	0	0
	Total Losses	4	1	2	2	1	1	1
Medical Center Directors	Onboard	127	125	125	125	125	125	125
	Voluntary Retire Eligible		64	59	59	55	57	56
	Retire Voluntary	11	9	7	8	7	8	7
	Resignation & Other Losses	0	0	0	0	0	0	0
	Transfers	6	6	6	6	6	6	6
	Total Losses	17	15	13	14	13	14	14
Chief Officers	Onboard	41	39	39	39	39	39	39
	Voluntary Retire Eligible		15	19	16	14	14	12
	Retire Voluntary	5	3	5	3	3	3	2
	Resignation & Other Losses	0	0	0	0	0	0	0
	Transfers	1	1	1	1	1	1	1
	Total Losses	6	4	6	4	4	4	3

2015 VHA Mission Critical Occupations

*0602 Medical Officer (Physician)*Workforce Trend Data**Table C11: Medical Officer Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	19,249	20,173	20,821	21,304	22,318	23,208
Onboard percent change at end of FY	7.68%	4.80%	3.21%	2.32%	4.76%	3.99%
Average Onboard	18,539.58	19,693.17	20,534.67	20,960.92	21,711.83	22,682.50
FTE at end of FY	16,254.02	17,091.84	17,666.45	18,075.11	18,952.65	19,665.99
Voluntary Retirements	247	332	385	402	475	537
Disability retirements	13	11	13	14	13	17
Special (early out) retirements	1	0	1	2	1	0
Resignations	1002	1038	1114	1170	1096	1196
Transfers (352G)	16	21	25	23	24	17
Terminations, Removals, & Separations	131	130	120	145	125	128
Deaths	22	21	27	34	29	18
Total losses	1,432	1,553	1,685	1,790	1,763	1,913
Total gains (computed)	2,805	2,477	2,333	2,273	2,777	2,803
Voluntary Retirement Rate	1.33%	1.69%	1.87%	1.92%	2.19%	2.37%
Regrettable Loss Rate	5.49%	5.38%	5.55%	5.69%	5.16%	5.35%
Total Loss Rate	7.72%	7.89%	8.21%	8.54%	8.12%	8.43%

Age Trends of the Medical Officer (Physician) Workforce**Figure C8: Age Trends of Medical Officer Workforce**Projected Workforce Data**Table C12: Medical Officer - Projected Workforce Data**

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	23,208	24,155	25,125	25,980	26,705	27,455	28,225	29,015
% Change from Previous Year	3.99%	4.08%	4.02%	3.40%	2.79%	2.81%	2.80%	2.80%
Eligible for Retirement		5,034	5,269	5,462	5,684	6,052	6,185	6,153
Voluntary Retirements	555	714	766	841	884	1,000	1,169	1,250
Regrettable Losses	1,251	1,292	1,344	1,394	1,437	1,477	1,519	1,561
Other Losses	170	194	202	209	215	221	228	234
Total Losses	1,976	2,200	2,312	2,444	2,536	2,699	2,915	3,045
Gains Needed		3,147	3,282	3,299	3,261	3,449	3,685	3,835

Note: Retirement projections for physicians will not match the VSSC report; they have been recalculated based on physician-specific trends.

Quits by Year of Employment

Table C13: Medical Officer Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	11.68%	8.12%	5.42%	3.80%	2.73%
FY 2008	10.23%	8.37%	4.25%	5.10%	2.80%
FY 2009	11.68%	8.20%	5.79%	5.17%	2.38%
FY 2010	10.93%	9.99%	4.70%	5.09%	
FY 2011	12.48%	9.91%	5.32%		
FY 2012	11.81%	8.65%			
FY 2013	12.19%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Medical Officer VA Entrance Survey

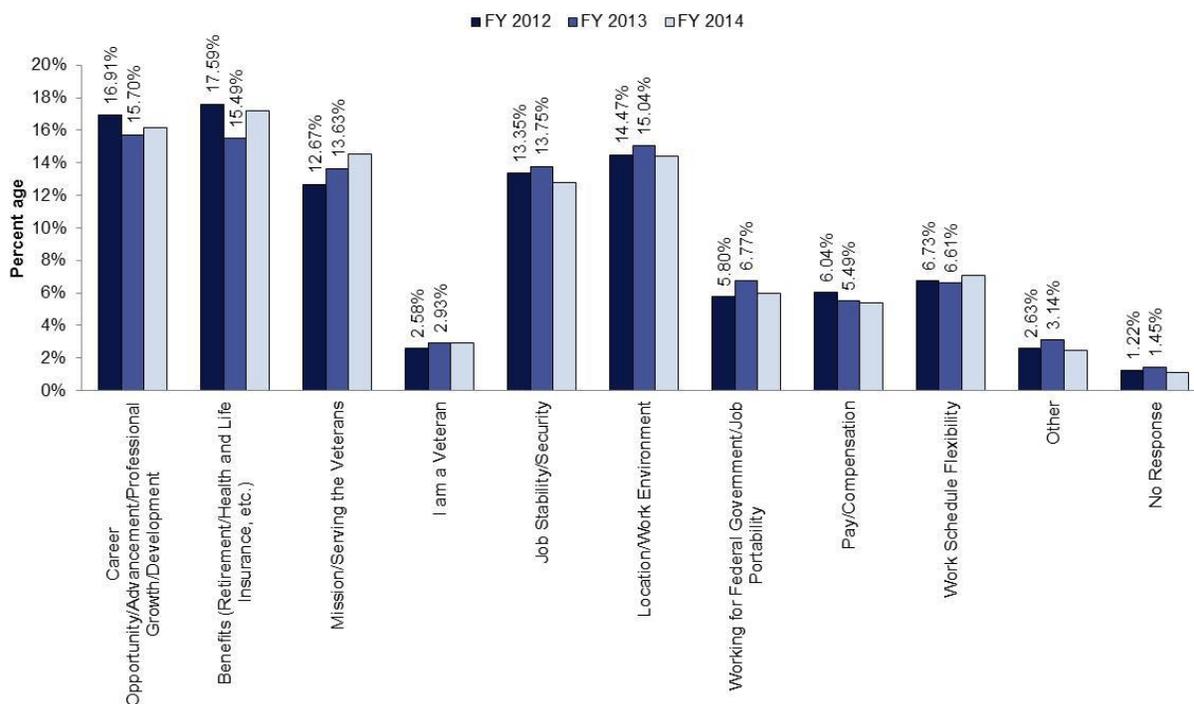


Figure C9: Medical Officer Workforce Entrance Survey Reasons for Choosing

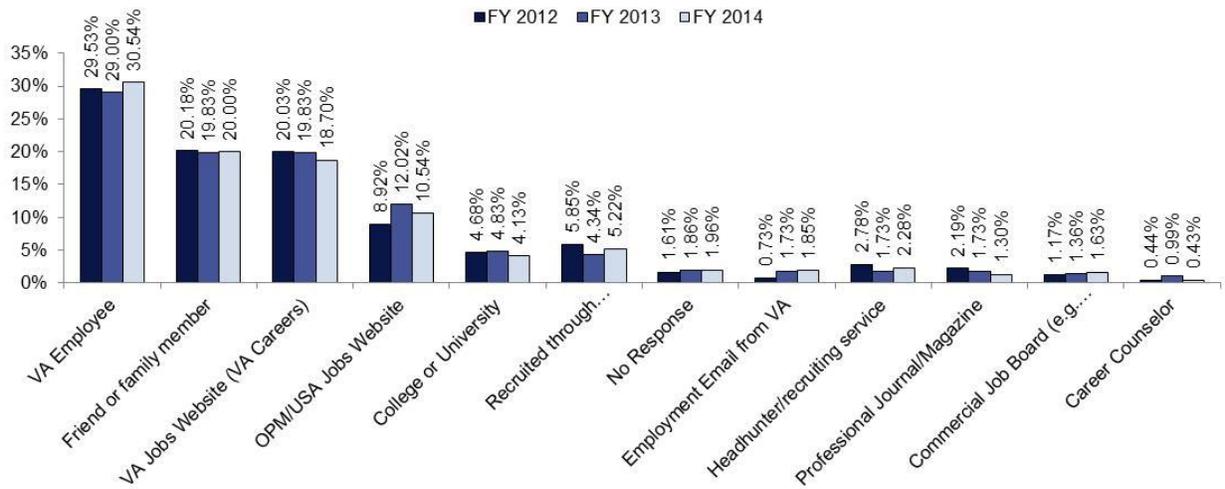


Figure C10: Medical Officer Top Resources for Hearing about VA jobs

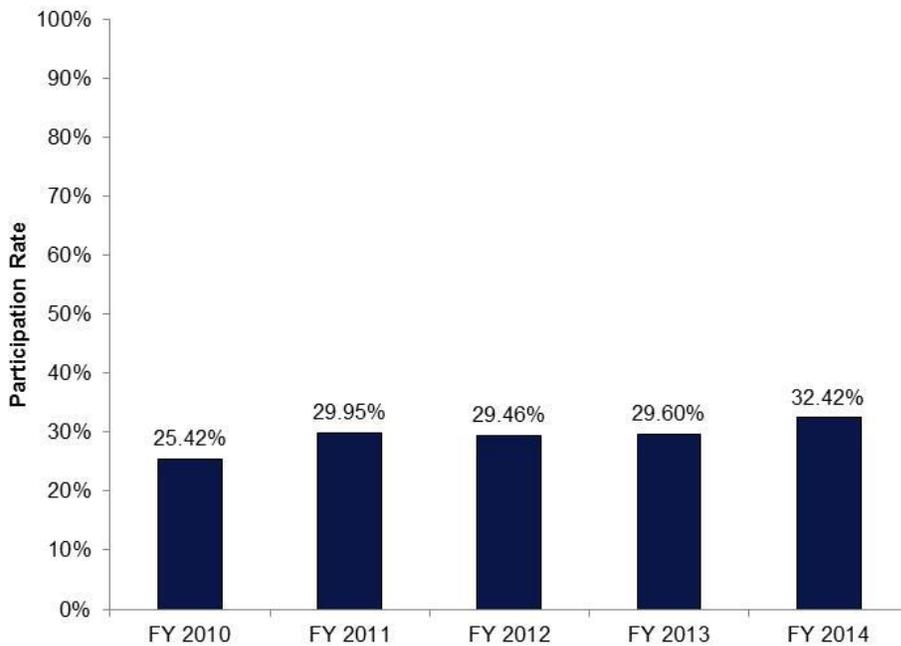


Figure C11: Medical Officer Workforce Entrance Survey Participation Rates

Medical Officer VA Exit Survey

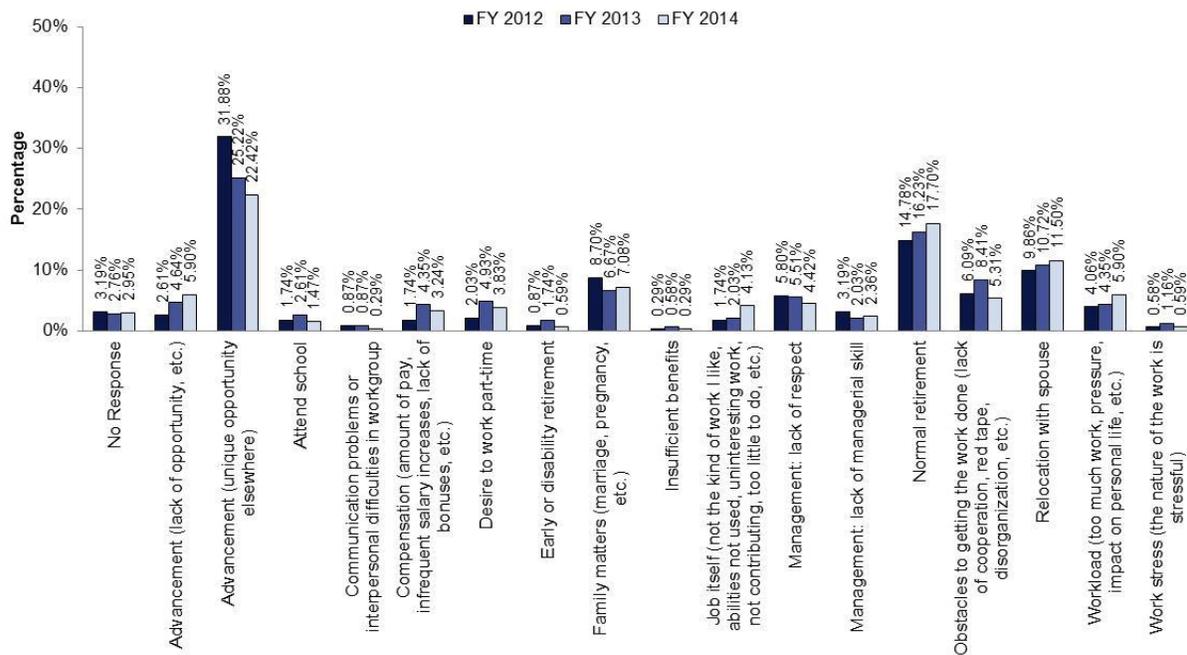


Figure C12: Medical Officer Workforce Reasons for Leaving

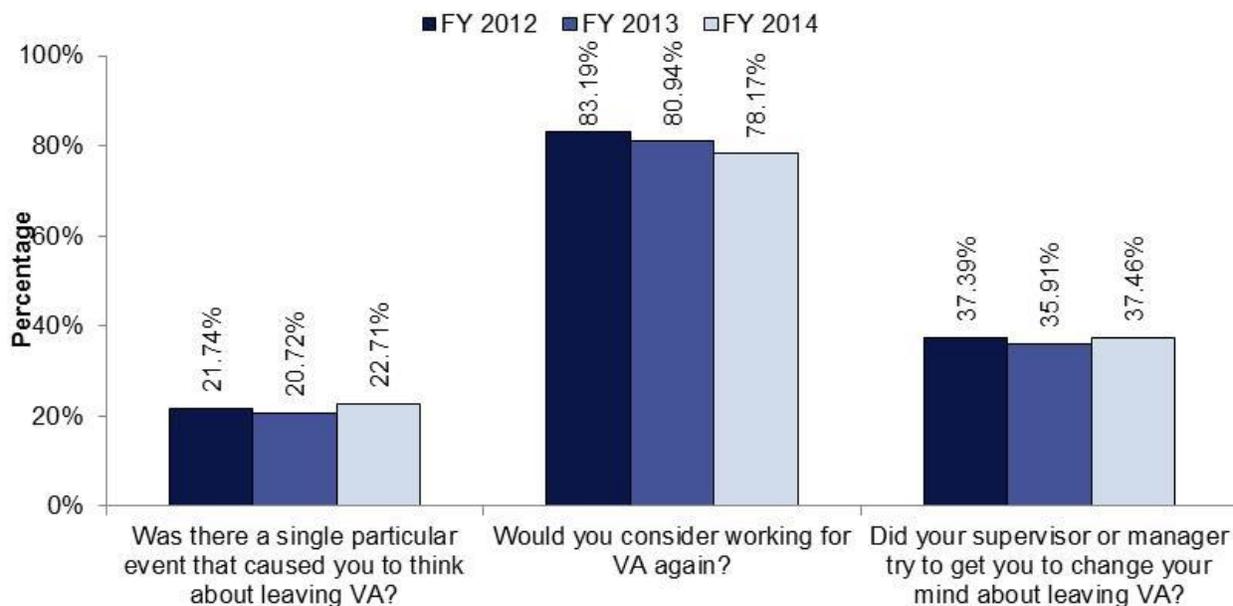


Figure C13: Medical Officer Workforce Percentage of Employees that Answered "Yes"

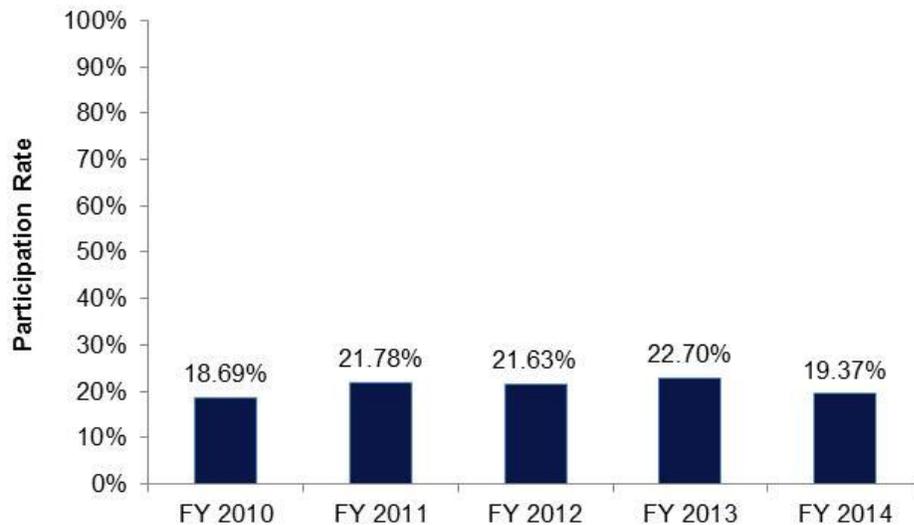


Figure C14: Medical Officer Workforce Participation Rates

Diversity and Inclusion

Table C14: Medical Officer - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	45.7%	44.9%	44.3%	44.0%	43.4%	42.7%	48.8%	-6.1%	0.87
WF	19.1%	19.4%	19.9%	20.0%	20.3%	20.5%	20.1%	0.4%	1.02
BM	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.7%	-0.1%	0.95
BF	2.0%	2.1%	2.2%	2.3%	2.4%	2.5%	2.3%	0.2%	1.09
HM	3.8%	3.8%	3.7%	3.7%	3.5%	3.6%	3.9%	-0.4%	0.91
HF	2.1%	2.2%	2.1%	2.1%	2.1%	2.1%	1.9%	0.2%	1.11
AM	13.7%	13.6%	13.5%	13.4%	13.5%	13.6%	11.5%	2.1%	1.19
AF	9.3%	9.6%	9.7%	10.0%	10.4%	10.5%	7.6%	2.9%	1.38
NHPIM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	5.17
NHPIF	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	2.80
AIM	0.8%	0.8%	0.8%	0.8%	0.9%	0.9%	0.2%	0.7%	4.41
AIF	0.7%	0.6%	0.6%	0.6%	0.6%	0.7%	0.1%	0.6%	5.27
OM	0.2%	0.2%	0.3%	0.3%	0.1%	0.1%	0.4%	-0.3%	0.22
OF	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%	-0.2%	0.26

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Table C15: Medical Officer - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	3.40%	3.49%	3.72%	4.11%	4.36%	4.55%
Targeted Disability	0.50%	0.52%	0.51%	0.52%	0.44%	0.42%
Veteran	11.69%	11.06%	13.38%	12.37%	11.55%	11.02%

Veteran New Hire

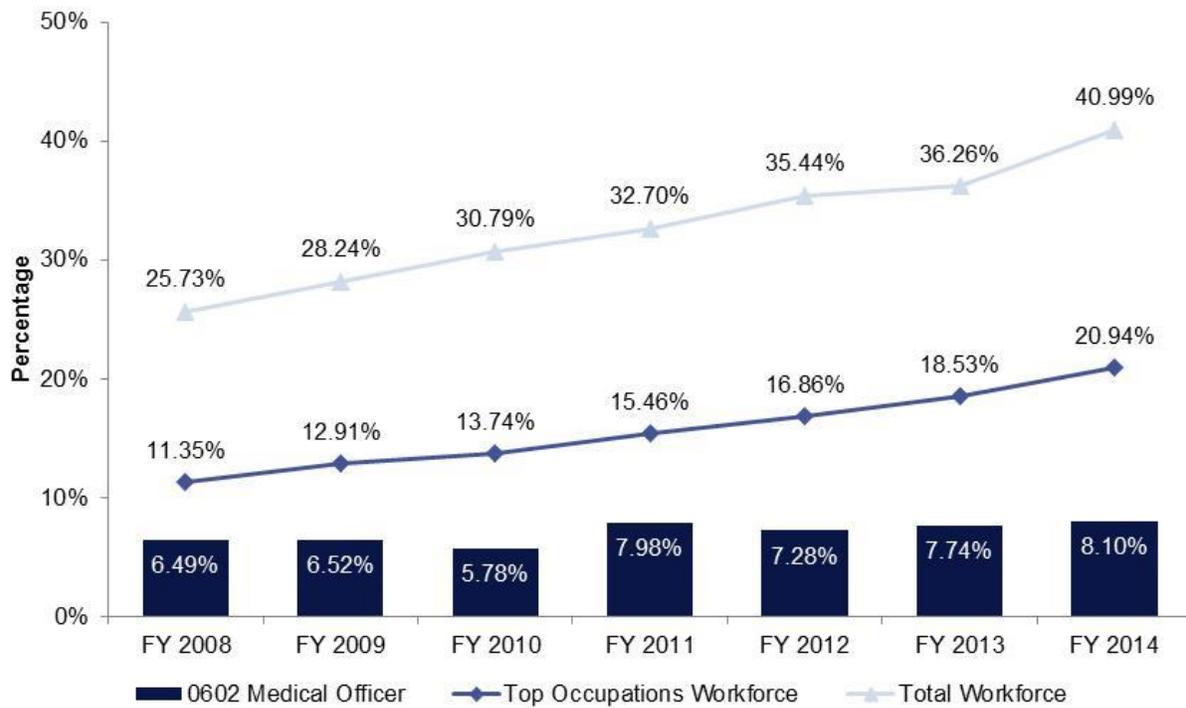


Figure C15: Medical Officer Veteran Representation Among New Hires

*0610 Nurse (Registered Nurse)*Workforce Trend Data**Table C16: Nurse Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	50,309	52,428	53,875	55,297	57,742	60,475
Onboard percent change at end of FY	7.08%	4.21%	2.76%	2.64%	4.42%	4.73%
Average Onboard	49,084.17	51,272.92	53,461.42	54,429.58	56,430.25	59,135.83
FTE at end of FY	49,051.66	51,182.26	52,651.09	54,096.34	56,577.50	59,288.89
Voluntary Retirements	894	1,198	1,423	1,653	1,811	1,834
Disability retirements	79	87	97	111	69	85
Special (early out) retirements	2	1	2	4	2	4
Resignations	1451	1637	1846	1962	2168	2212
Transfers (352G)	46	52	49	51	48	53
Terminations, Removals, & Separations	259	244	203	218	236	215
Deaths	46	65	48	65	62	60
Total losses	2,777	3,284	3,668	4,064	4,396	4,463
Total gains (computed)	6,103	5,403	5,115	5,486	6,841	7,196
Voluntary Retirement Rate	1.82%	2.34%	2.66%	3.04%	3.21%	3.10%
Regrettable Loss Rate	3.05%	3.29%	3.54%	3.70%	3.93%	3.83%
Total Loss Rate	5.66%	6.40%	6.86%	7.47%	7.79%	7.55%

Age Trends of the Nurse Workforce

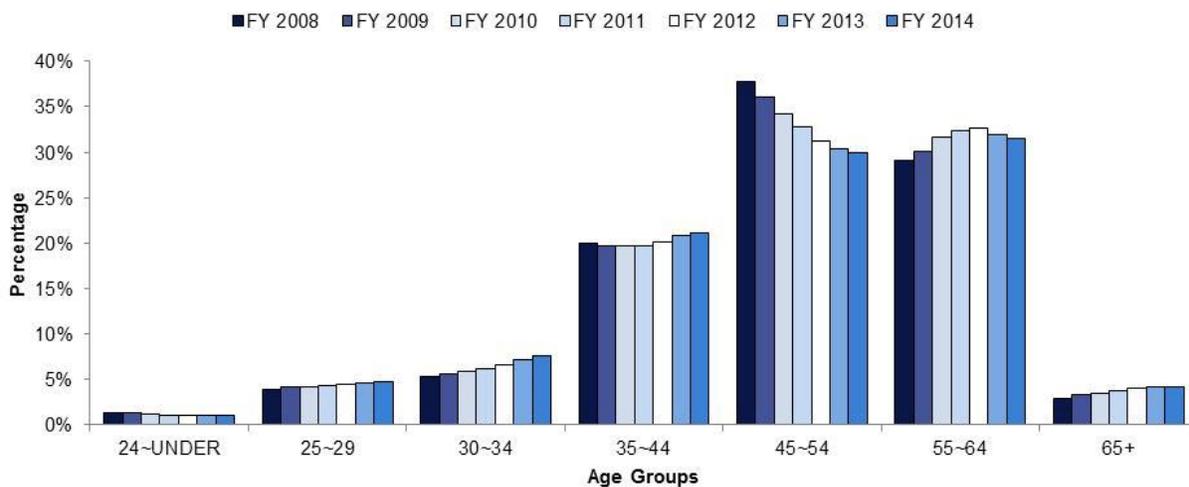


Figure C16: Age Trends of the Nurse Workforce

Projected Workforce Data

Table C17: Nurse - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	60,475	63,600	66,870	70,125	73,350	76,725	80,255	83,945
% Change from Previous Year	4.73%	5.17%	5.14%	4.87%	4.60%	4.60%	4.60%	4.60%
Eligible for Retirement		9,949	10,503	11,206	11,741	12,242	12,272	12,154
Voluntary Retirements	1,459	1,709	1,836	2,015	2,154	2,293	2,350	2,362
Regrettable Losses	1,579	2,198	2,312	2,427	2,542	2,659	2,781	2,909
Other Losses	244	384	403	423	444	464	485	508
Total Losses	3,282	4,291	4,551	4,866	5,140	5,416	5,617	5,779
Gains Needed		7,416	7,821	8,121	8,365	8,791	9,147	9,469

Quits by Year of Employment

Table C18: Nurse Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	14.91%	5.66%	2.44%	2.07%	1.95%
FY 2008	11.00%	5.69%	3.77%	3.40%	2.48%
FY 2009	9.74%	7.25%	4.33%	4.19%	2.33%
FY 2010	11.00%	8.25%	4.45%	3.78%	
FY 2011	11.05%	8.06%	4.15%		
FY 2012	12.15%	7.43%			
FY 2013	11.08%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Nurse VA Entrance Survey

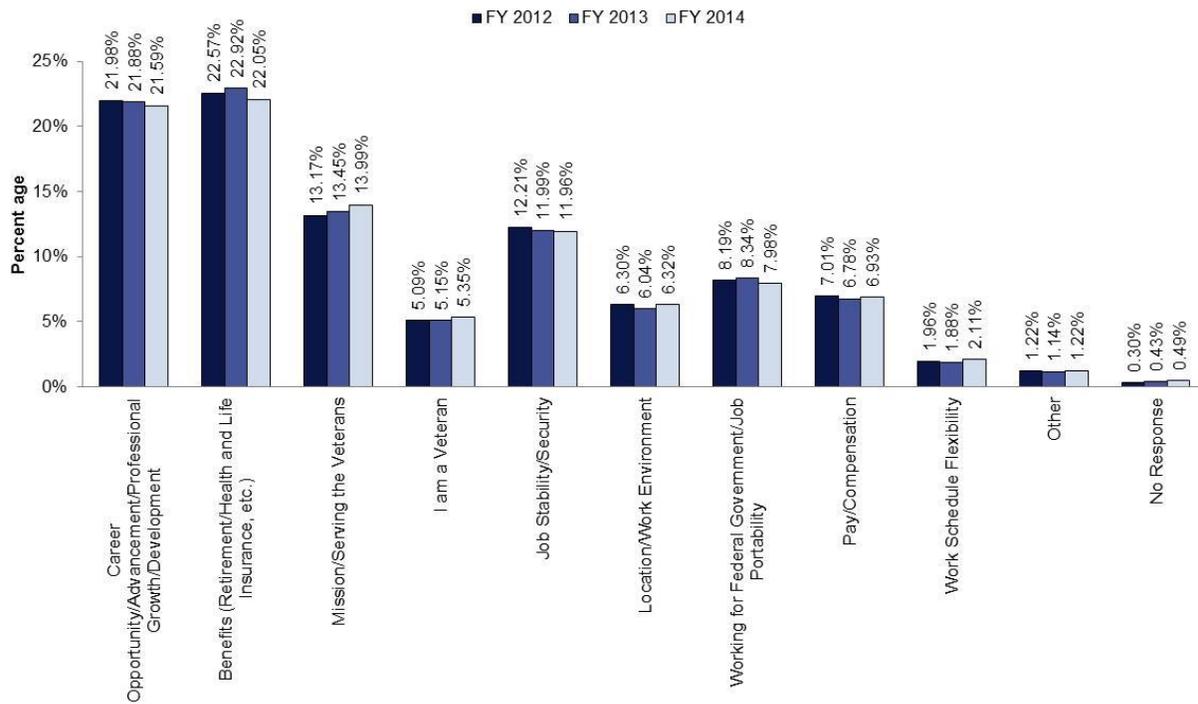


Figure C17: Nurse Workforce Reasons for Choosing

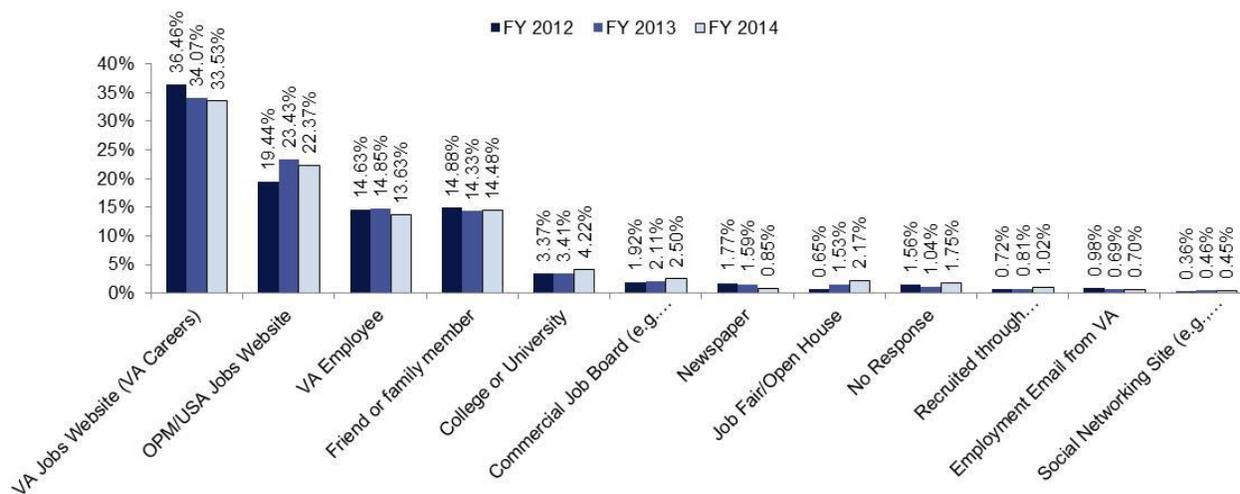


Figure C18: Nurse Workforce Top Resources for Hearing about VA Jobs

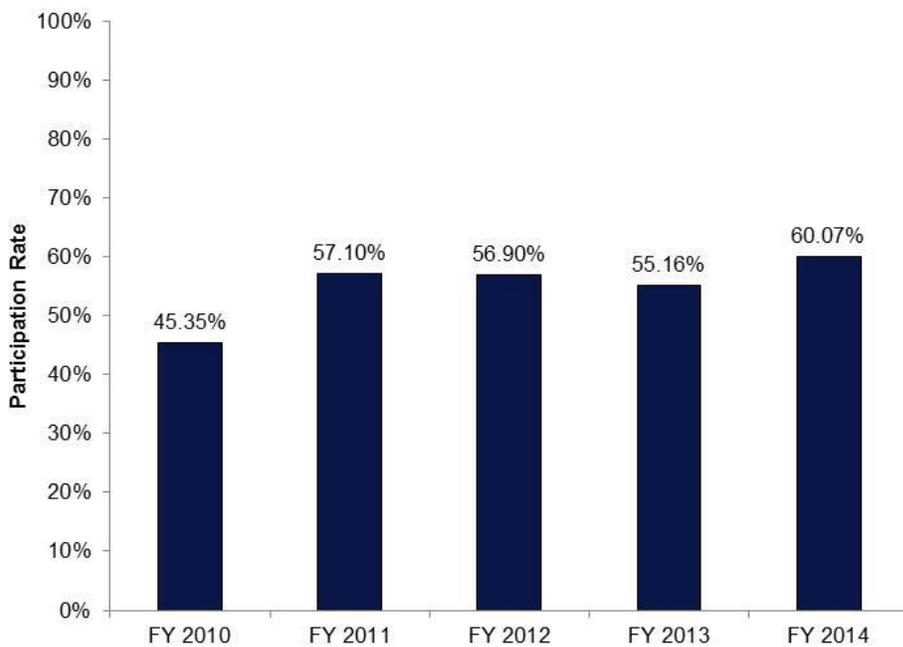


Figure C19: Nurse Workforce Participation Rates

Nurse VA Exit Survey

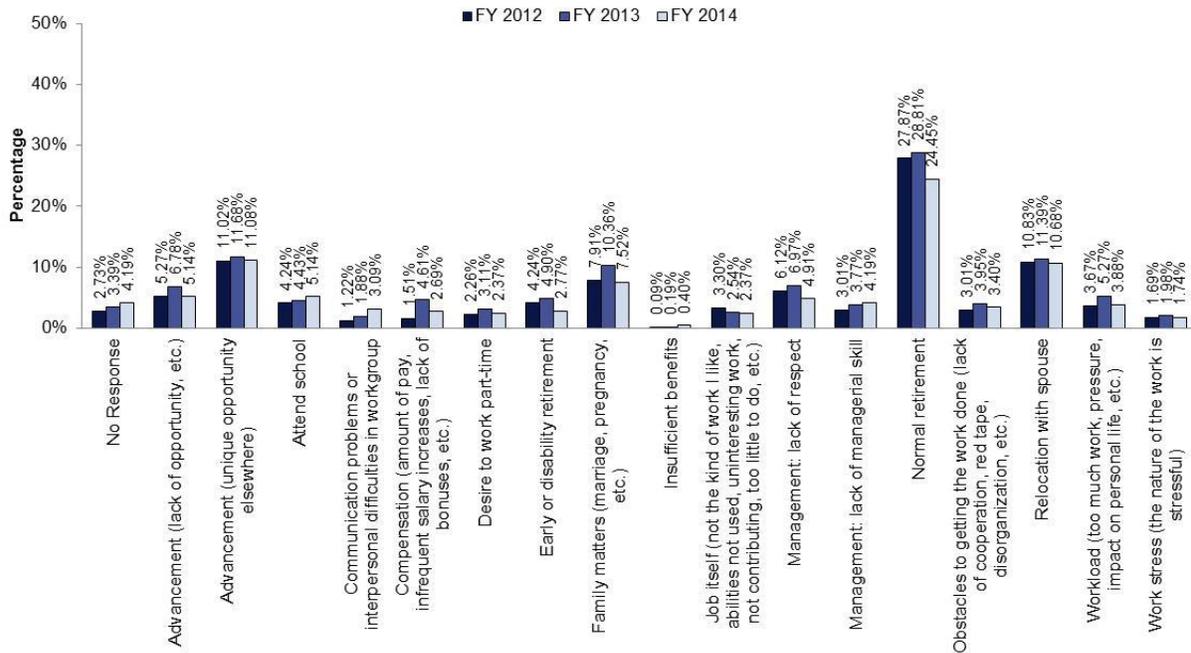


Figure C20: Nurse Workforce Reasons for Leaving

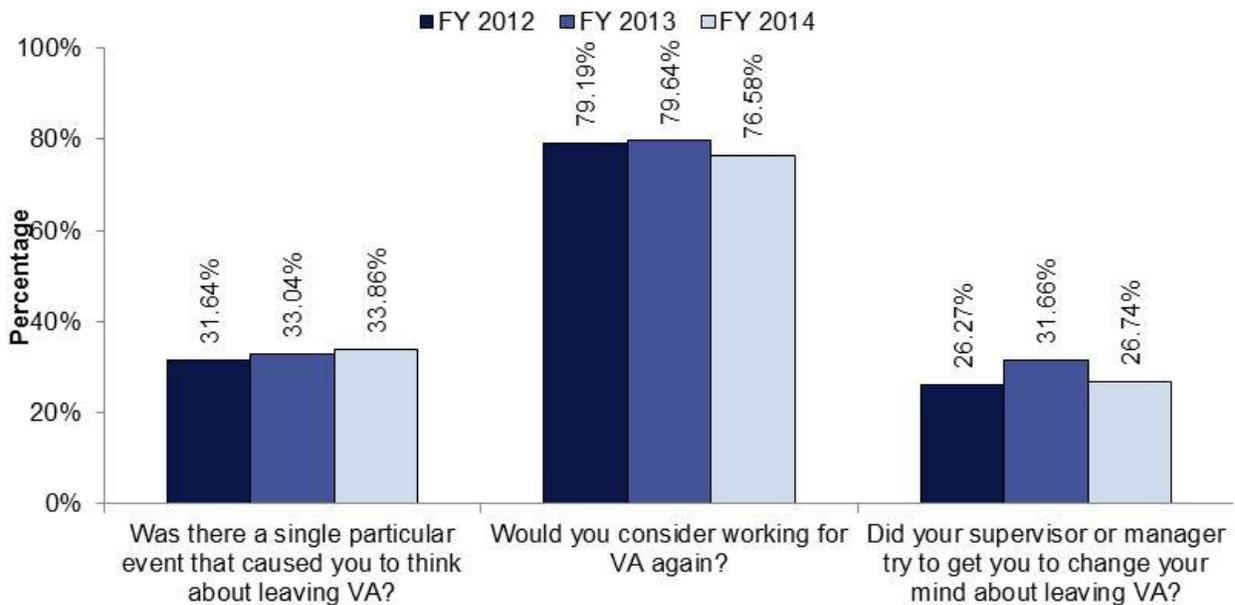


Figure C21: Nurse Workforce Percentage of Employees that Answered "Yes"

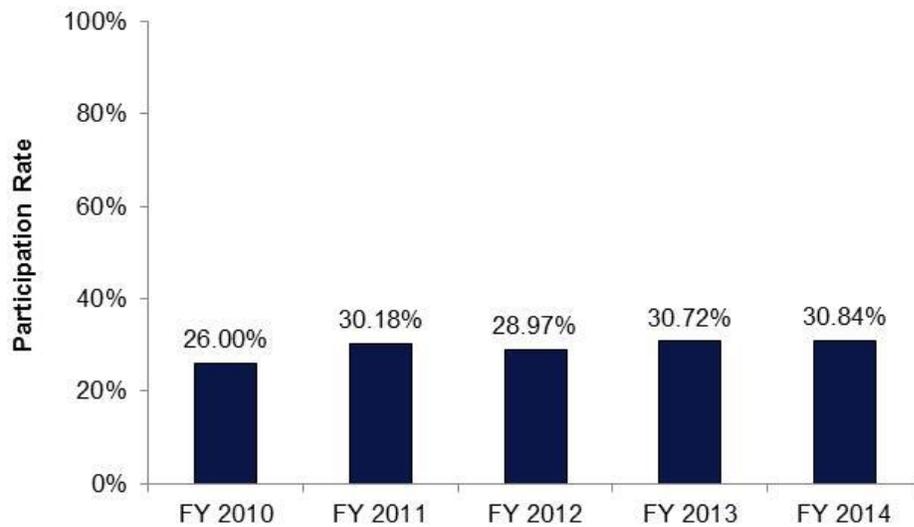


Figure C22: Nurse Workforce Participation Rates

Diversity and Inclusion

Table C19: Nurse - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	11.0%	11.1%	11.2%	11.5%	11.7%	11.9%	6.3%	5.6%	1.90
WF	55.2%	55.1%	54.5%	53.8%	52.8%	52.1%	69.8%	-17.7%	0.75
BM	1.5%	1.6%	1.6%	1.7%	1.8%	1.9%	0.9%	1.0%	2.13
BF	14.3%	14.3%	14.5%	14.7%	15.2%	15.3%	9.0%	6.3%	1.70
HM	1.3%	1.4%	1.4%	1.4%	1.4%	1.5%	0.6%	0.8%	2.28
HF	4.5%	4.5%	4.4%	4.4%	4.3%	4.3%	4.0%	0.3%	1.08
AM	1.4%	1.4%	1.5%	1.6%	1.8%	2.0%	1.1%	0.9%	1.79
AF	9.1%	9.0%	8.9%	9.0%	9.2%	9.3%	7.1%	2.2%	1.31
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.46
NHPIF	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%	2.86
AIM	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.1%	0.2%	4.02
AIF	0.9%	0.8%	0.8%	0.9%	1.1%	1.1%	0.6%	0.5%	1.78
OM	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.50
OF	0.3%	0.4%	0.4%	0.4%	0.1%	0.2%	0.4%	-0.2%	0.41

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C20: Nurse - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.98%	5.20%	5.64%	6.22%	6.34%	6.58%
Targeted Disability	0.50%	0.55%	0.58%	0.60%	0.57%	0.55%

Veteran	13.81%	13.72%	16.18%	15.53%	15.34%	15.24%
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Veteran New Hire

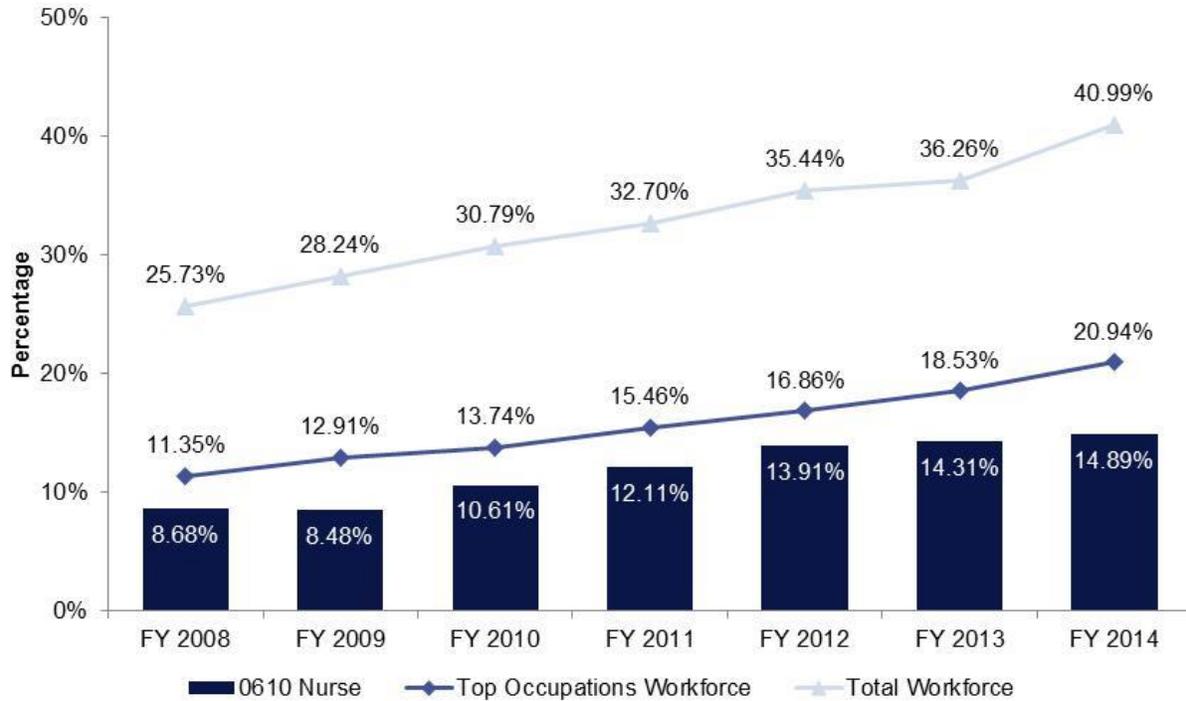


Figure C23: Nurse Veteran Representation Among New Hires

Nurse Supervisor Retirement Eligibility

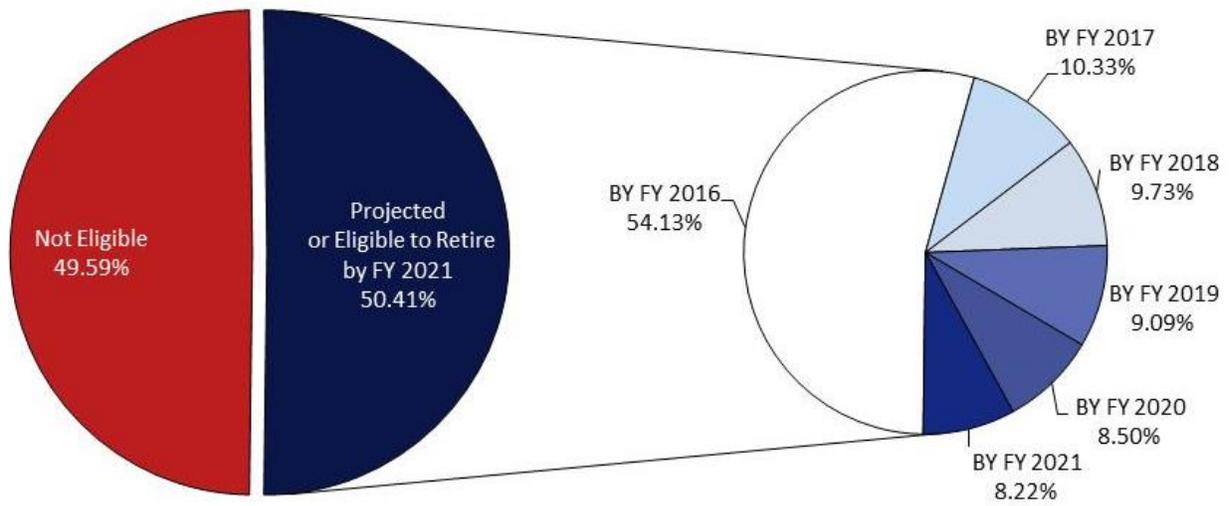


Figure C24: FY 2014 Nurse Supervisor Employees Projected or Eligible to Retire by FY 2021

*0201 Human Resources Management*Workforce Trend Data**Table C21: Human Resources Management Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	2,156	2,420	2,530	2,709	2,878	3,041
Onboard percent change at end of FY	21.67%	12.24%	4.55%	7.08%	6.24%	5.66%
Average Onboard	1,998.92	2,262.50	2,459.83	2,626.67	2,794.58	2,972.42
FTE at end of FY	2,148.74	2,412.15	2,521.59	2,697.18	2,870.29	3,034.69
Voluntary Retirements	41	56	85	70	77	79
Disability retirements	1	1	6	5	3	7
Special (early out) retirements	0	0	0	0	0	0
Resignations	27	25	38	44	44	56
Transfers (352G)	73	80	95	66	71	109
Terminations, Removals, & Separations	7	11	9	7	16	7
Deaths	3	2	2	1	2	3
Total losses	152	175	235	193	213	261
Total gains (computed)	536	439	345	372	382	424
Voluntary Retirement Rate	2.05%	2.48%	3.46%	2.66%	2.76%	2.66%
Regrettable Loss Rate	5.00%	4.64%	5.41%	4.19%	4.12%	5.55%
Total Loss Rate	7.60%	7.73%	9.55%	7.35%	7.62%	8.78%

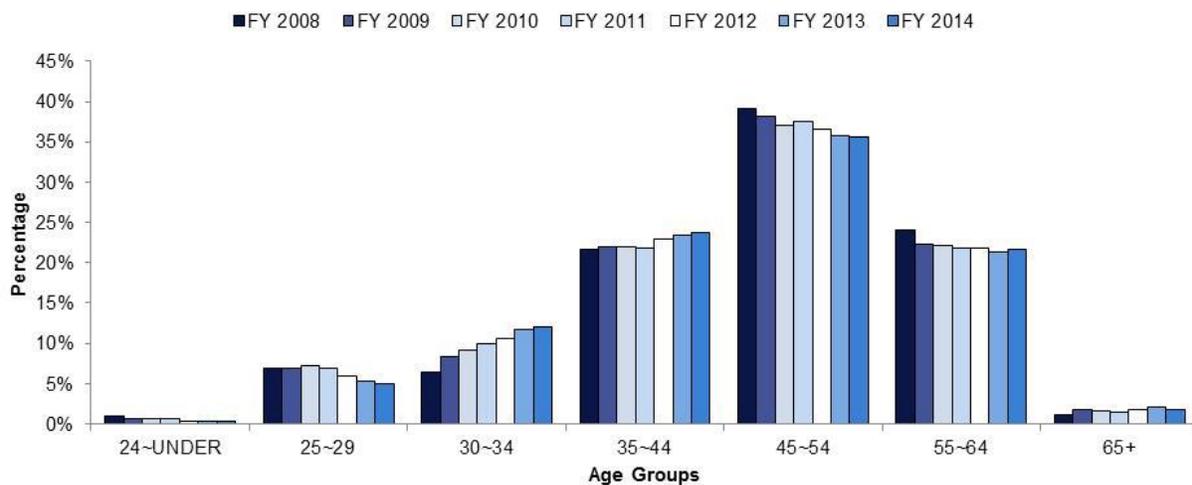
Age Trends of the Human Resources Management Workforce

Figure C25: Age Trends of the Human Resources Management Workforce

Projected Workforce Data**Table C22: Human Resources Management - Projected Workforce Data**

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	3,041	3,220	3,405	3,602	3,810	4,030	4,265	4,510
% Change from Previous Year	5.66%	5.89%	5.75%	5.79%	5.77%	5.77%	5.83%	5.74%
Eligible for Retirement		450	464	486	510	519	544	537
Voluntary Retirements	80	72	75	81	89	93	103	101
Regrettable Losses	171	147	155	164	174	184	194	206
Other Losses	18	19	20	22	23	24	26	27
Total Losses	269	238	251	267	286	301	323	334
Gains Needed		417	436	464	494	521	558	579

Quits by Year of Employment

Table C23: Human Resources Management Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	16.17%	10.78%	8.98%	10.18%	5.99%
FY 2008	13.74%	10.43%	7.58%	5.21%	7.11%
FY 2009	11.01%	12.39%	4.59%	4.13%	4.13%
FY 2010	7.89%	10.00%	7.89%	7.37%	
FY 2011	8.28%	11.83%	4.14%		
FY 2012	13.10%	15.17%			
FY 2013	10.82%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Human Resources Management VA Entrance Survey

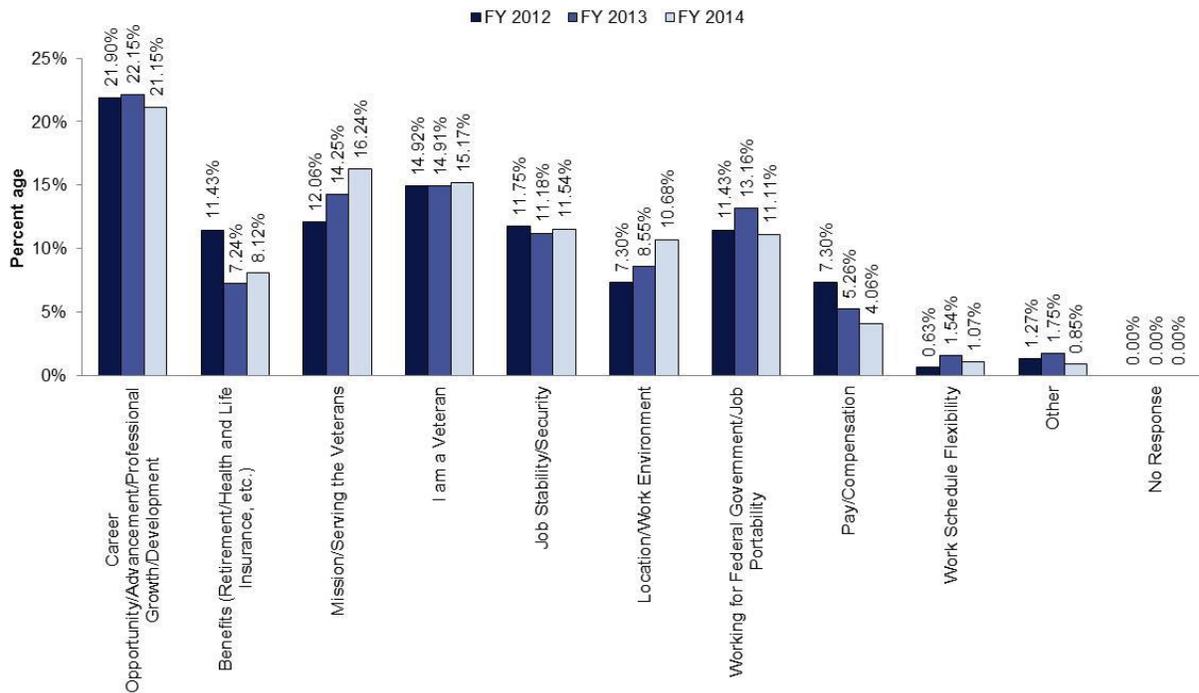


Figure C26: Human Resources Management Workforce Reasons for Choosing

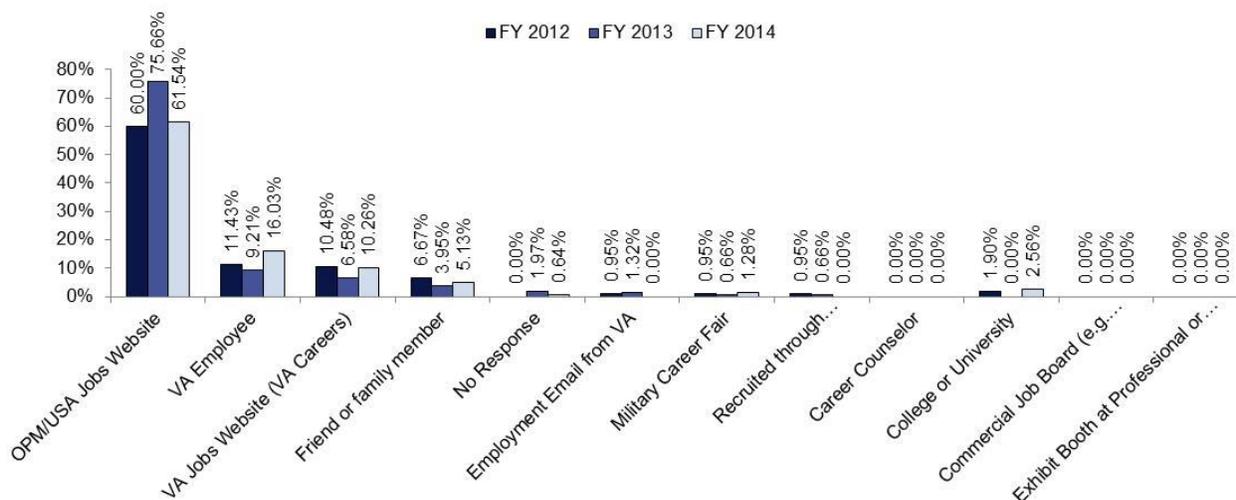


Figure C27: Human Resources Management Workforce Top Resources for Hearing about VA Jobs

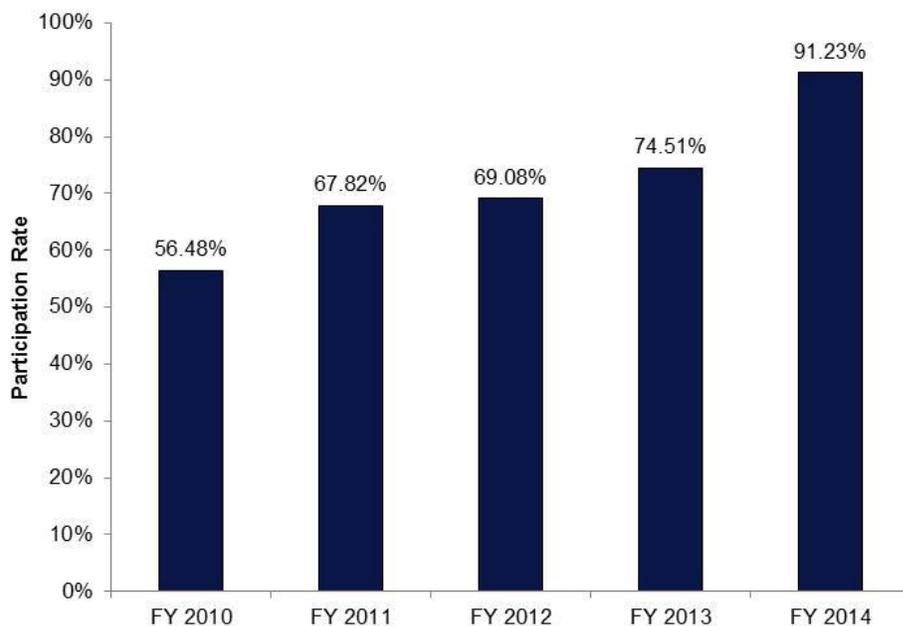


Figure C28: Human Resources Management Workforce Participation Rates

Human Resources Management VA Exit Survey

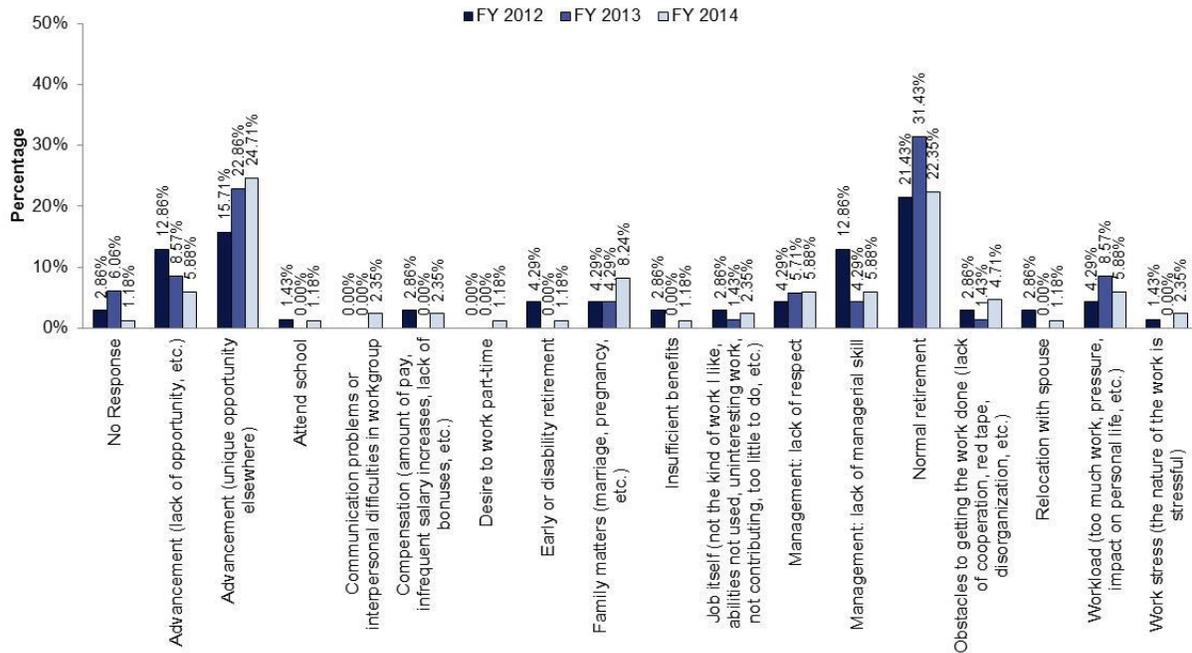


Figure C29: Human Resources Management Workforce Reasons for Leaving

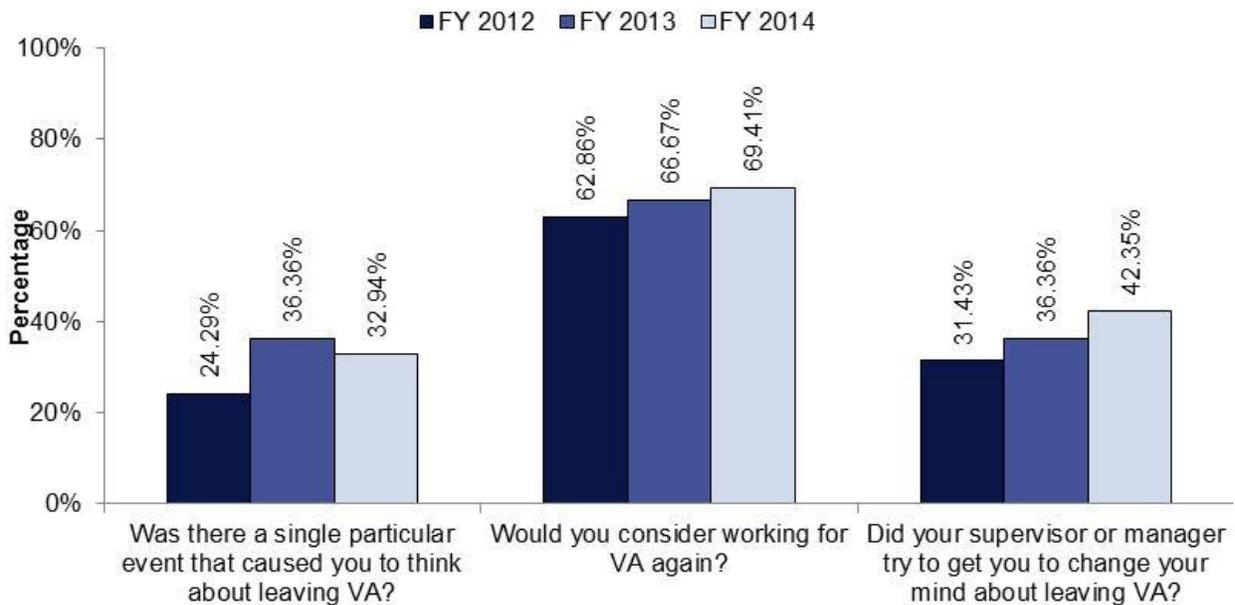


Figure C30: Human Resources Management Workforce Percentage of Employees that Answered "Yes"

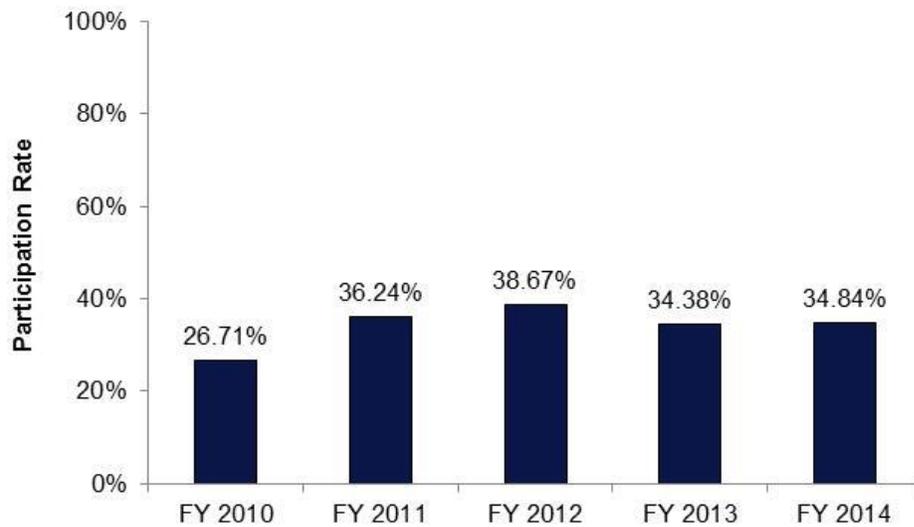


Figure C31: Human Resources Management Workforce Participation Rate

Diversity and Inclusion

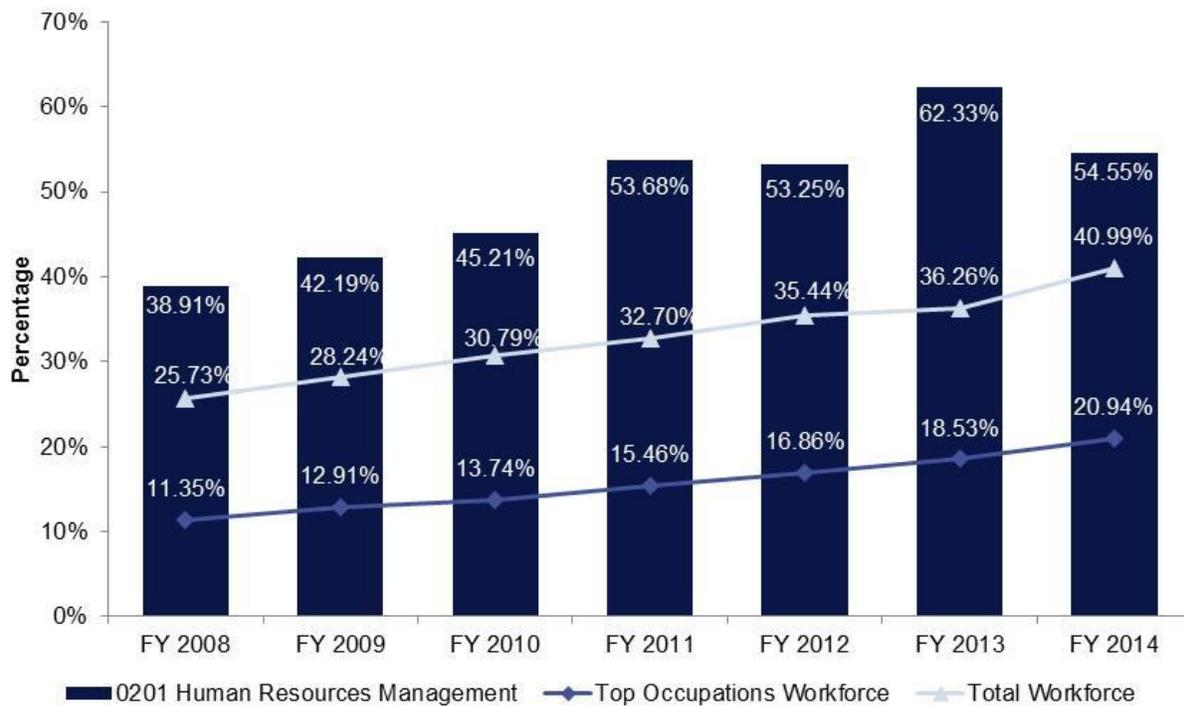
Table C24: Human Resources Management - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	18.2%	19.5%	20.2%	20.3%	21.0%	21.0%	29.6%	-8.7%	0.71
WF	43.0%	42.1%	41.5%	40.1%	38.4%	37.5%	42.6%	-5.1%	0.88
BM	6.5%	6.4%	6.4%	6.8%	7.3%	7.8%	3.4%	4.4%	2.32
BF	19.1%	18.2%	18.2%	18.8%	19.5%	19.6%	6.9%	12.7%	2.83
HM	2.6%	2.4%	2.5%	2.8%	3.0%	2.9%	4.8%	-1.9%	0.61
HF	5.5%	5.7%	5.6%	6.1%	5.9%	6.0%	6.4%	-0.4%	0.93
AM	0.7%	0.6%	0.5%	0.5%	0.6%	0.7%	2.3%	-1.6%	0.30
AF	1.8%	2.1%	2.0%	1.8%	1.9%	2.2%	2.7%	-0.5%	0.80
NHPIM	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	1.64
NHPIF	0.1%	0.2%	0.3%	0.3%	0.3%	0.3%	0.1%	0.2%	3.65
AIM	0.5%	0.4%	0.4%	0.2%	0.3%	0.4%	0.3%	0.1%	1.39
AIF	0.9%	1.0%	0.9%	1.0%	1.0%	1.0%	0.5%	0.6%	2.27
OM	0.3%	0.3%	0.4%	0.3%	0.2%	0.3%	0.2%	0.1%	1.25
OF	0.9%	0.8%	1.1%	1.0%	0.4%	0.5%	0.3%	0.2%	1.59

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Table C25: Human Resources Management - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	10.53%	11.74%	13.64%	16.24%	16.23%	16.34%
Targeted Disability	1.16%	1.28%	1.70%	2.14%	2.68%	2.86%
Veteran	33.40%	34.96%	38.18%	39.90%	41.97%	43.57%

Veteran New Hire**Figure C32: Human Resources Management Veteran Representation Among New Hires**

Human Resources Management Supervisor Retirement Eligibility

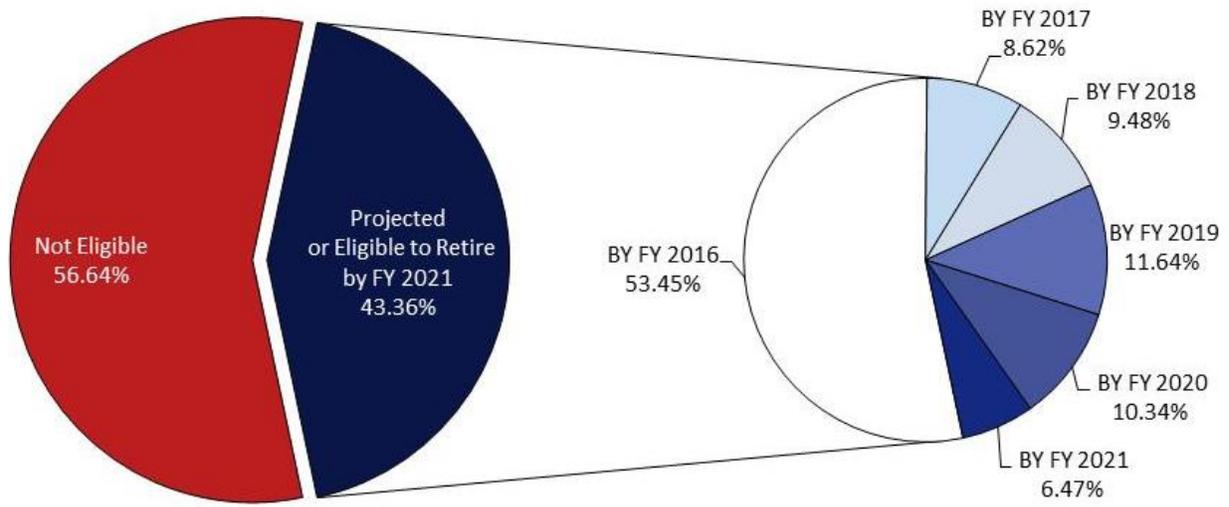


Figure C33: FY 2014 Human Resources Management Supervisor Employees Projected or Eligible to Retire by FY 2021

*0633 Physical Therapist*Workforce Trend Data**Table C26: Physical Therapist Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	1,361	1,462	1,514	1,575	1,681	1,810
Onboard percent change at end of FY	9.05%	7.42%	3.56%	4.03%	6.73%	7.67%
Average Onboard	1,307.92	1,407.83	1,509.50	1,550.67	1,633.08	1,756.00
FTE at end of FY	1,296.80	1,395.53	1,451.54	1,515.26	1,621.07	1,748.50
Voluntary Retirements	12	7	26	17	21	28
Disability retirements	1	2	3	1	1	0
Special (early out) retirements	0	0	0	0	0	0
Resignations	49	50	56	41	57	50
Transfers (352G)	2	1	3	2	1	0
Terminations, Removals, & Separations	10	18	35	37	39	61
Deaths	1	1	2	0	0	0
Total losses	75	79	125	98	119	139
Total gains (computed)	188	180	177	159	225	268
Voluntary Retirement Rate	0.92%	0.50%	1.72%	1.10%	1.29%	1.59%
Regrettable Loss Rate	3.90%	3.62%	3.91%	2.77%	3.55%	2.85%
Total Loss Rate	5.73%	5.61%	8.28%	6.32%	7.29%	7.92%

Age Trends of the Physical Therapist Workforce

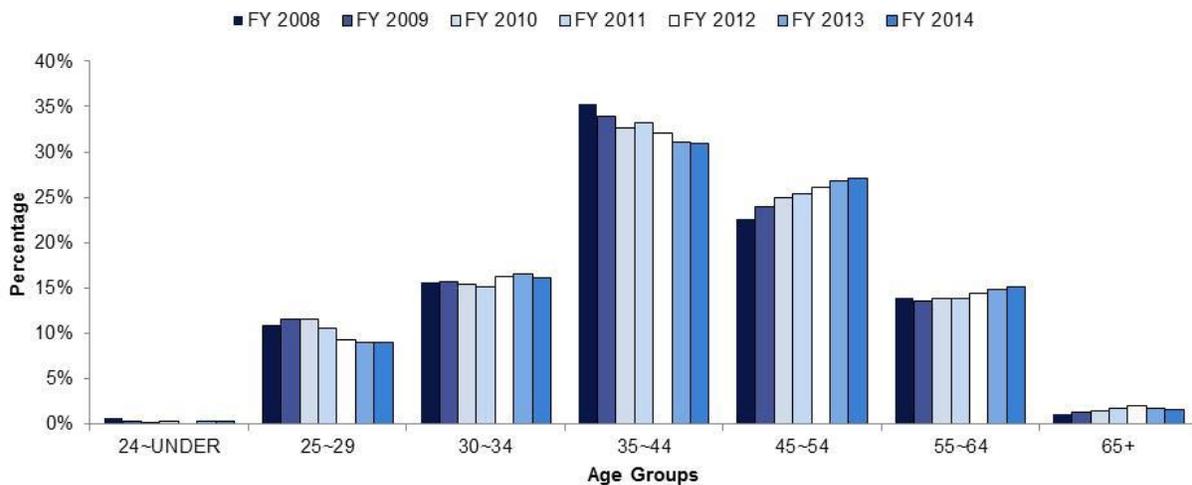


Figure C34: Age Trends of the Physical Therapist Workforce

Projected Workforce Data

Table C27: Physical Therapist - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	1,810	1,940	2,080	2,230	2,390	2,560	2,745	2,945
% Change from Previous Year	7.67%	7.18%	7.22%	7.21%	7.17%	7.11%	7.23%	7.29%
Eligible for Retirement		132	133	145	154	169	180	197
Voluntary Retirements	28	24	24	27	31	34	36	40
Regrettable Losses	53	58	63	67	72	77	83	89
Other Losses	63	53	57	61	65	70	75	80
Total Losses	144	135	143	155	168	181	194	209
Gains Needed		265	283	305	328	351	379	409

Quits by Year of Employment

Table C28: Physical Therapist Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	12.71%	4.97%	3.87%	3.31%	1.10%
FY 2008	5.14%	4.74%	5.14%	2.77%	1.98%
FY 2009	5.05%	5.05%	4.04%	6.06%	2.02%
FY 2010	4.66%	4.66%	2.59%	4.15%	
FY 2011	5.95%	5.41%	1.08%		
FY 2012	3.43%	5.71%			
FY 2013	6.36%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Physical Therapist VA Entrance Survey

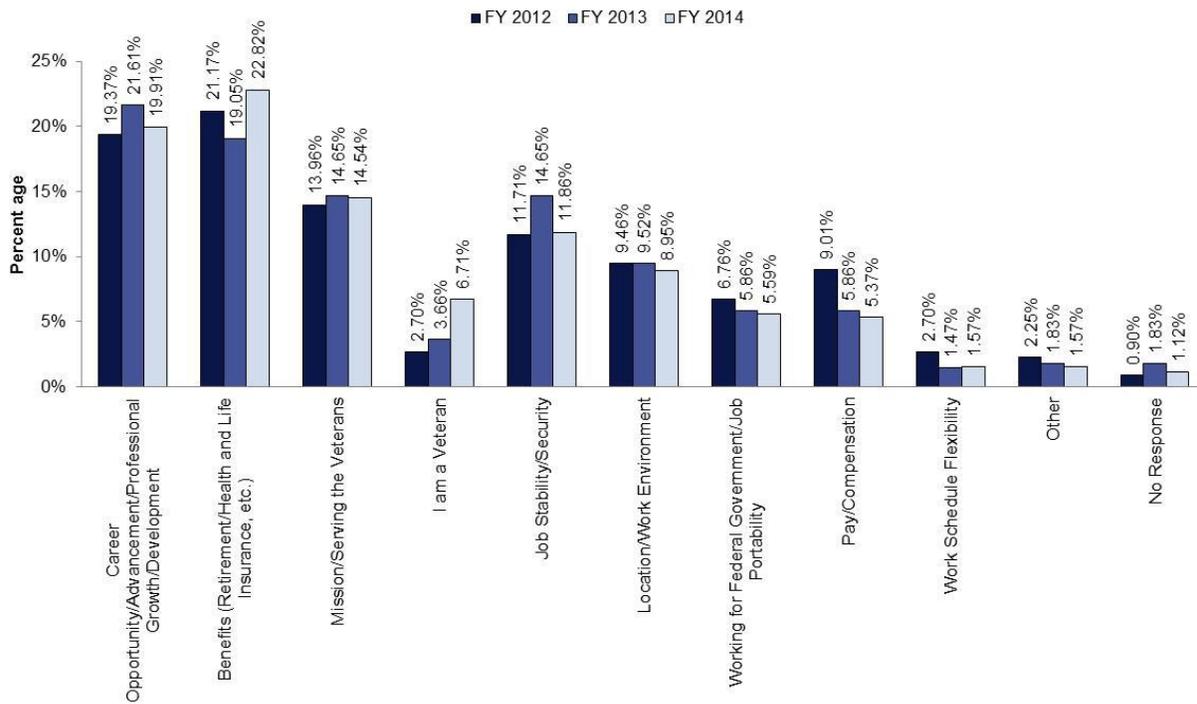


Figure C35: Physical Therapist Workforce Reasons for Choosing

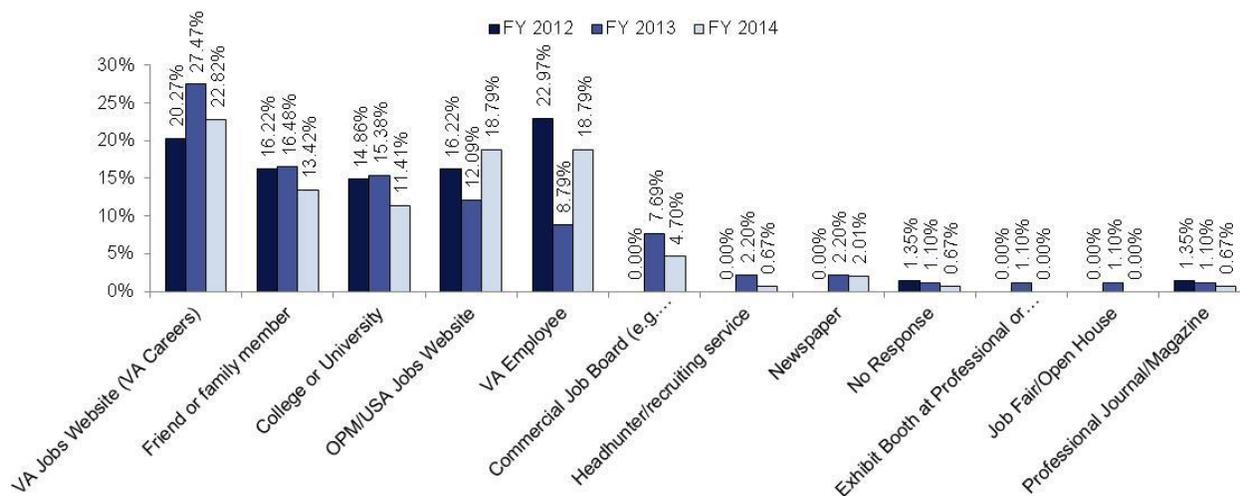


Figure C36: Physical Therapist Workforce Top Resources for hearing about VA Jobs

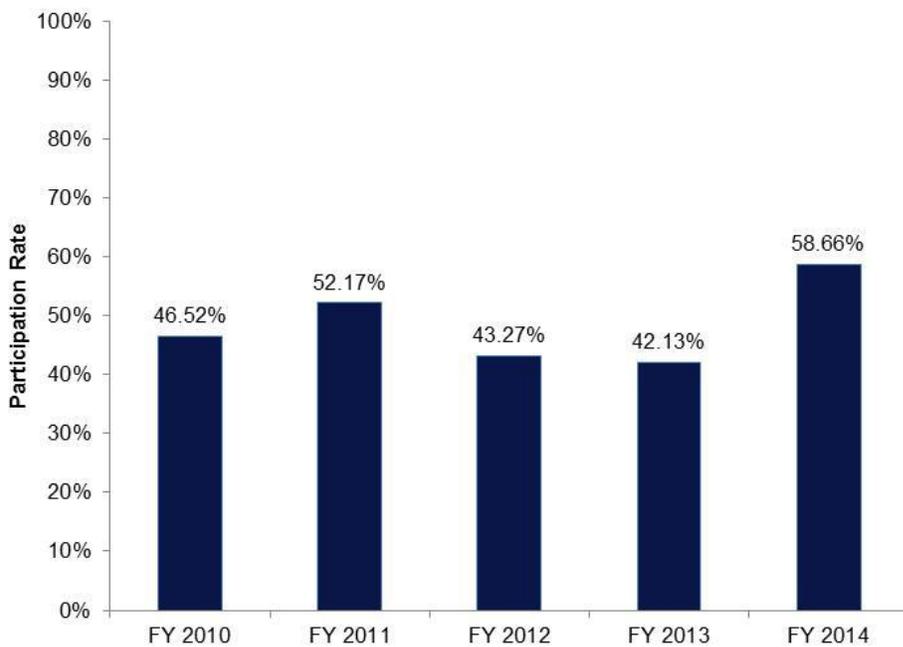


Figure C 37: Physical Therapist Workforce Participation Rates

Physical Therapist VA Exit Survey

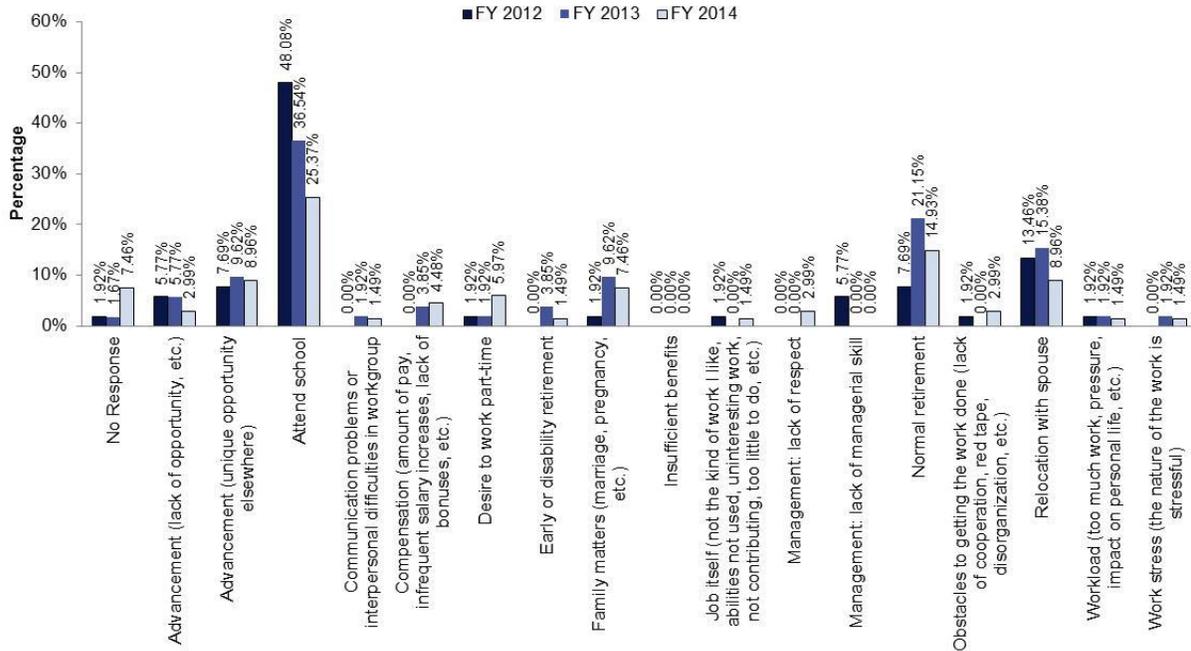


Figure C38: Physical Therapist Reasons for Leaving

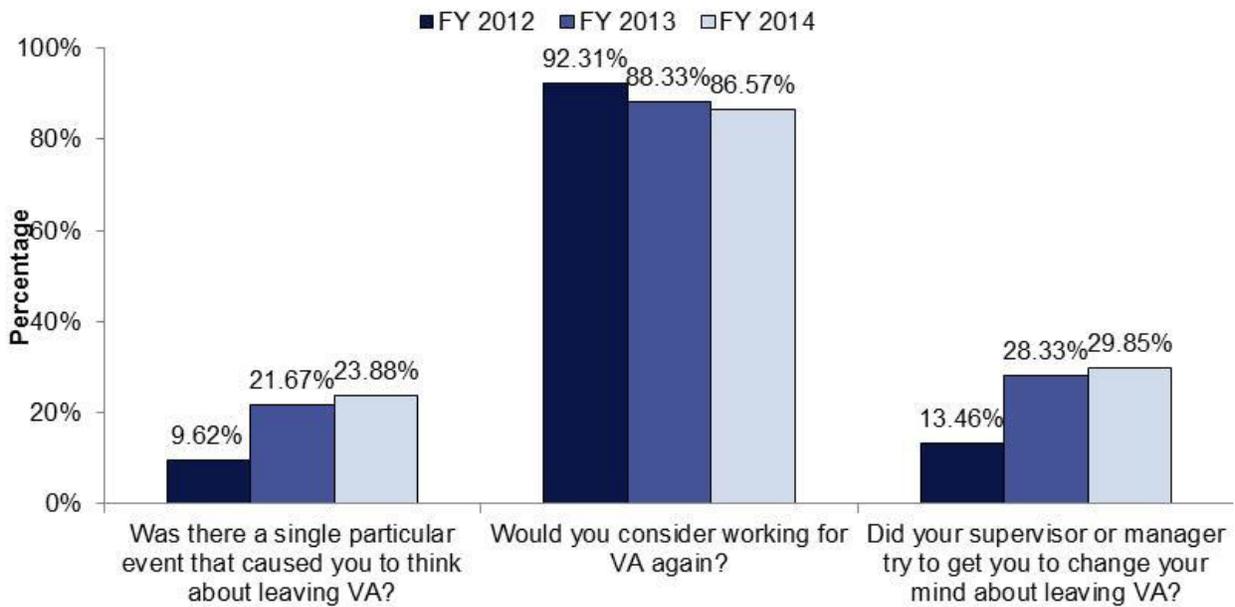


Figure C39: Physical Therapist Workforce Percentage of Employees that Answered "Yes"

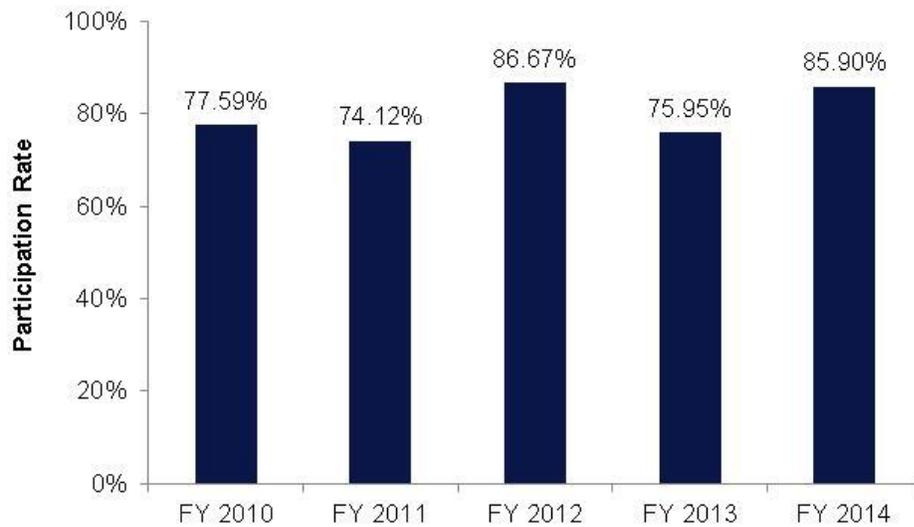


Figure C40: Physical Therapist Workforce Participation Rate

Diversity and Inclusion

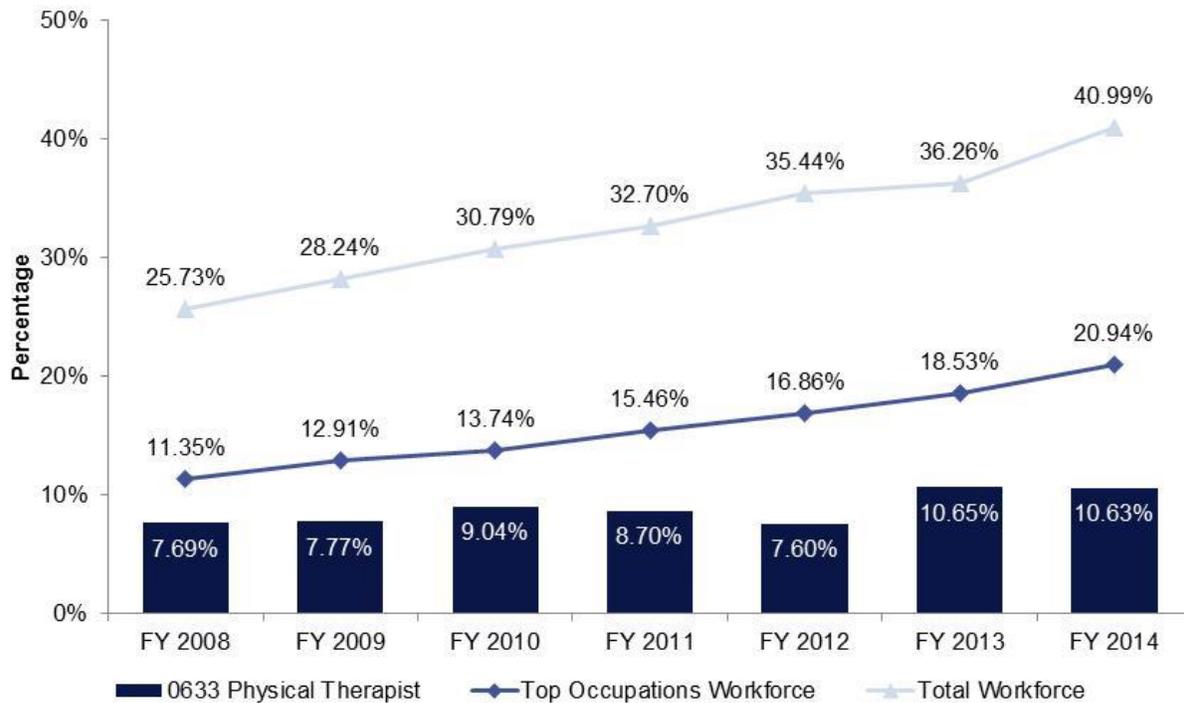
Table C 29: Physical Therapist - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	27.4%	28.7%	29.2%	29.7%	28.8%	29.1%	23.1%	6.1%	1.26
WF	47.2%	45.8%	45.6%	45.2%	46.0%	46.0%	57.8%	-11.8%	0.80
BM	1.4%	1.4%	1.3%	1.2%	1.3%	1.3%	1.2%	0.0%	1.02
BF	4.0%	3.8%	3.8%	3.9%	4.2%	4.1%	2.7%	1.4%	1.52
HM	2.1%	1.9%	2.0%	2.0%	2.0%	1.8%	1.6%	0.2%	1.15
HF	5.7%	5.8%	5.4%	5.2%	4.8%	4.6%	3.0%	1.7%	1.57
AM	5.1%	5.5%	5.7%	5.6%	5.5%	5.5%	3.7%	1.8%	1.48
AF	5.4%	5.5%	5.4%	5.4%	5.8%	5.6%	6.1%	-0.4%	0.93
NHPIM	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.92
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	5.52
AIM	0.7%	0.4%	0.4%	0.4%	0.7%	0.6%	0.2%	0.5%	4.05
AIF	0.6%	0.5%	0.5%	0.7%	0.8%	0.8%	0.3%	0.5%	2.76
OM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	1.23
OF	0.4%	0.5%	0.6%	0.4%	0.1%	0.1%	0.2%	-0.1%	0.58

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C30: Physical Therapist - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	3.16%	3.63%	4.16%	4.44%	4.46%	4.81%
Targeted Disability	0.81%	0.75%	0.66%	0.70%	0.77%	0.77%
Veteran	11.24%	11.35%	12.35%	12.00%	12.20%	12.38%

Veteran New Hire**Figure C41: Physical Therapist Veteran Representation Among New Hires**

Physical Therapist Supervisor Retirement Eligibility

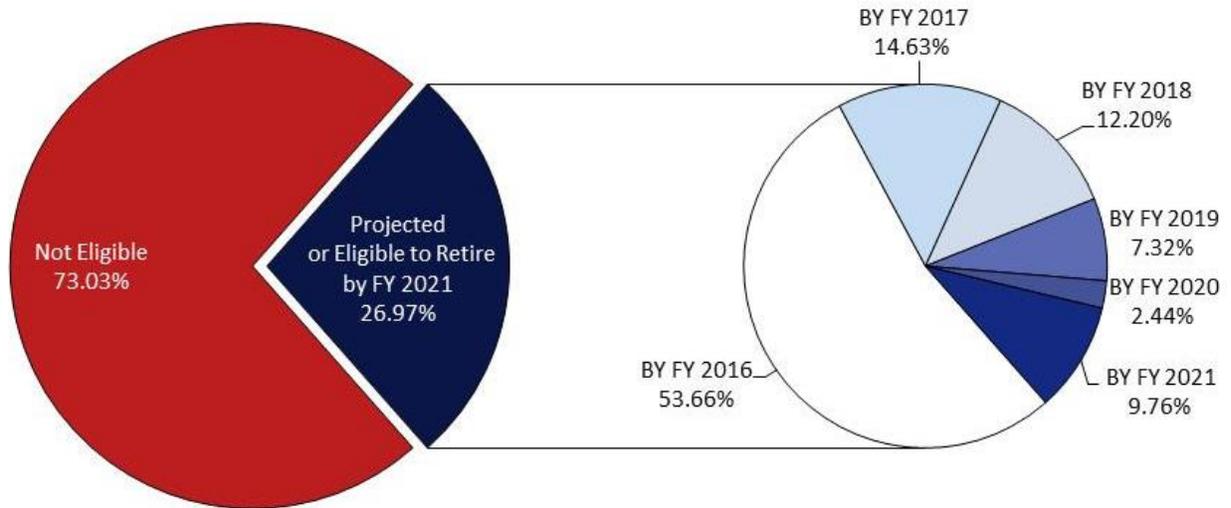


Figure C42: FY 2014 Physical Therapist Supervisor Employees Projected or Eligible to Retire by FY 2021

*0644 Medical Technologist*Workforce Trend Data**Table C31: Medical Technologist Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	4,339	4,387	4,362	4,356	4,405	4,432
Onboard percent change at end of FY	2.09%	1.11%	-0.57%	-0.14%	1.12%	0.61%
Average Onboard	4,294.67	4,364.42	4,393.17	4,350.92	4,355.17	4,413.42
FTE at end of FY	4,218.44	4,269.98	4,247.08	4,251.31	4,310.21	4,336.39
Voluntary Retirements	96	124	154	149	166	174
Disability retirements	5	6	7	8	4	6
Special (early out) retirements	0	0	1	0	0	0
Resignations	88	89	112	143	134	128
Transfers (352G)	10	9	6	14	7	12
Terminations, Removals, & Separations	19	15	21	13	13	19
Deaths	2	7	4	1	7	7
Total losses	220	250	305	328	331	346
Total gains (computed)	309	298	280	322	380	373
Voluntary Retirement Rate	2.24%	2.84%	3.51%	3.42%	3.81%	3.94%
Regrettable Loss Rate	2.28%	2.25%	2.69%	3.61%	3.24%	3.17%
Total Loss Rate	5.12%	5.73%	6.94%	7.54%	7.60%	7.84%

Age Trends of the Medical Technologist Workforce

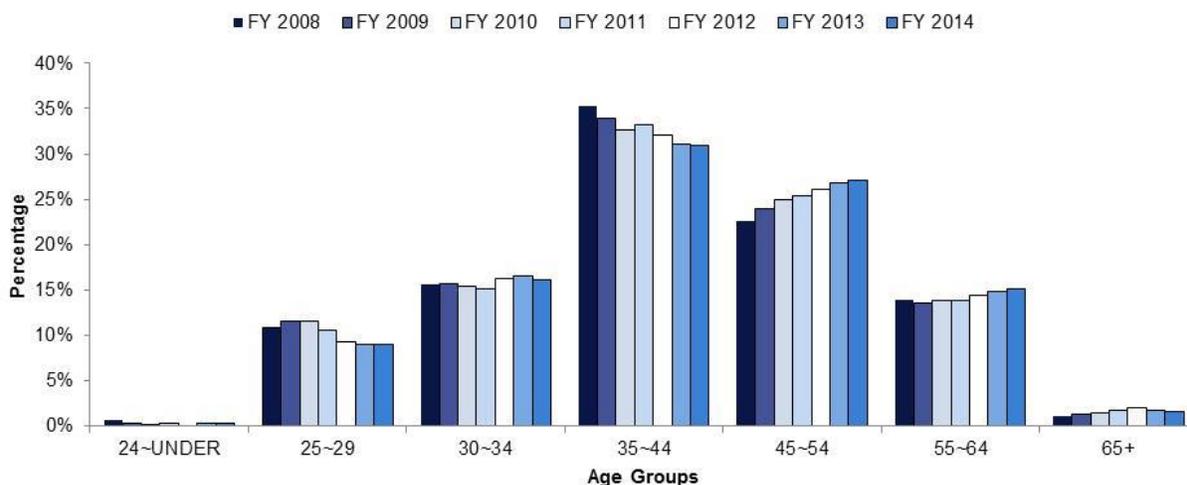


Figure C43: Age Trends for the Medical Technologist Workforce

Projected Workforce Data

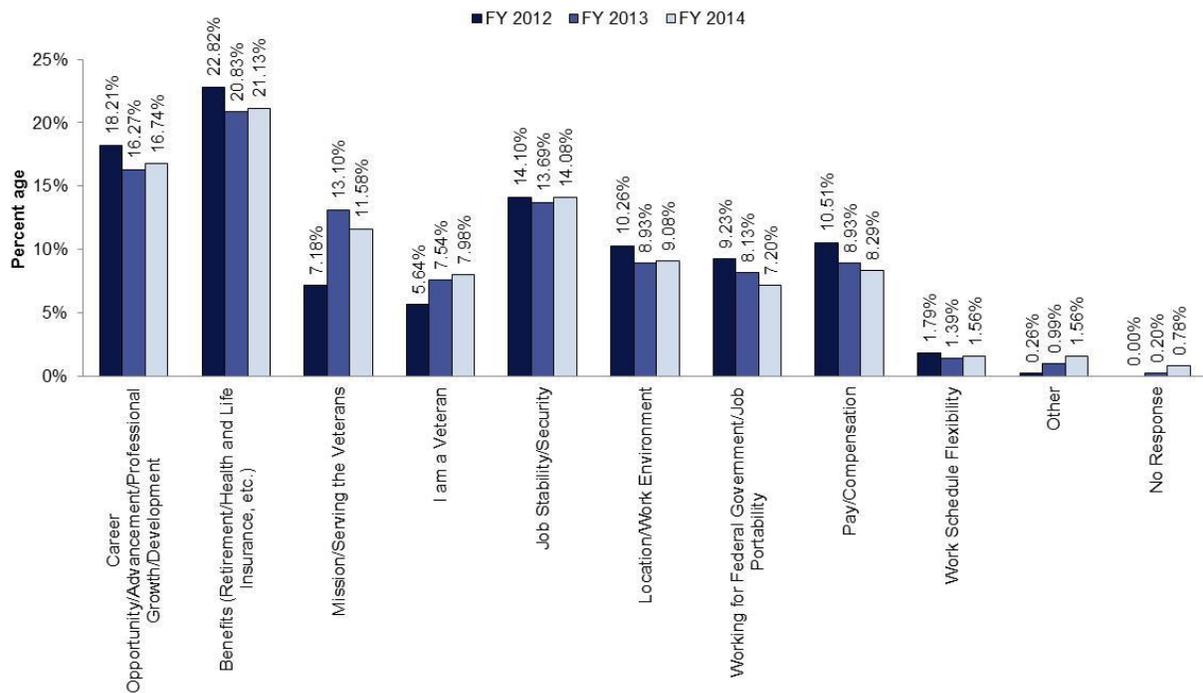
Table C32: Medical Technologist - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	4,432	4,450	4,470	4,490	4,510	4,530	4,550	4,570
% Change from Previous Year	0.61%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
Eligible for Retirement		986	982	991	1,000	1,012	1,006	964
Voluntary Retirements	180	160	163	171	178	189	190	186
Regrettable Losses	146	150	151	152	152	153	154	154
Other Losses	32	26	26	27	27	27	27	27
Total Losses	358	337	340	349	357	369	371	367
Gains Needed		355	360	369	377	389	391	387

Quits by Year of Employment**Table C33: Medical Technologist Quits by Year of Employment**

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	12.60%	5.21%	3.84%	3.01%	2.47%
FY 2008	7.24%	3.39%	5.20%	5.20%	4.07%
FY 2009	10.18%	5.99%	5.09%	5.09%	4.79%
FY 2010	8.78%	5.41%	5.07%	6.42%	
FY 2011	9.47%	8.71%	3.03%		
FY 2012	9.33%	5.00%			
FY 2013	9.72%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey AnalysisMedical Technologist VA Entrance Survey**Figure C44: Medical Technologist Workforce Reasons for Choosing**

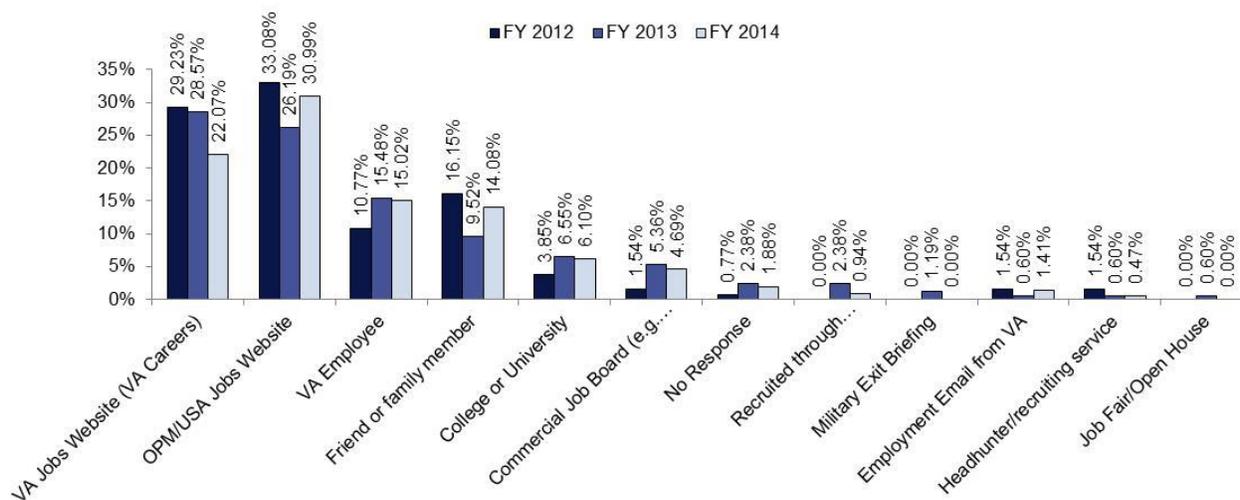


Figure C45: Medical Technologist Workforce Top Resources for Hearing about VA Jobs

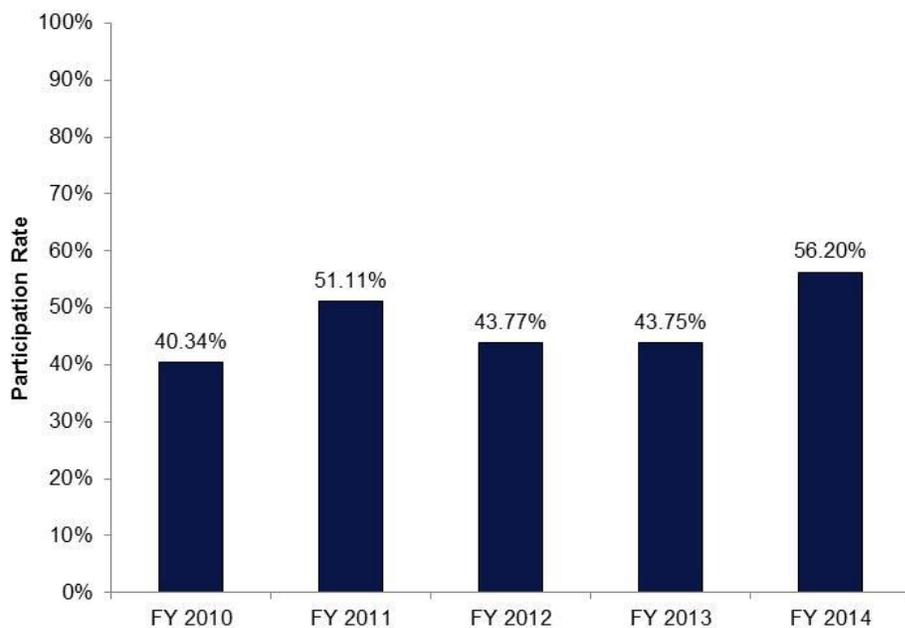


Figure C46: Medical Technologist Workforce Participation Rates

Medical Technologist VA Exit Survey

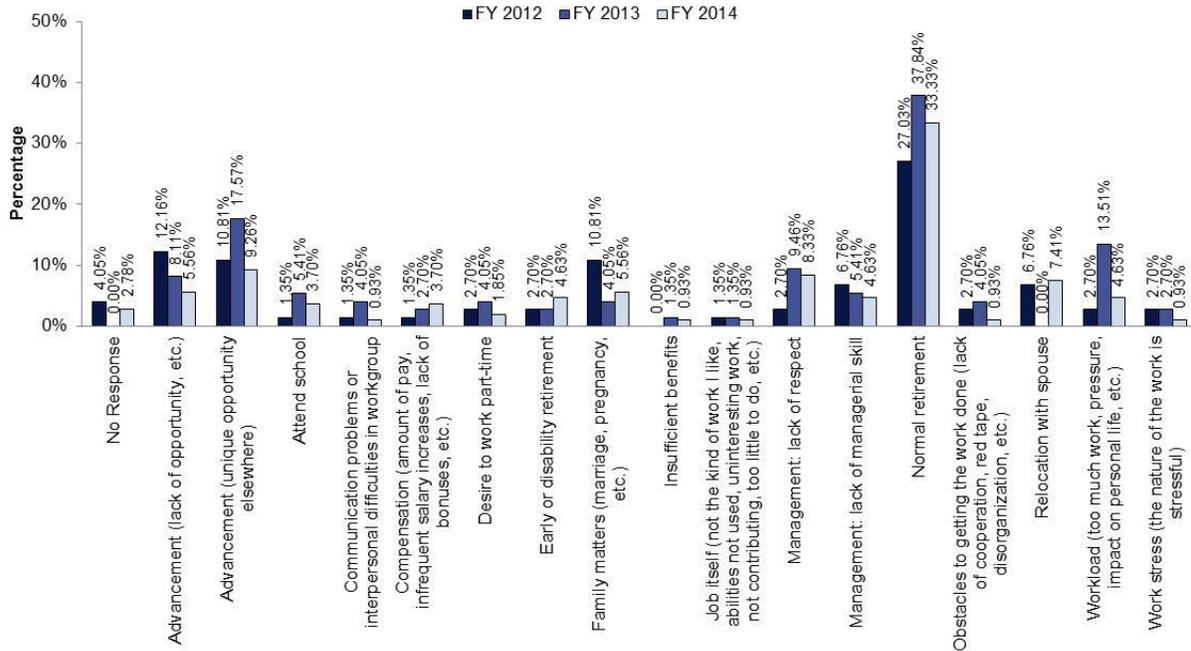


Figure C47: Medical Technologist Workforce Reasons for Leaving

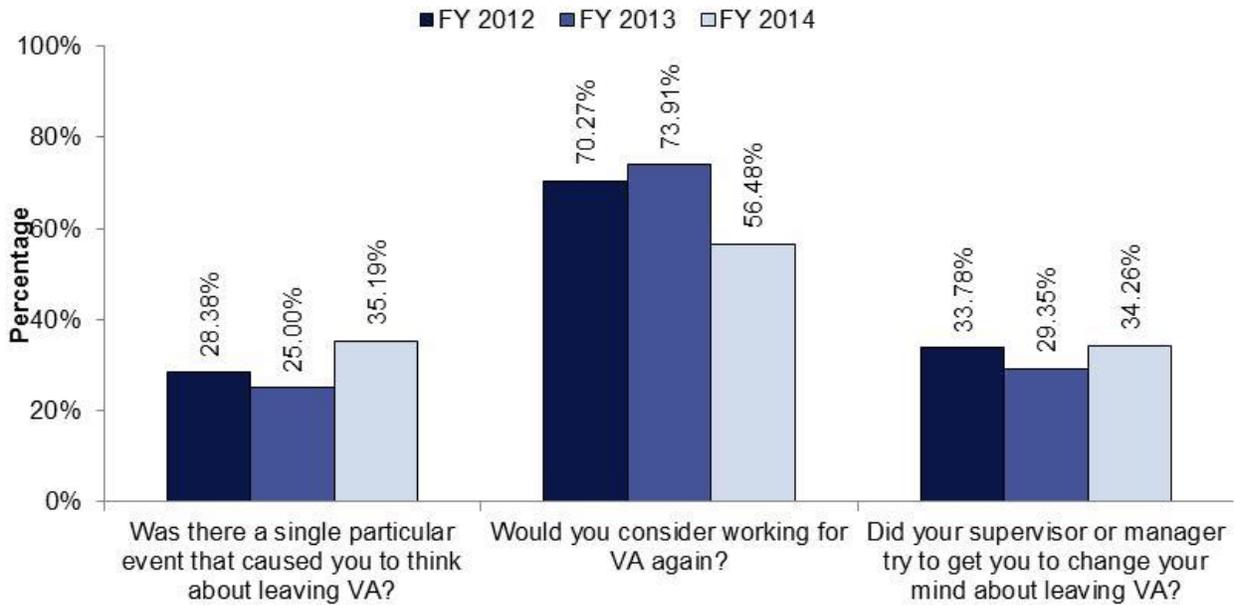


Figure C48: Medical Technologist Workforce Percentage of Employees that Answered "Yes"

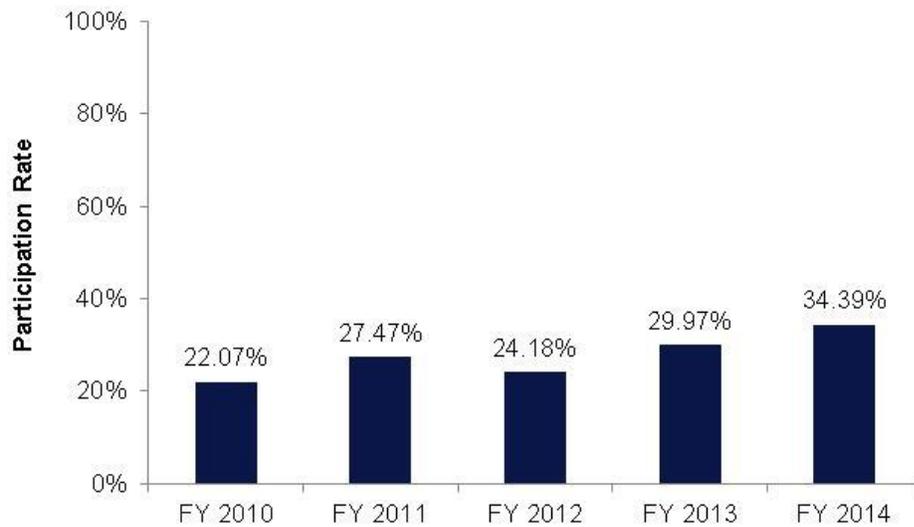


Figure C49: Medical Technologist Workforce Participation Rates

Diversity and Inclusion

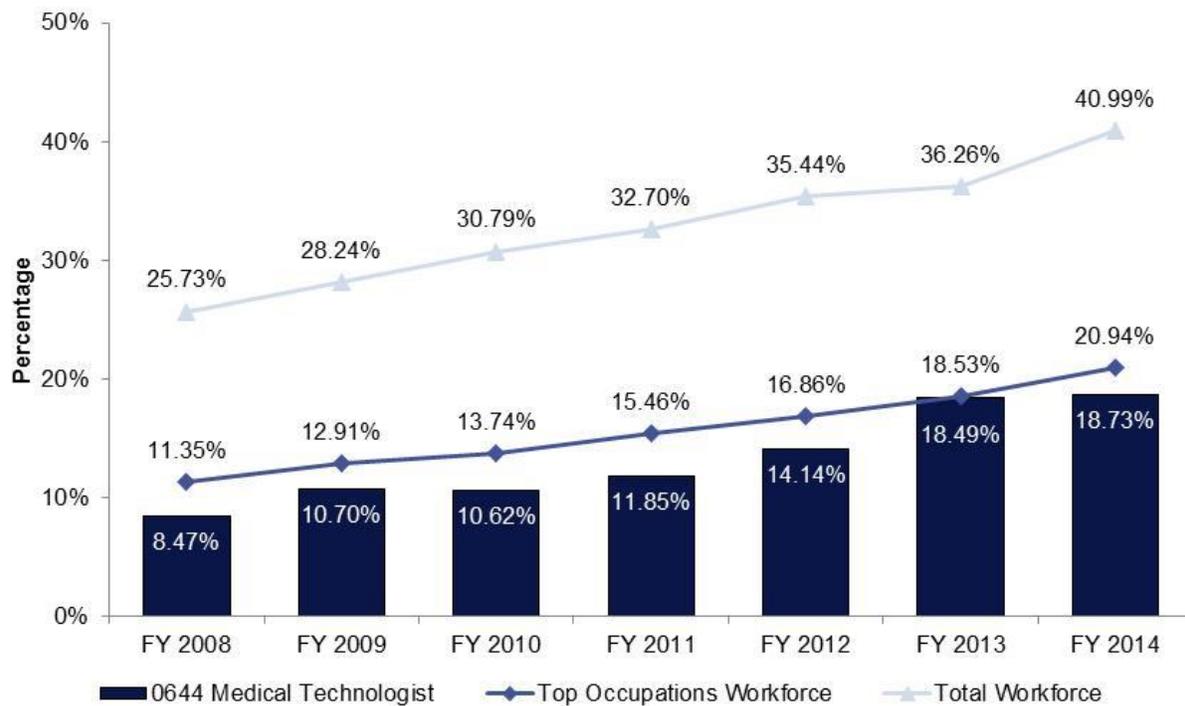
Table C34: Medical Technologist - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	18.4%	17.9%	17.3%	17.6%	17.5%	17.2%	14.9%	2.3%	1.15
WF	45.7%	45.6%	46.4%	45.7%	45.4%	45.1%	48.1%	-2.9%	0.94
BM	3.1%	2.8%	2.8%	2.8%	3.1%	3.2%	3.6%	-0.4%	0.88
BF	8.8%	9.0%	9.3%	9.5%	9.4%	9.5%	10.6%	-1.1%	0.90
HM	2.1%	2.1%	2.2%	2.2%	2.2%	2.3%	3.0%	-0.6%	0.79
HF	5.5%	5.8%	5.6%	6.2%	6.1%	5.9%	5.8%	0.1%	1.02
AM	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%	4.0%	0.5%	1.12
AF	10.2%	10.3%	9.9%	9.5%	9.6%	10.0%	8.5%	1.5%	1.18
NHPIM	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	2.26
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.75
AIM	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.2%	0.3%	2.52
AIF	1.0%	1.1%	1.1%	1.1%	1.4%	1.4%	0.6%	0.8%	2.46
OM	0.1%	0.3%	0.3%	0.2%	0.1%	0.1%	0.2%	-0.1%	0.38
OF	0.3%	0.3%	0.4%	0.3%	0.2%	0.2%	0.5%	-0.3%	0.38

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C 35: Medical Technologist - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.42%	4.60%	5.18%	5.83%	6.17%	6.48%
Targeted Disability	1.01%	0.98%	0.92%	0.96%	0.95%	0.83%
Veteran	15.12%	14.32%	14.44%	14.03%	14.35%	14.46%

Veteran New Hire**Figure C 50: Medical Technologist Veteran Representation Among New Hires**

Medical Technologist Supervisor Retirement Eligibility

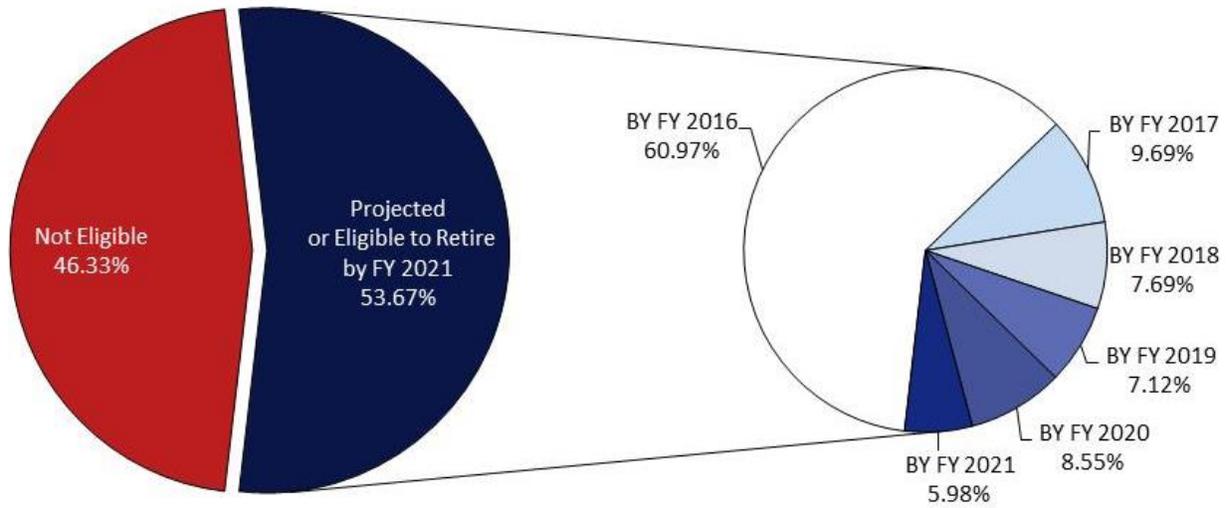


Figure C51: FY 2014 Medical Technologist Supervisor Employees Projected or Eligible to Retire by FY 2021

*0603 Physician Assistant*Workforce Trend Data**Table C36: Physician Assistant Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	1,832	1,856	1,893	1,885	1,951	2,008
Onboard percent change at end of FY	4.45%	1.31%	1.99%	-0.42%	3.50%	2.92%
Average Onboard	1,803.42	1,839.58	1,882.00	1,885.75	1,904.50	1,980.67
FTE at end of FY	1,798.79	1,822.46	1,859.40	1,850.90	1,913.65	1,970.20
Voluntary Retirements	46	62	55	64	61	68
Disability retirements	2	4	5	8	0	2
Special (early out) retirements	0	1	0	0	0	0
Resignations	61	61	93	92	97	99
Transfers (352G)	9	4	4	5	3	6
Terminations, Removals, & Separations	7	13	17	16	15	21
Deaths	7	5	1	2	3	2
Total losses	132	150	175	187	179	198
Total gains (computed)	210	174	212	179	245	255
Voluntary Retirement Rate	2.55%	3.37%	2.92%	3.39%	3.20%	3.43%
Regrettable Loss Rate	3.88%	3.53%	5.15%	5.14%	5.25%	5.30%
Total Loss Rate	7.32%	8.15%	9.30%	9.92%	9.40%	10.00%

Age Trends of the Physician Assistant Workforce

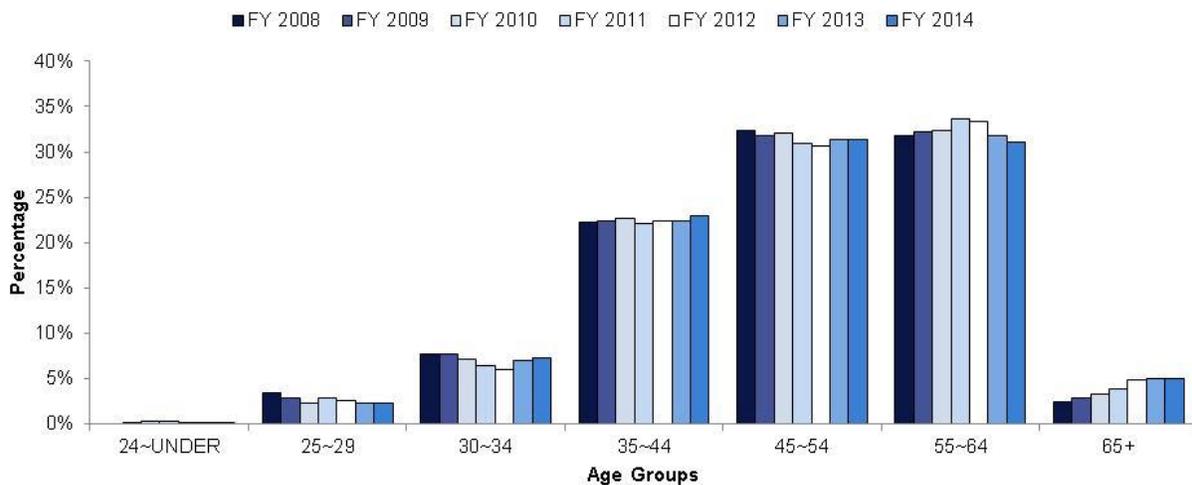


Figure C52: Age Trends of the Physician Assistant Workforce

Projected Workforce Data

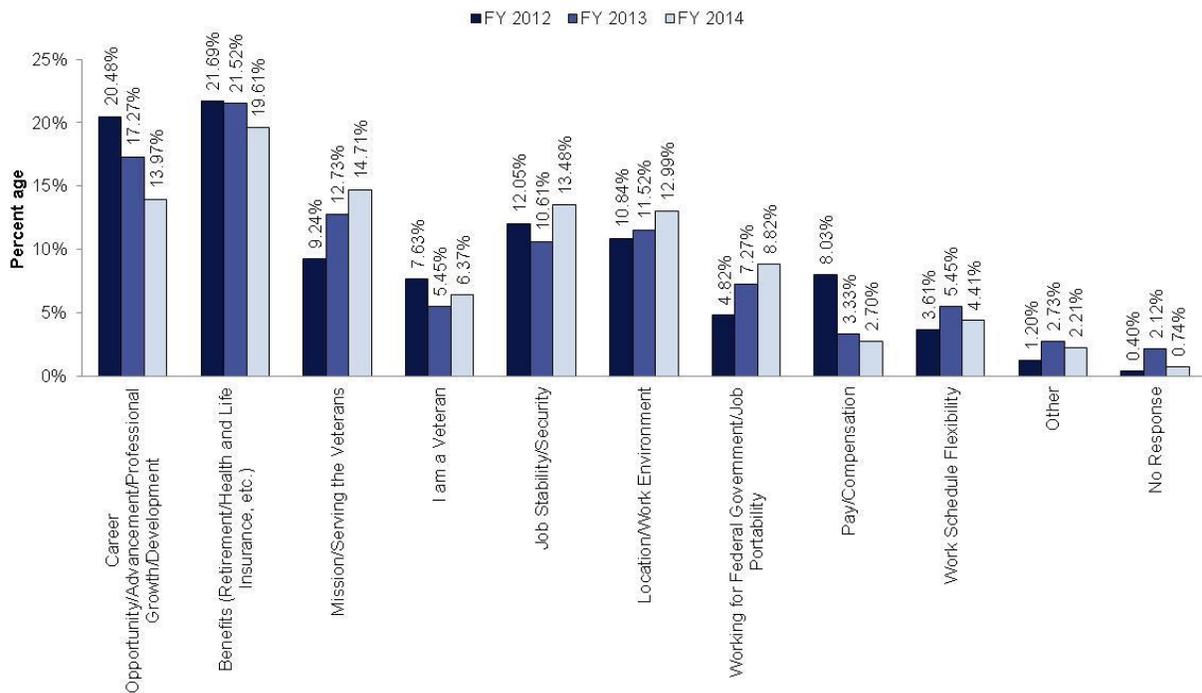
Table C37: Physician Assistant - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	2,008	2,070	2,135	2,205	2,275	2,350	2,425	2,505
% Change from Previous Year	2.92%	3.1%	3.1%	3.3%	3.2%	3.3%	3.2%	3.3%
Eligible for Retirement		338	353	365	380	395	383	387
Voluntary Retirements	70	63	65	68	71	75	73	75
Regrettable Losses	106	107	110	114	118	121	125	129
Other Losses	28	25	26	27	28	29	30	31
Total Losses	204	195	202	209	216	225	228	235
Gains Needed		257	267	279	286	300	303	315

Quits by Year of Employment**Table C38: Physician Assistant Quits by Year of Employment**

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	9.63%	9.17%	3.21%	3.67%	3.67%
FY 2008	6.93%	7.66%	4.01%	6.57%	3.65%
FY 2009	6.13%	6.60%	7.55%	4.72%	3.30%
FY 2010	12.30%	9.63%	4.28%	8.02%	
FY 2011	12.80%	8.06%	3.32%		
FY 2012	9.04%	12.99%			
FY 2013	9.58%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey AnalysisPhysician Assistant VA Entrance Survey**Figure C53: Physician Assistant Workforce Reasons for Choosing**

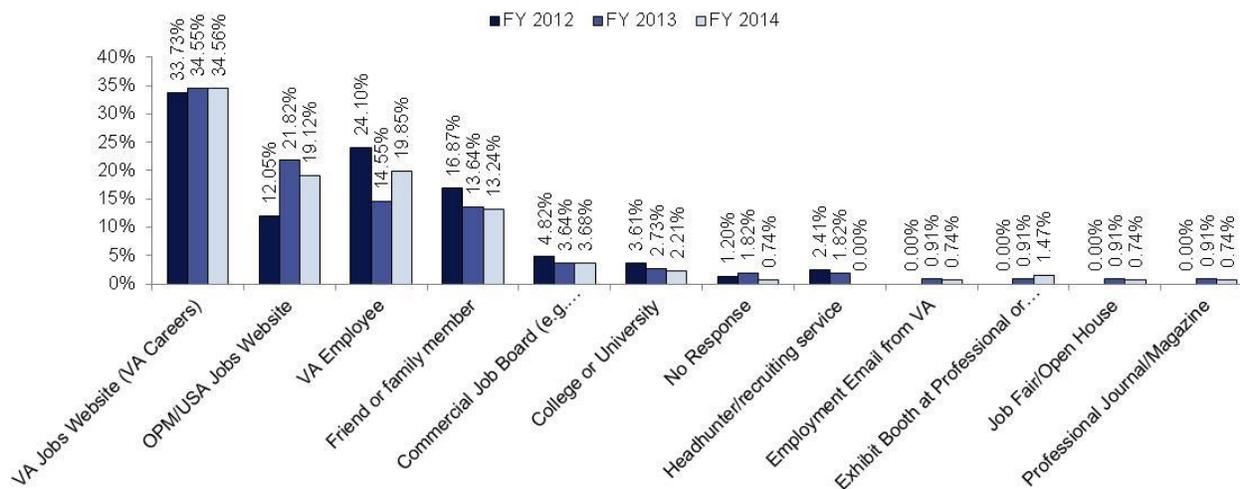


Figure C54: Physician Assistant Workforce Top Resources for Hearing about VA Jobs

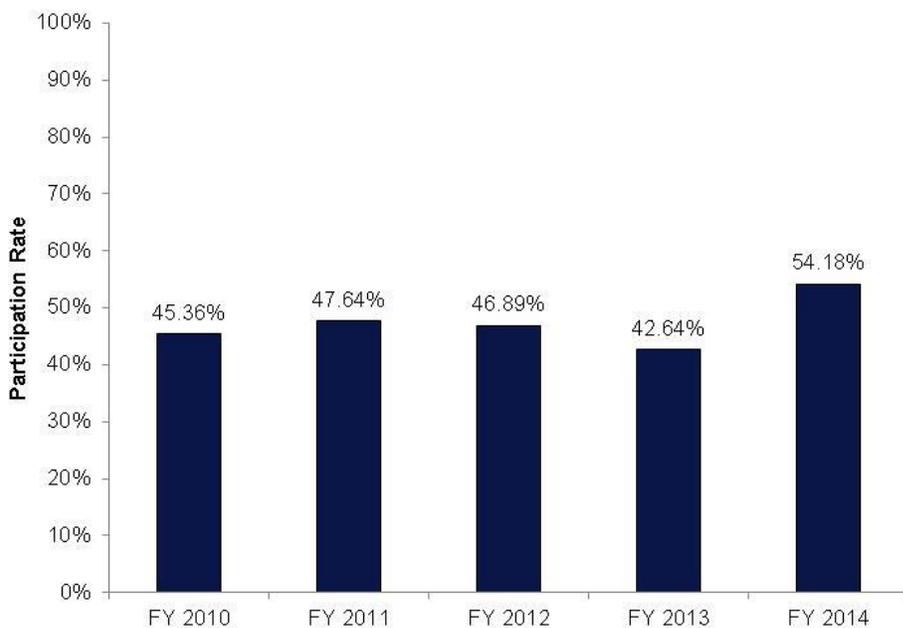


Figure C 55: Physician Assistant Participation Rates

Physician Assistant VA Exit Survey

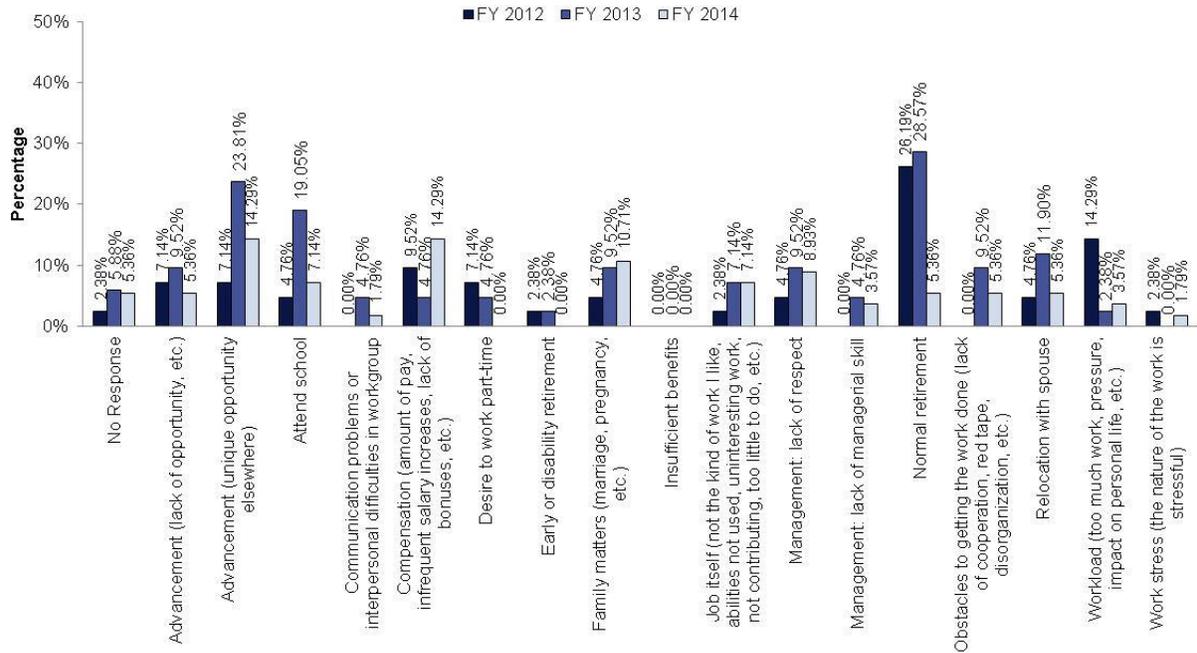


Figure C56: Physician Assistant Workforce Reasons for Leaving

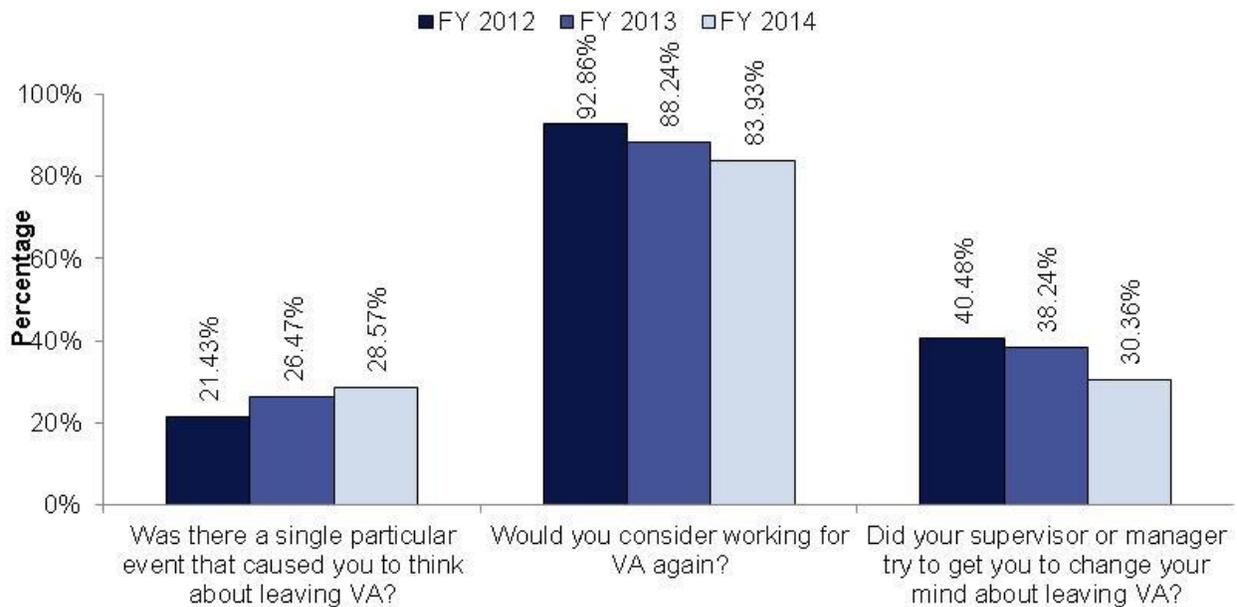


Figure C57: Physician Assistant Workforce Percentage of Employees that Answered "Yes"

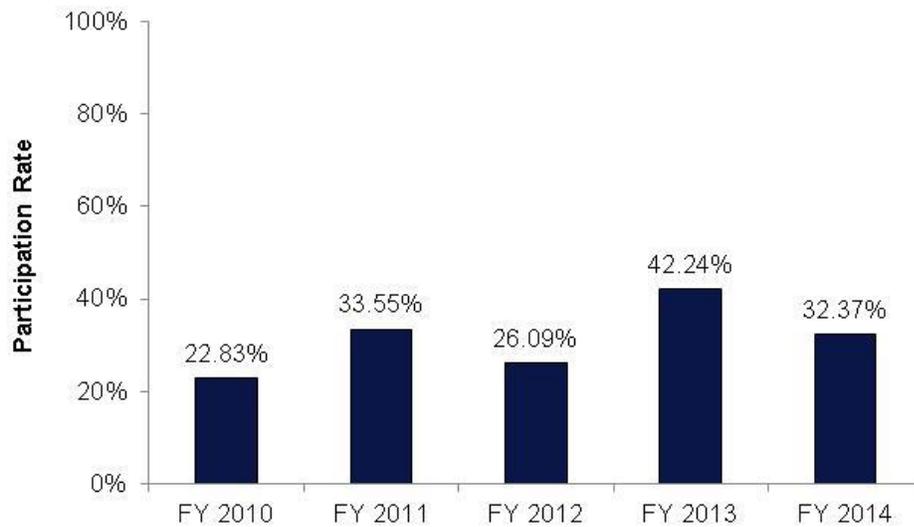


Figure C58: Physician Assistant Workforce Participation Rate

Diversity and Inclusion

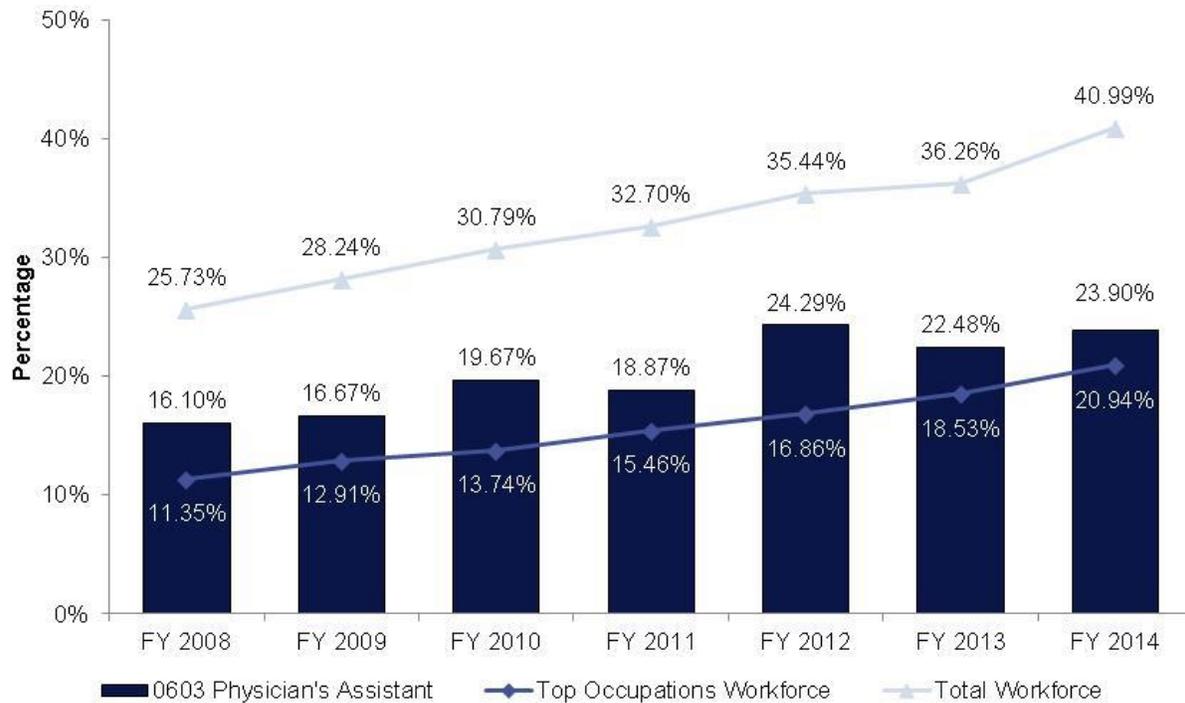
Table C39: Physician Assistant - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	42.5%	41.2%	40.0%	39.2%	37.5%	36.3%	23.4%	12.9%	1.55
WF	39.1%	39.5%	40.4%	41.2%	42.5%	43.2%	49.1%	-5.9%	0.88
BM	4.2%	4.2%	4.2%	4.5%	4.4%	4.0%	2.8%	1.1%	1.40
BF	4.7%	4.9%	5.4%	5.6%	5.3%	5.5%	5.8%	-0.2%	0.96
HM	1.9%	2.2%	2.0%	2.0%	2.0%	2.1%	3.5%	-1.4%	0.61
HF	1.3%	1.1%	1.2%	1.1%	1.2%	1.3%	6.2%	-4.8%	0.22
AM	1.7%	1.9%	1.8%	1.8%	1.8%	1.8%	2.7%	-0.9%	0.67
AF	2.5%	2.6%	2.8%	2.8%	3.3%	3.7%	4.9%	-1.2%	0.75
NHPIM	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.0%	0.1%	7.47
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.00
AIM	0.8%	0.8%	0.6%	0.6%	0.7%	0.7%	0.3%	0.5%	2.87
AIF	1.0%	0.8%	0.7%	0.7%	1.0%	1.0%	0.5%	0.5%	2.12
OM	0.1%	0.2%	0.4%	0.3%	0.0%	0.0%	0.4%	-0.4%	0.00
OF	0.1%	0.4%	0.4%	0.3%	0.1%	0.0%	0.4%	-0.3%	0.13

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C40: Physician Assistant - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	6.44%	6.79%	7.29%	7.75%	8.30%	8.72%
Targeted Disability	0.38%	0.48%	0.69%	0.69%	0.82%	0.95%
Veteran	31.55%	29.69%	32.91%	30.93%	29.52%	28.64%

Veteran New Hire**Figure C59: Physician Assistant Representation Among New Hires**

Physician Assistant Supervisor Retirement Eligibility

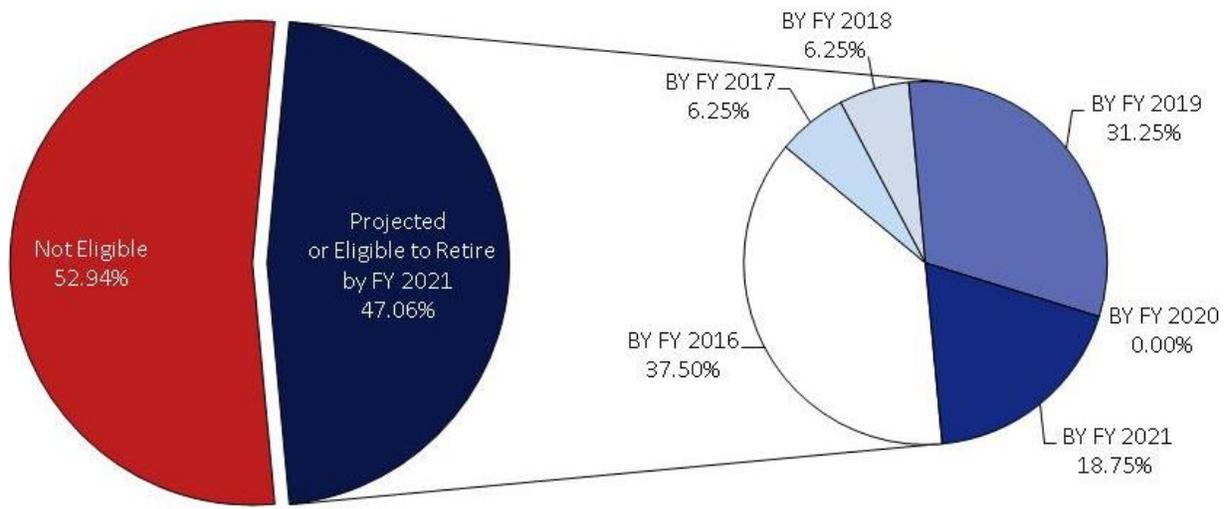


Figure C 60: FY 2014 Physician Assistant Supervisor Employees Projected or Eligible to Retire by FY 2021

*0180 Psychology*Workforce Trend Data**Table C41: Psychology Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	3,307	3,714	3,967	4,337	4,872	5,064
Onboard percent change at end of FY	20.69%	12.31%	6.81%	9.33%	12.34%	3.94%
Average Onboard	2,977.75	3,498.92	3,839.42	4,018.83	4,632.00	4,922.17
FTE at end of FY	3,192.51	3,578.64	3,829.70	4,200.23	4,727.98	4,921.77
Voluntary Retirements	33	45	60	51	57	73
Disability retirements	1	0	5	3	3	3
Special (early out) retirements	0	0	0	1	0	0
Resignations	60	71	108	104	143	138
Transfers (352G)	9	7	15	14	15	9
Terminations, Removals, & Separations	30	61	93	92	133	131
Deaths	4	4	4	3	4	6
Total losses	137	188	285	268	355	360
Total gains (computed)	704	595	538	638	890	552
Voluntary Retirement Rate	1.11%	1.29%	1.56%	1.27%	1.23%	1.48%
Regrettable Loss Rate	2.32%	2.23%	3.20%	2.94%	3.41%	2.99%
Total Loss Rate	4.60%	5.37%	7.42%	6.67%	7.66%	7.31%

Age Trends of the Psychology Workforce

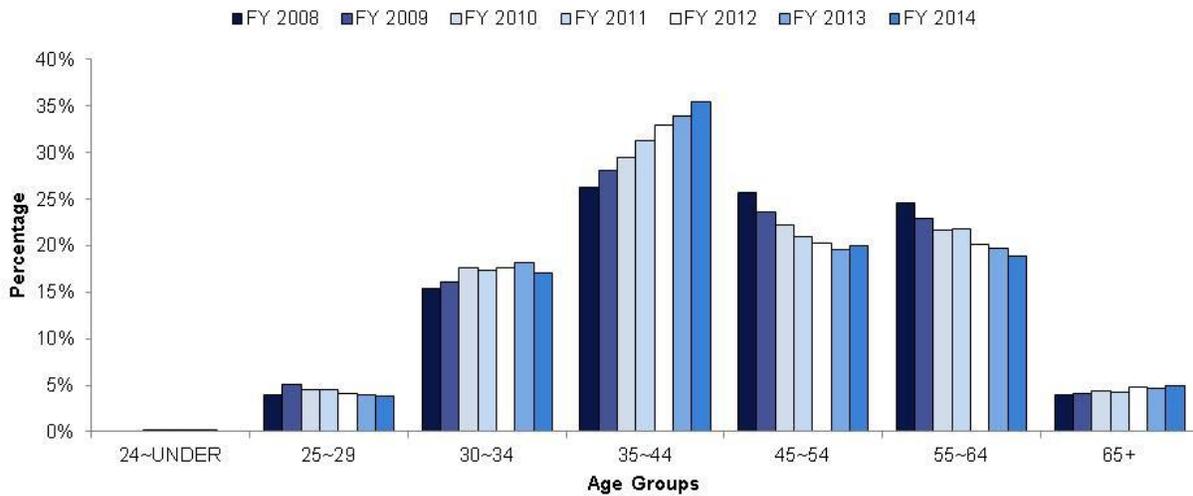


Figure C61: Age Trends of the Psychology Workforce

Projected Workforce Data

Table C42: Psychology - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	5,064	5,625	6,225	6,765	7,220	7,705	8,220	8,770
% Change from Previous Year	3.94%	11.08%	10.67%	8.67%	6.73%	6.72%	6.68%	6.69%
Eligible for Retirement		685	662	649	660	653	644	623
Voluntary Retirements	75	123	122	123	127	128	130	132
Regrettable Losses	153	168	187	205	220	235	251	268
Other Losses	142	149	165	181	195	208	222	237
Total Losses	370	441	474	509	543	571	603	637
Gains Needed		1,002	1,074	1,049	998	1,056	1,118	1,187

Quits by Year of Employment

Table C 43: Psychology Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2006	4.48%	3.90%	2.34%	1.56%	1.75%
FY 2007	5.12%	2.81%	3.64%	2.64%	1.98%
FY 2008	2.67%	2.83%	3.14%	2.99%	3.30%
FY 2009	5.23%	4.30%	3.55%	2.24%	
FY 2010	4.90%	2.82%	2.26%		
FY 2011	5.02%	5.17%			
FY 2012	4.47%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Psychology VA Entrance Survey

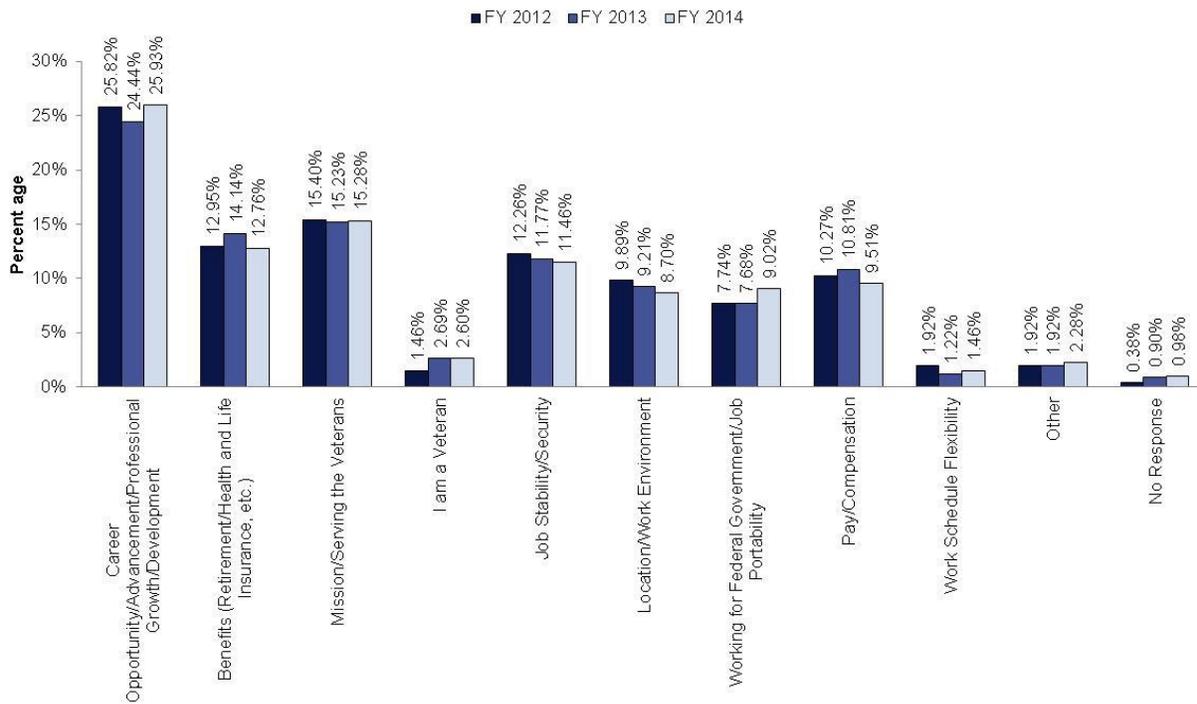


Figure C62: Psychology Workforce Reasons for Choosing

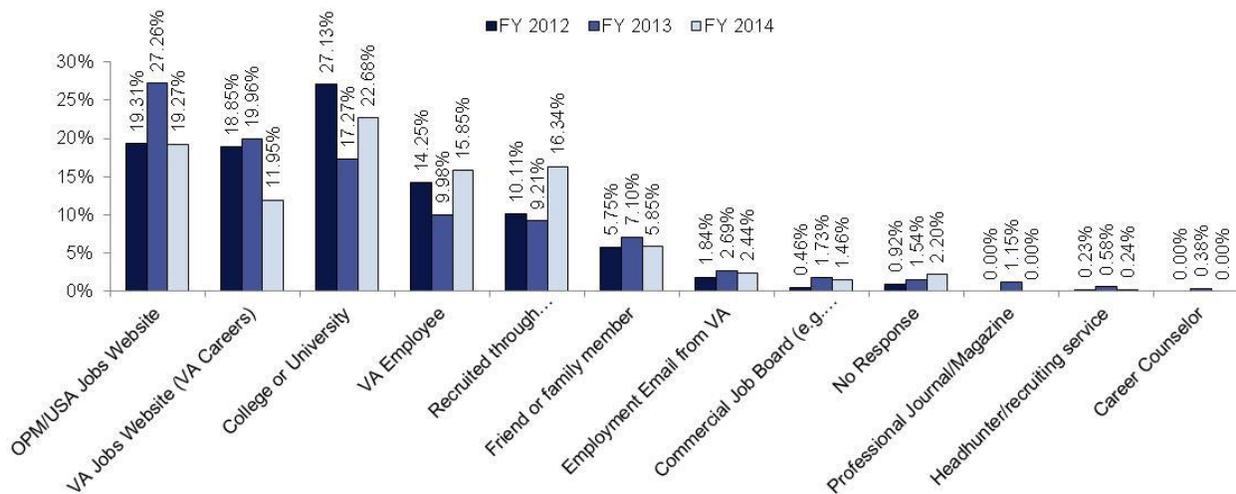


Figure C63: Psychology Workforce Top Resources for Hearing about VA Jobs

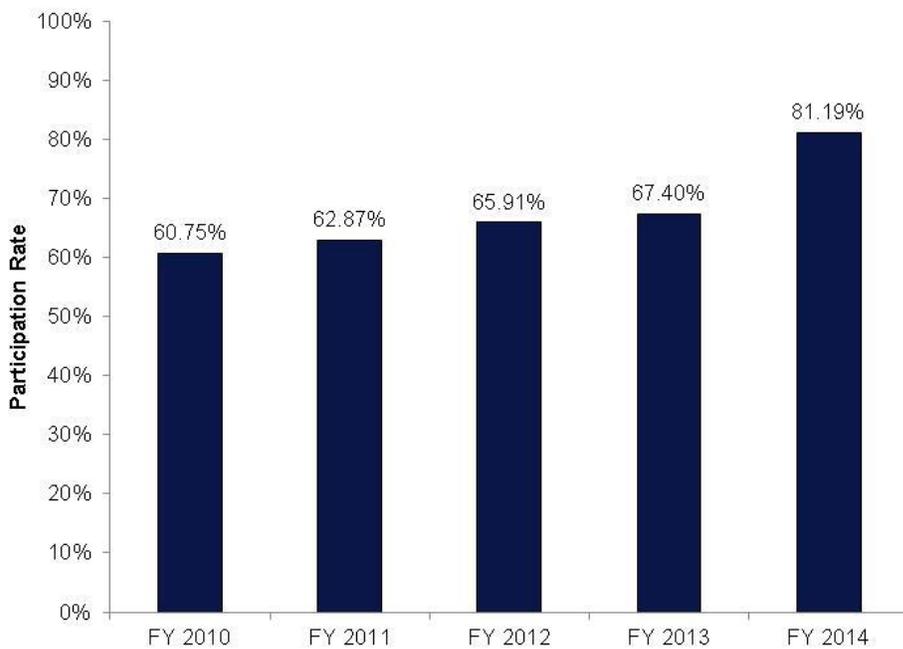


Figure C64: Psychology Workforce Participation Rates

Psychology VA Exit Survey

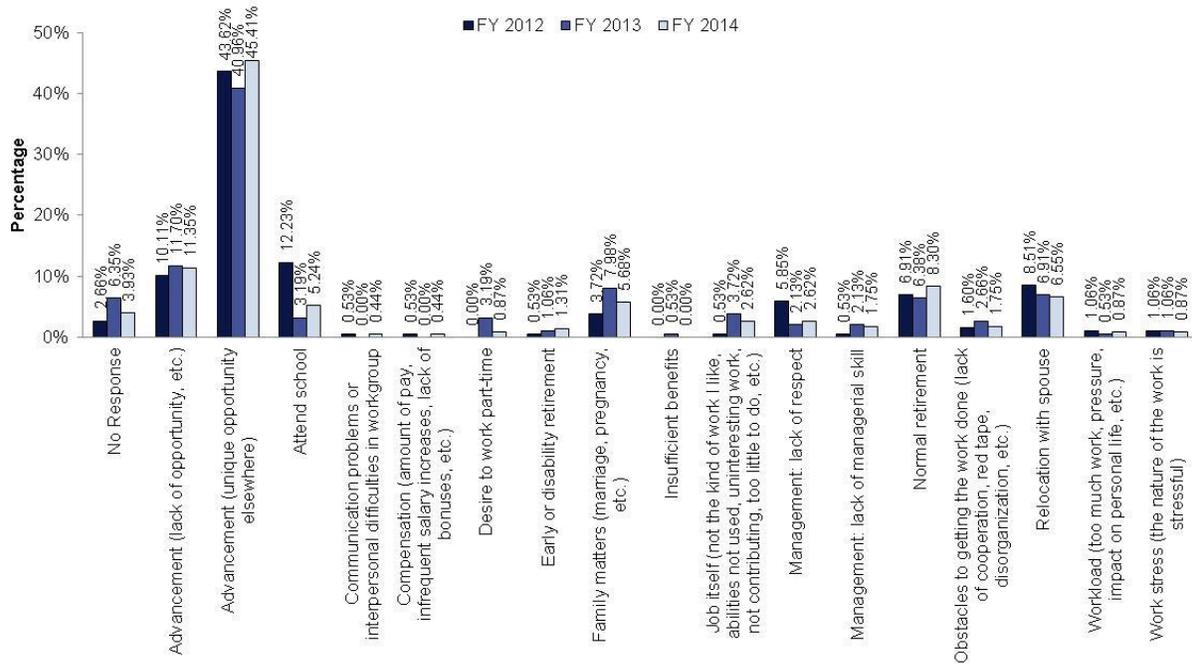


Figure C65: Psychology Workforce Reasons for Leaving

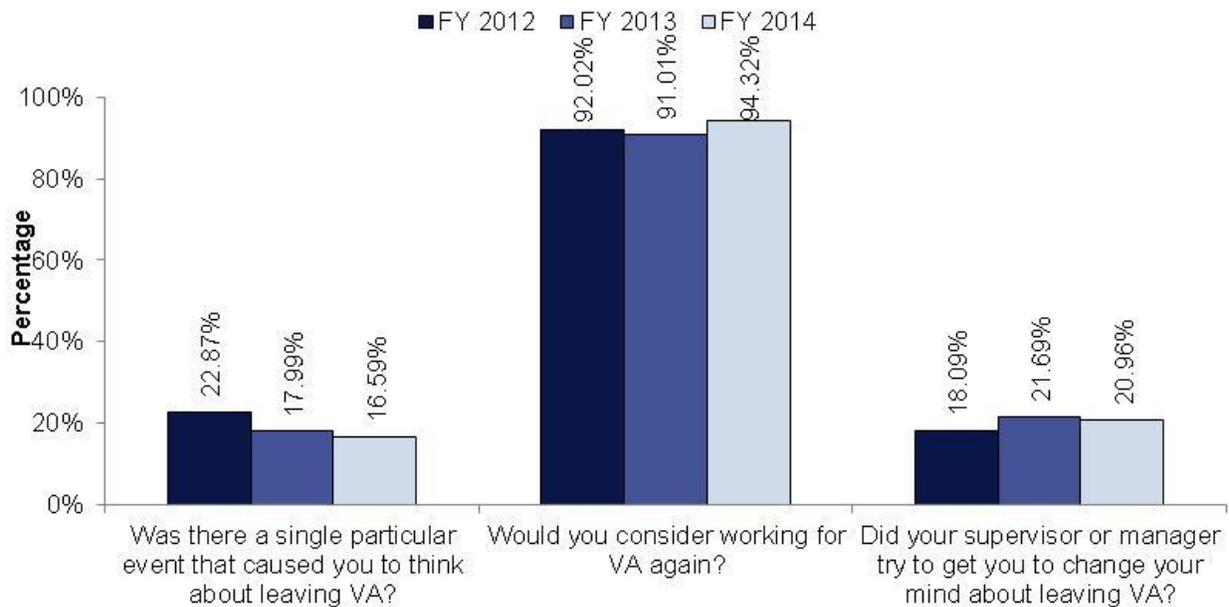


Figure C66: Psychology Workforce Percentage of Employees that Answered "Yes"

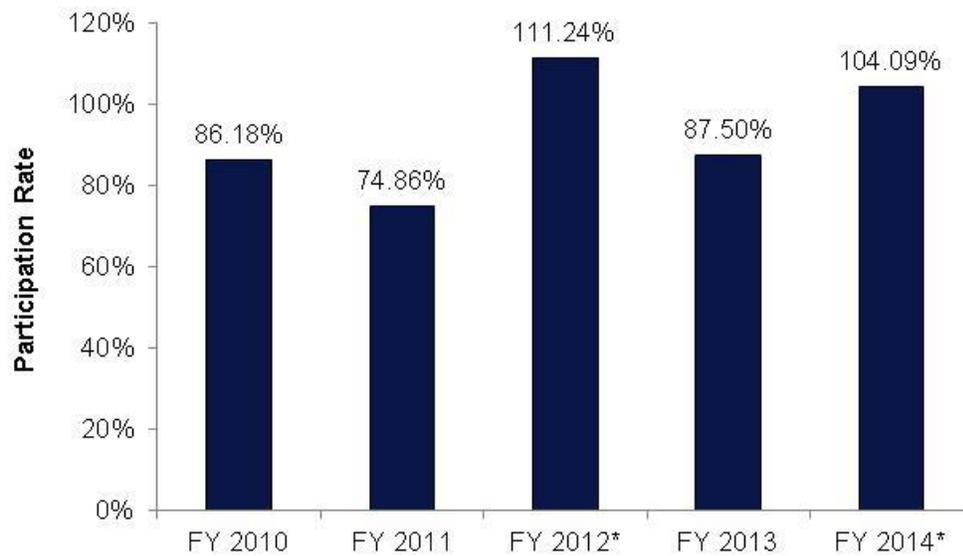


Figure C67: Psychology Workforce Participation Rates

Note: In order for the FY 2012 and FY 2014 participation rates to be more than 100%, the survey was distributed to more than those that are counted in the denominator.

Diversity and Inclusion

Table C44: Psychology - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	41.1%	39.0%	37.4%	36.5%	35.5%	34.6%	28.6%	6.1%	1.21
WF	45.9%	47.7%	49.0%	49.3%	49.7%	50.3%	57.3%	-7.0%	0.88
BM	1.5%	1.3%	1.2%	1.2%	1.3%	1.4%	1.5%	-0.1%	0.91
BF	3.6%	3.5%	3.8%	4.0%	4.4%	4.5%	3.4%	1.1%	1.33
HM	1.5%	1.6%	1.5%	1.5%	1.4%	1.4%	1.7%	-0.3%	0.80
HF	2.3%	2.3%	2.4%	2.5%	2.7%	2.7%	3.9%	-1.2%	0.69
AM	0.8%	0.7%	0.8%	0.9%	0.9%	1.0%	0.7%	0.3%	1.41
AF	2.0%	2.0%	2.1%	2.3%	2.5%	2.6%	2.1%	0.5%	1.24
NHPIM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	4.94
NHPIF	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	4.94
AIM	0.3%	0.2%	0.2%	0.2%	0.3%	0.3%	0.1%	0.2%	2.30
AIF	0.7%	0.5%	0.4%	0.3%	0.8%	0.8%	0.5%	0.4%	1.89
OM	0.1%	0.3%	0.3%	0.3%	0.1%	0.1%	0.0%	0.1%	3.29
OF	0.2%	0.7%	0.7%	0.8%	0.1%	0.1%	0.2%	-0.1%	0.30

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C45: Psychology - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	5.20%	5.12%	5.47%	5.70%	5.81%	5.81%
Targeted Disability	0.85%	0.78%	0.86%	0.81%	0.68%	0.65%
Veteran	8.41%	7.62%	8.02%	7.52%	7.31%	7.09%

Veteran New Hire

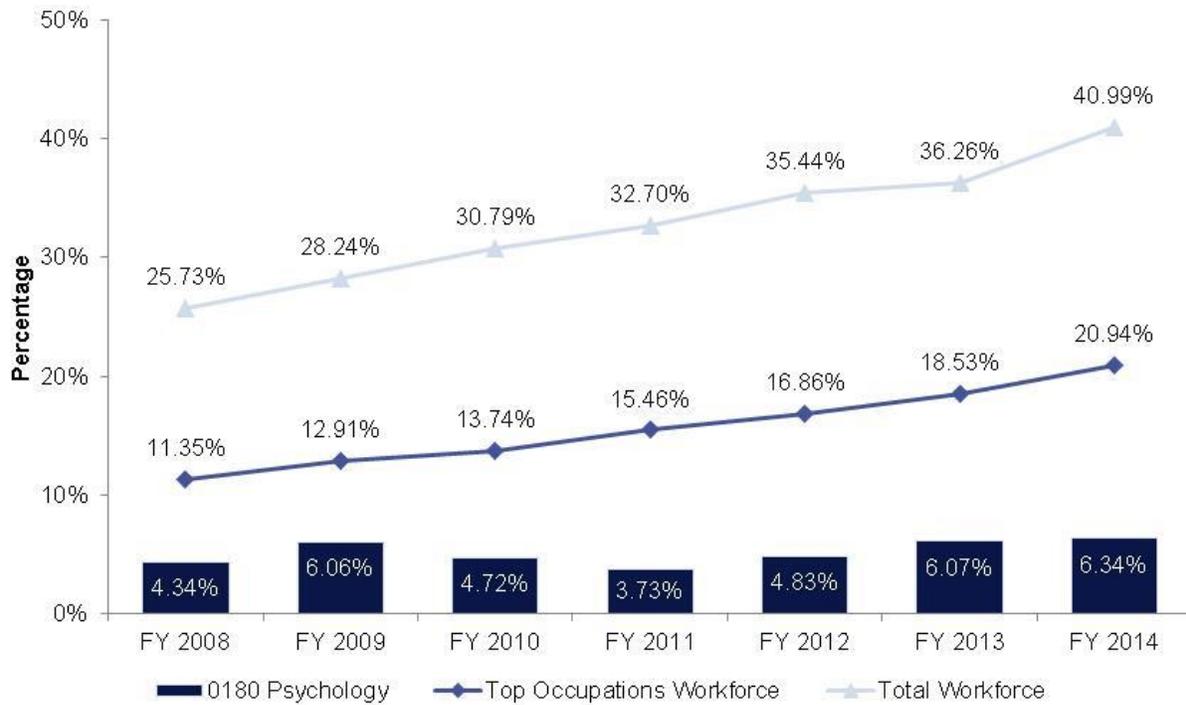


Figure C68: Psychology Veteran Representation Among New Hires

Psychology Supervisor Retirement Eligibility

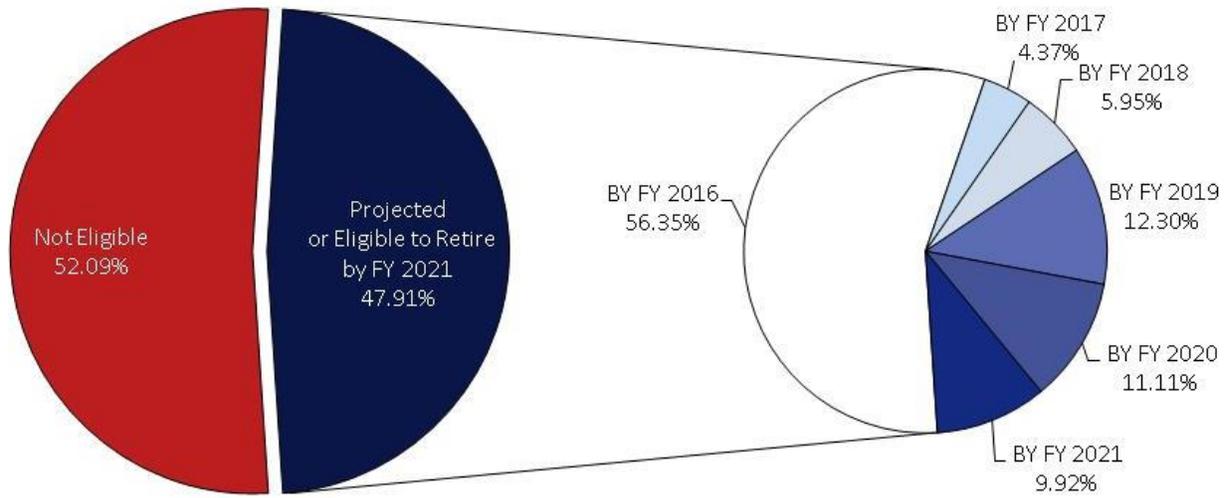


Figure C69: FY 2014 Psychology Supervisor Employees Projected or Eligible to Retire by FY 2021

*0631 Occupational Therapist*Workforce Trend Data**Table C46: Occupational Therapist Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	946	995	1,025	1,038	1,092	1,145
Onboard percent change at end of FY	8.11%	5.18%	3.02%	1.27%	5.20%	4.85%
Average Onboard	922.25	975.75	1,021.50	1,030.83	1,066.42	1,121.83
FTE at end of FY	907.11	958.89	989.09	1,001.71	1,053.64	1,100.40
Voluntary Retirements	11	11	24	23	25	22
Disability retirements	0	1	1	1	3	0
Special (early out) retirements	0	0	0	0	0	0
Resignations	36	43	30	34	37	36
Transfers (352G)	4	0	1	4	0	0
Terminations, Removals, & Separations	12	10	16	15	13	11
Deaths	0	0	0	2	0	0
Total losses	63	65	72	79	78	69
Total gains (computed)	134	114	102	92	132	122
Voluntary Retirement Rate	1.19%	1.13%	2.35%	2.23%	2.34%	1.96%
Regrettable Loss Rate	4.34%	4.41%	3.03%	3.69%	3.47%	3.21%
Total Loss Rate	6.83%	6.66%	7.05%	7.66%	7.31%	6.15%

Age Trends of the Occupational Therapist Workforce

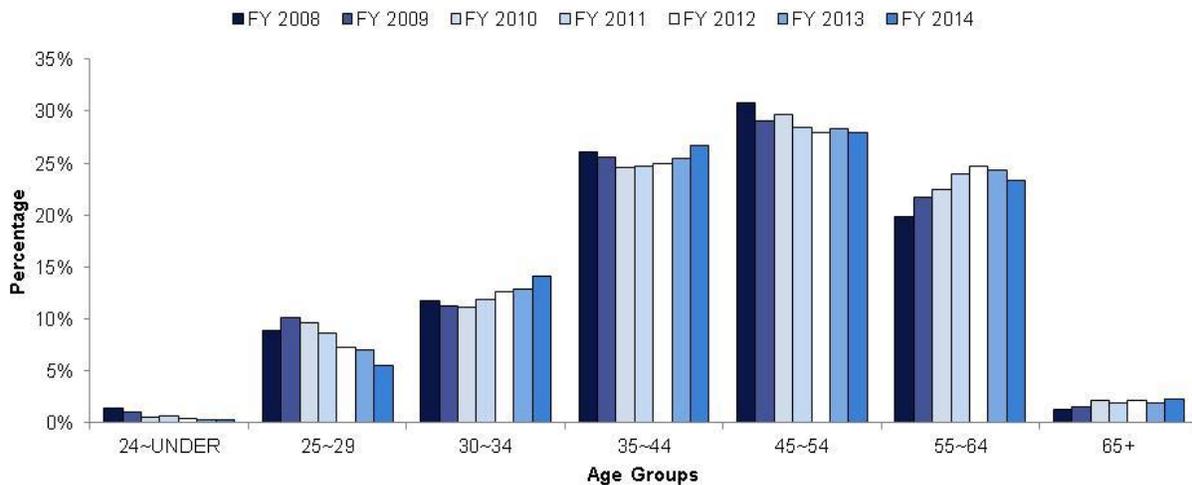


Figure C70: Age Trends of the Occupational Therapist Workforce

Projected Workforce Data

Table C47: Occupational Therapist - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	1,145	1,200	1,260	1,305	1,330	1,360	1,390	1,420
% Change from Previous Year	4.85%	4.80%	5.00%	3.57%	1.92%	2.26%	2.21%	2.16%
Eligible for Retirement		149	165	165	171	171	170	175
Voluntary Retirements	22	25	29	28	29	31	31	33
Regrettable Losses	38	41	43	45	46	47	48	49
Other Losses	11	17	17	18	19	19	19	20
Total Losses	71	83	90	91	94	97	99	102
Gains Needed		138	150	136	119	127	129	132

Quits by Year of Employment

Table C48: Occupational Therapist Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	4.17%	5.21%	7.29%	3.13%	2.08%
FY 2008	8.72%	5.81%	4.07%	5.23%	2.33%
FY 2009	13.77%	4.35%	1.45%	3.62%	1.45%
FY 2010	10.17%	4.24%	5.93%	1.69%	
FY 2011	4.81%	10.58%	3.85%		
FY 2012	6.00%	4.00%			
FY 2013	11.20%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Occupational Therapist VA Entrance Survey

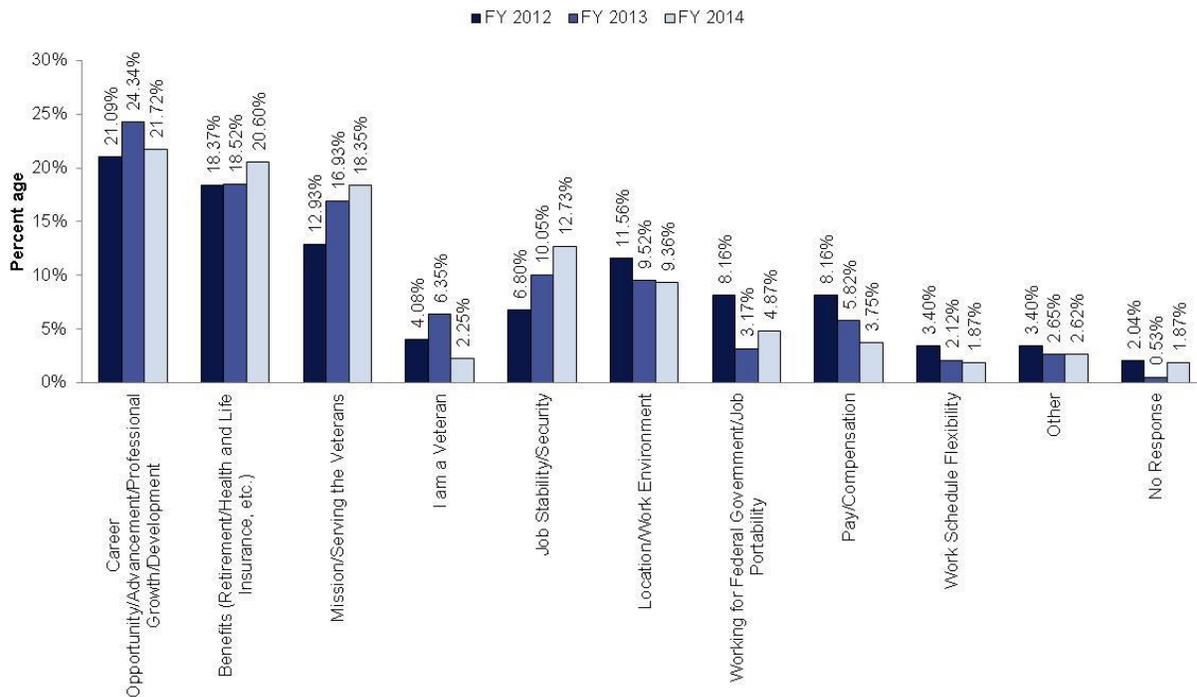


Figure C71: Occupational Therapist Workforce Reasons for Choosing

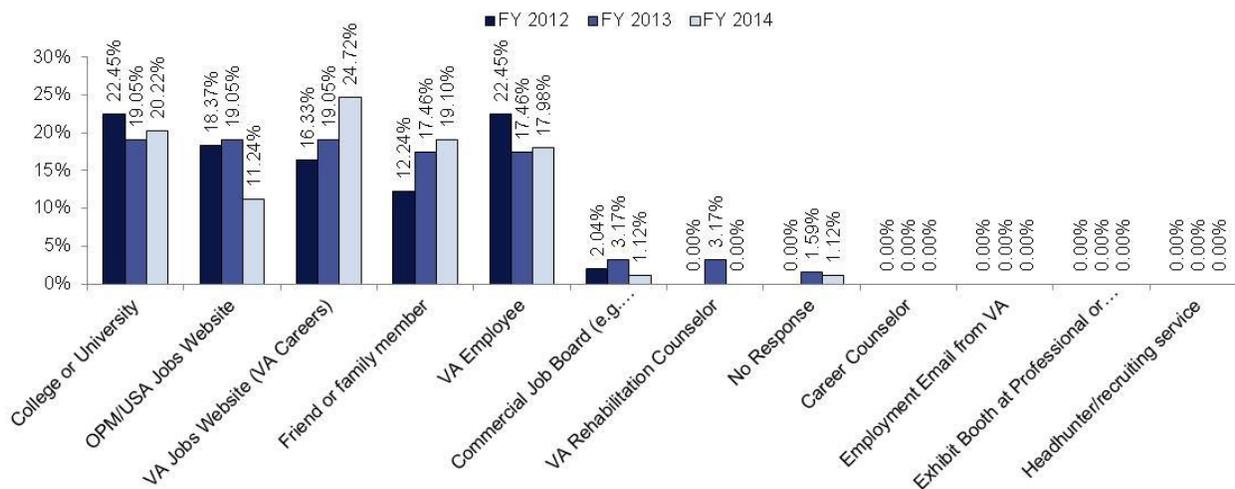


Figure C72: Occupational Therapist Workforce Top Resources for Hearing about VA Jobs

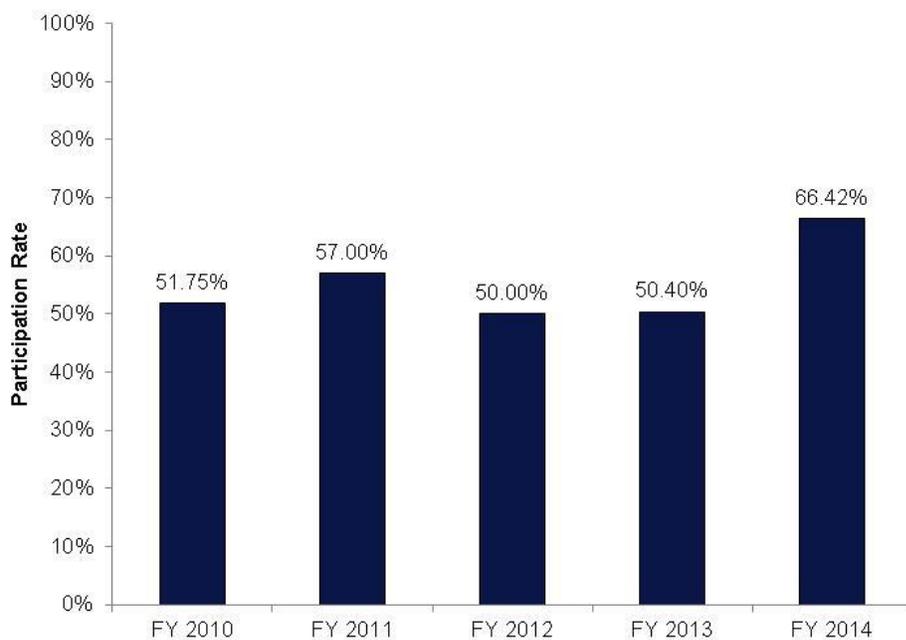


Figure C73: Occupational Therapist Workforce Participation Rates

Occupational Therapist VA Exit Survey

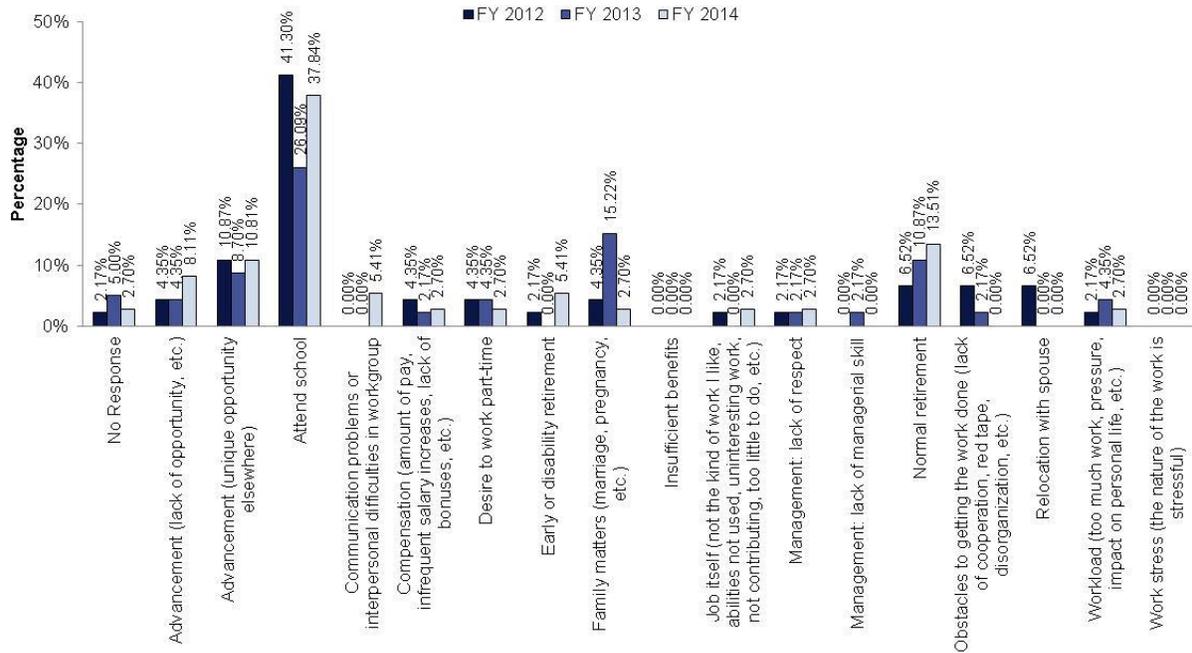


Figure C74: Occupational Therapist Reasons for Leaving

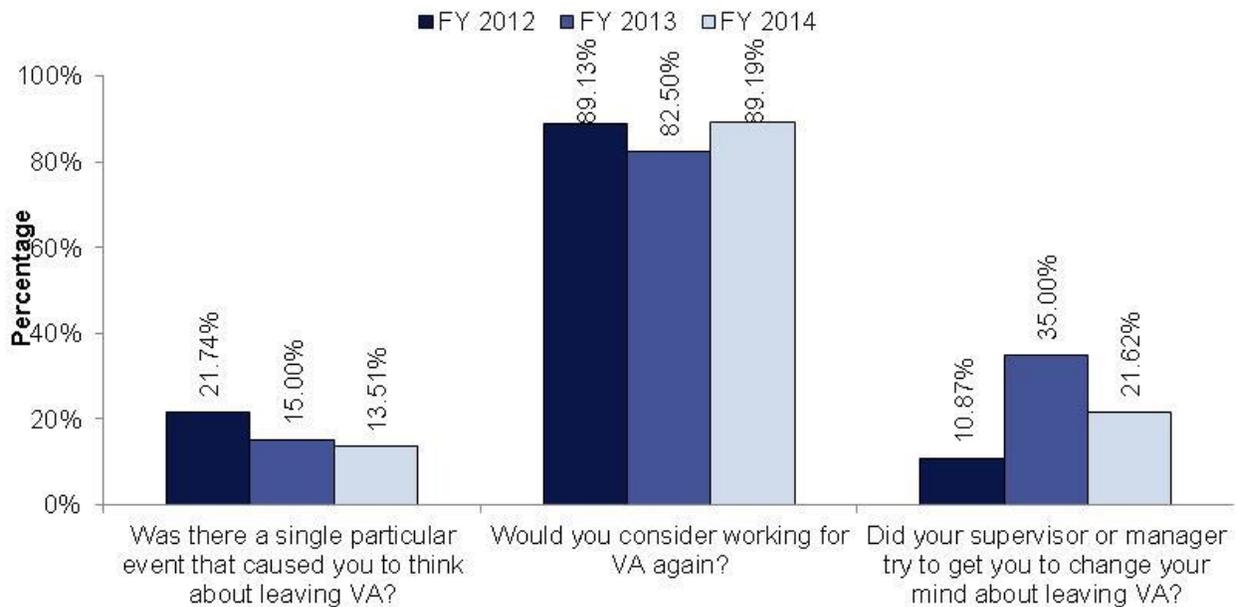


Figure C75: Occupational Therapist Workforce Percentage of Employees that Answered "Yes"

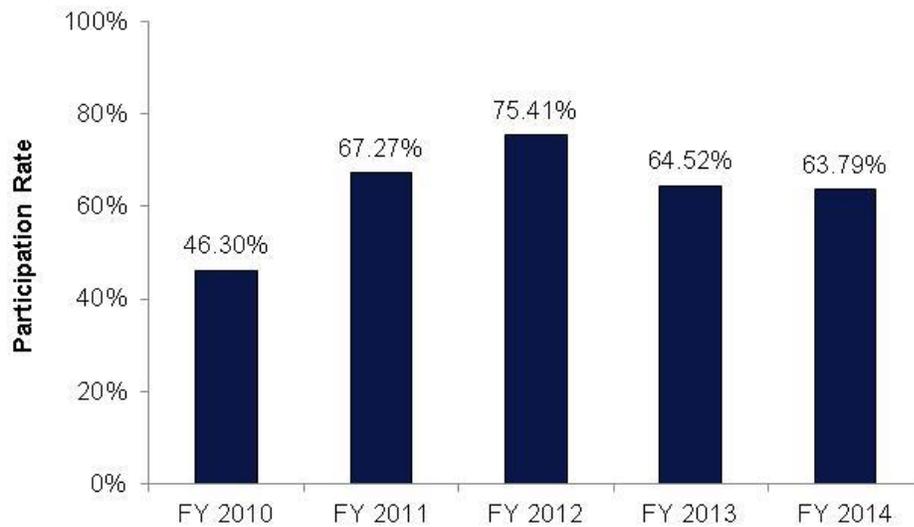


Figure C76: Occupational Therapist Workforce Participation Rates

Diversity and Inclusion

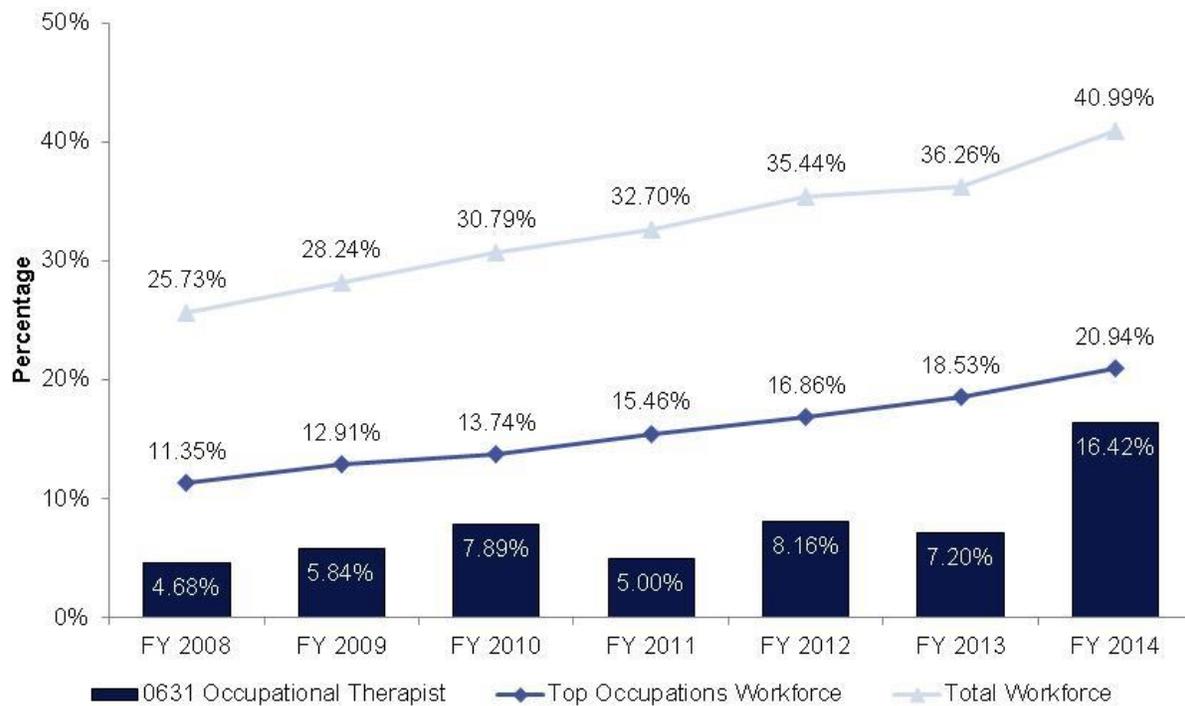
Table C49: Occupational Therapist - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	14.7%	15.2%	15.8%	15.7%	15.5%	15.7%	7.7%	8.1%	2.05
WF	63.4%	62.7%	62.4%	61.6%	62.3%	62.0%	76.0%	-14.0%	0.82
BM	1.5%	1.4%	1.6%	1.3%	1.1%	1.4%	0.8%	0.6%	1.68
BF	6.8%	6.7%	6.2%	6.9%	7.4%	7.2%	4.2%	3.1%	1.74
HM	1.1%	1.1%	1.1%	1.3%	1.2%	1.2%	0.7%	0.5%	1.65
HF	5.3%	5.6%	5.7%	5.3%	5.2%	5.2%	3.7%	1.5%	1.40
AM	1.1%	1.1%	1.0%	1.0%	0.9%	1.0%	0.9%	0.1%	1.07
AF	4.8%	4.5%	4.7%	5.0%	4.9%	4.7%	5.2%	-0.4%	0.92
NHPIM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.00
NHPIF	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	2.18
AIM	0.1%	0.1%	0.1%	0.2%	0.1%	0.2%	0.0%	0.2%	8.73
AIF	0.7%	0.8%	0.7%	0.9%	0.9%	1.0%	0.4%	0.5%	2.29
OM	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%	2.18
OF	0.4%	0.5%	0.6%	0.5%	0.1%	0.1%	0.3%	-0.3%	0.26

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C50: Occupational Therapist - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	5.92%	6.43%	6.54%	6.84%	6.78%	7.60%
Targeted Disability	0.63%	0.90%	0.88%	0.58%	0.46%	0.52%
Veteran	8.56%	8.54%	9.76%	9.54%	9.52%	10.04%

Veteran New Hire**Figure C77: Occupational Therapist Veteran Representation Among New Hires**

Occupational Therapist Supervisor Retirement Eligibility

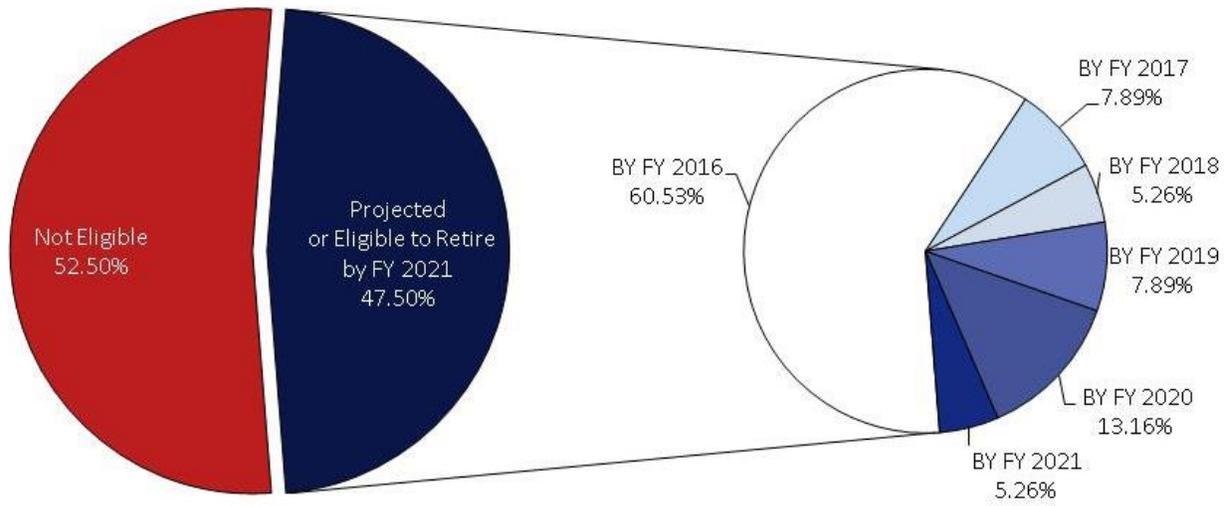


Figure C78: FY 2014 Occupational Therapist Supervisor Employees Eligible or Projected to Retire by FY 2021

*0660 Pharmacist**Workforce Trend Data***Table C51: Pharmacist Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	6,092	6,412	6,582	6,755	7,024	7,285
Onboard percent change at end of FY	7.20%	5.25%	2.65%	2.63%	3.98%	3.72%
Average Onboard	5,867.33	6,198.08	6,494.33	6,605.92	6,824.25	7,123.50
FTE at end of FY	5,824.44	6,122.75	6,282.51	6,464.80	6,730.53	6,996.19
Voluntary Retirements	63	113	123	153	150	168
Disability retirements	5	5	1	11	5	2
Special (early out) retirements	0	1	1	0	0	0
Resignations	134	147	165	154	158	156
Transfers (352G)	7	5	4	3	3	4
Terminations, Removals, & Separations	48	44	36	31	47	91
Deaths	4	6	12	6	4	4
Total losses	261	321	342	358	367	425
Total gains (computed)	670	641	512	531	636	686
Voluntary Retirement Rate	1.07%	1.82%	1.89%	2.32%	2.20%	2.36%
Regrettable Loss Rate	2.40%	2.45%	2.60%	2.38%	2.36%	2.25%
Total Loss Rate	4.45%	5.18%	5.27%	5.42%	5.38%	5.97%

Age Trends of the Pharmacy Workforce

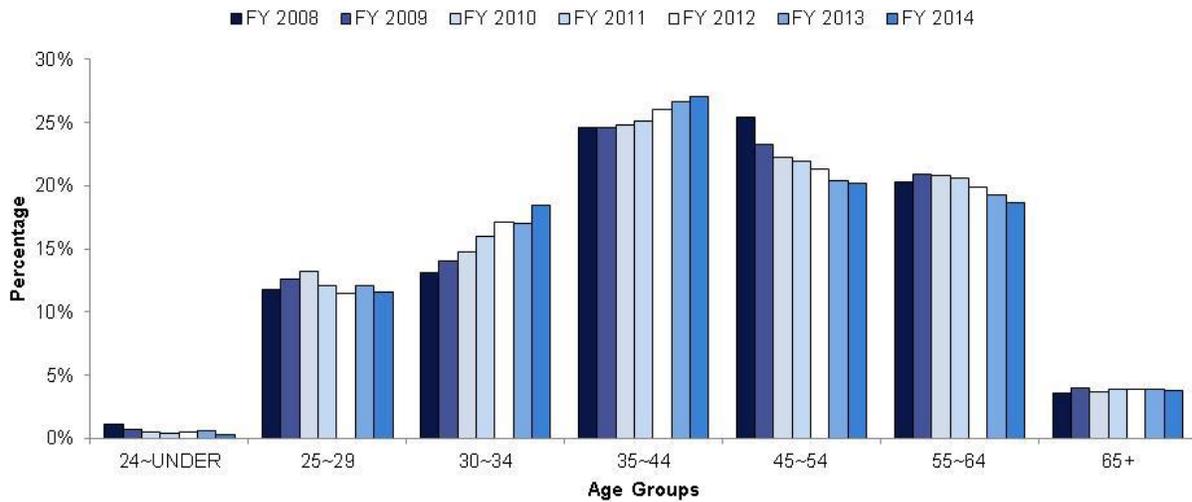


Figure C79: Age Trends of the Pharmacy Workforce

Projected Workforce Data

Table C52: Pharmacist - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	7,285	7,570	7,865	8,120	8,330	8,545	8,765	8,995
% Change from Previous Year	3.75%	3.91%	3.90%	3.24%	2.59%	2.58%	2.57%	2.62%
Eligible for Retirement		984	990	986	965	945	939	919
Voluntary Retirements	170	175	178	182	185	184	190	192
Regrettable Losses	166	175	182	188	194	199	204	209
Other Losses	97	72	75	77	80	82	84	86
Total Losses	433	422	435	448	458	465	478	487
Gains Needed		707	730	703	668	680	698	717

Quits by Year of Employment

Table C53: Pharmacist Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	9.04%	3.32%	1.66%	2.58%	2.21%
FY 2008	7.63%	3.55%	2.76%	2.76%	1.32%
FY 2009	8.48%	5.65%	3.71%	3.18%	1.94%
FY 2010	8.21%	4.93%	3.47%	2.37%	
FY 2011	7.73%	5.79%	3.00%		
FY 2012	4.48%	3.59%			
FY 2013	6.81%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Pharmacist VA Entrance Survey

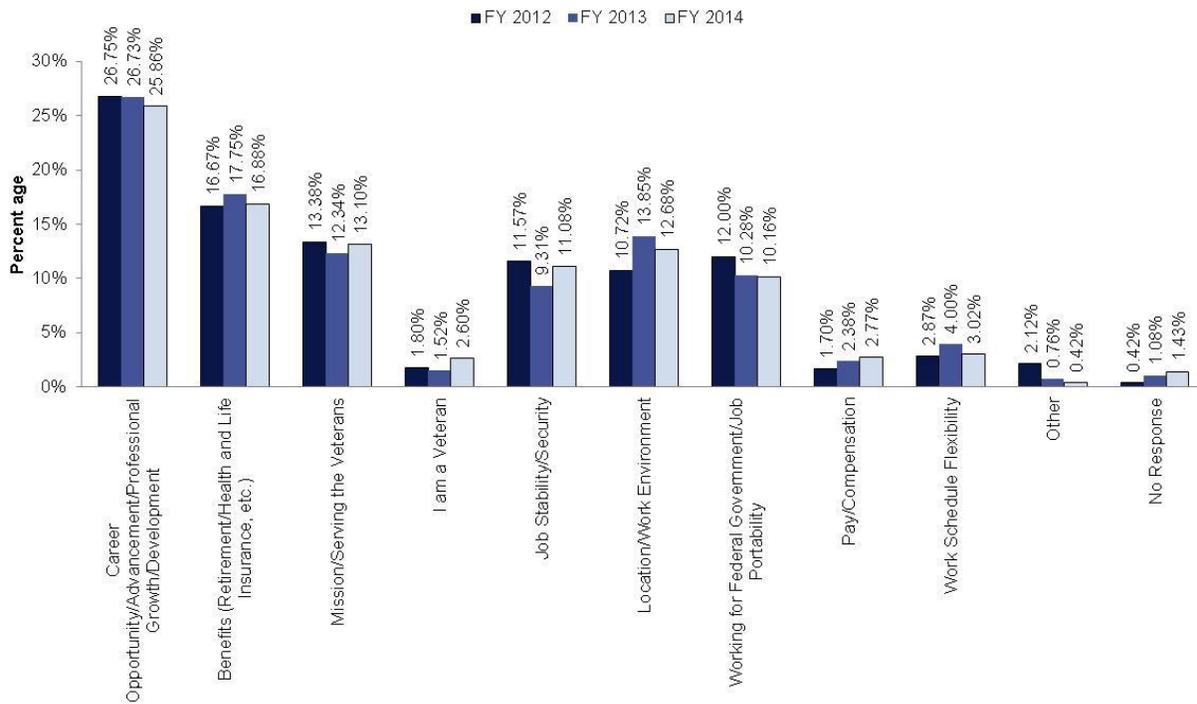


Figure C80: Pharmacist Workforce Reasons for Choosing

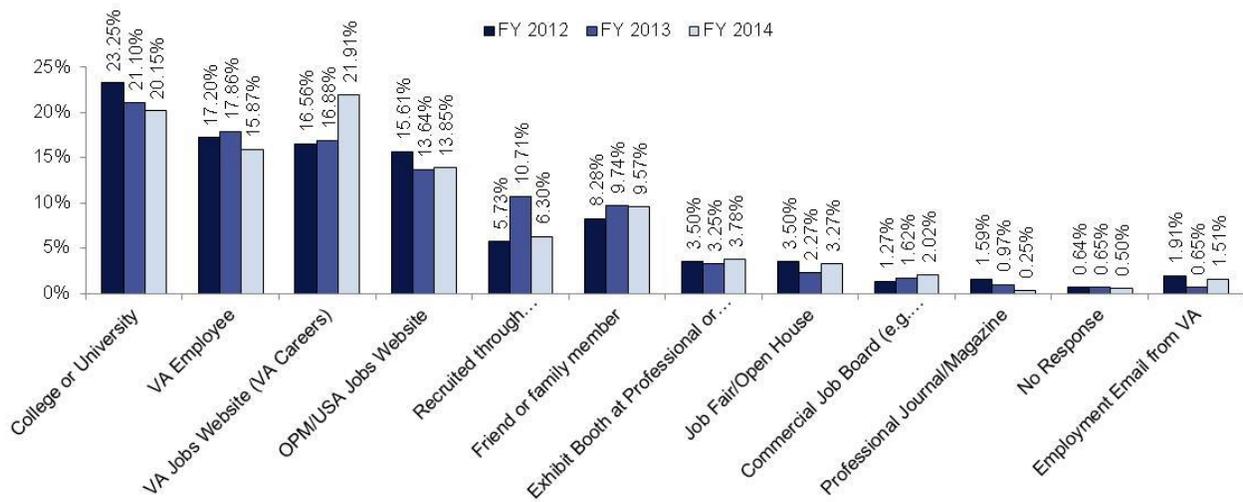


Figure C81: Pharmacist Workforce Top Resources for Hearing about VA Jobs

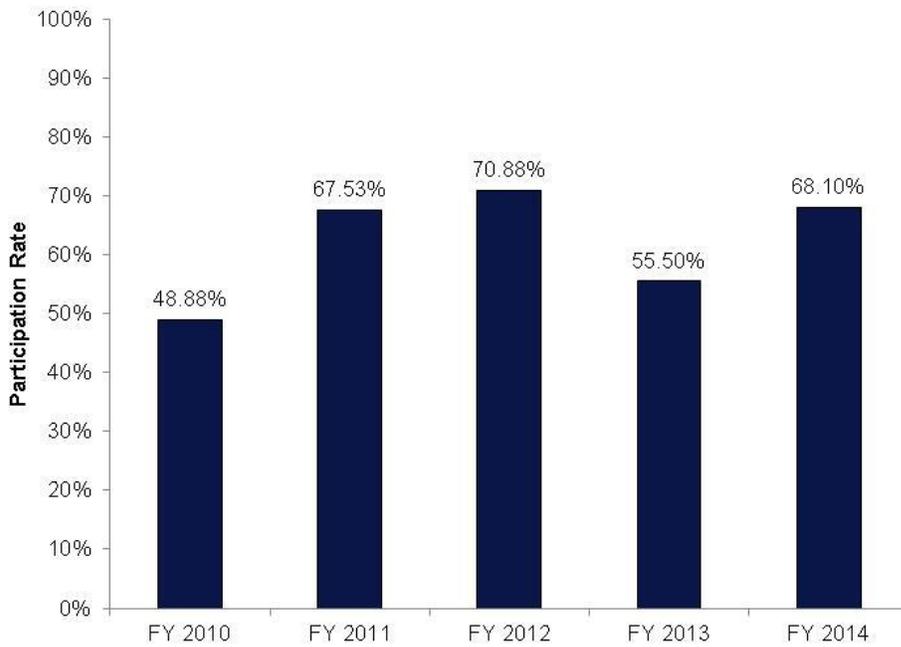


Figure C82: Pharmacist Workforce Participation Rates

Pharmacist VA Exit Survey

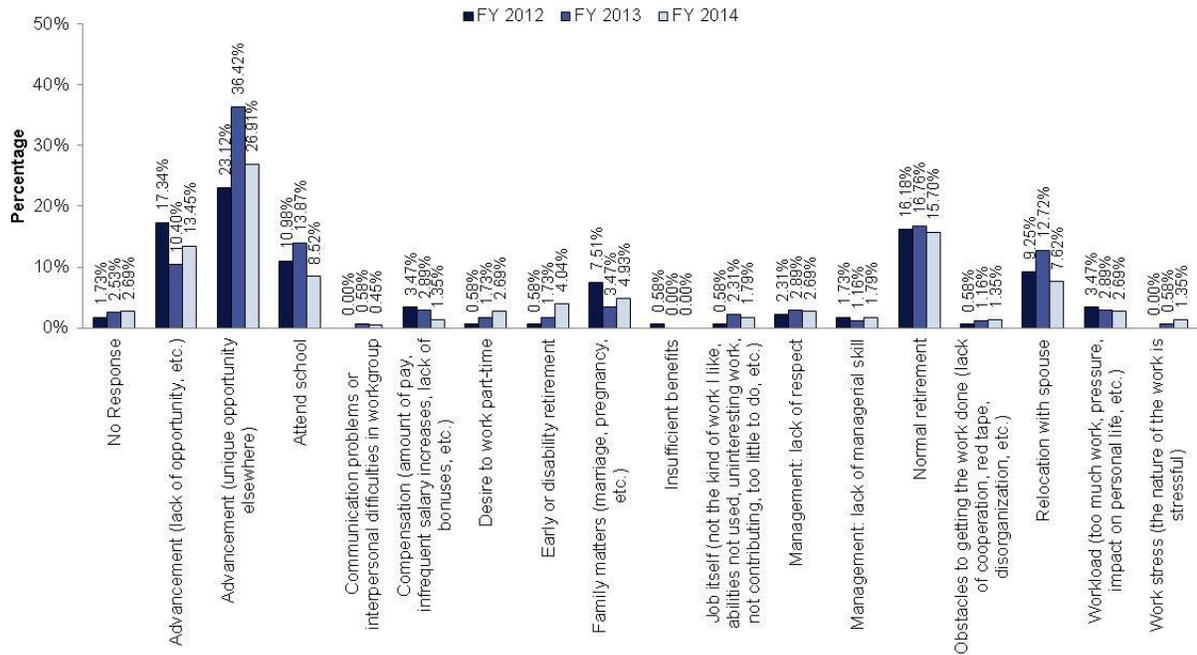


Figure C83: Pharmacist Workforce Reasons for Leaving

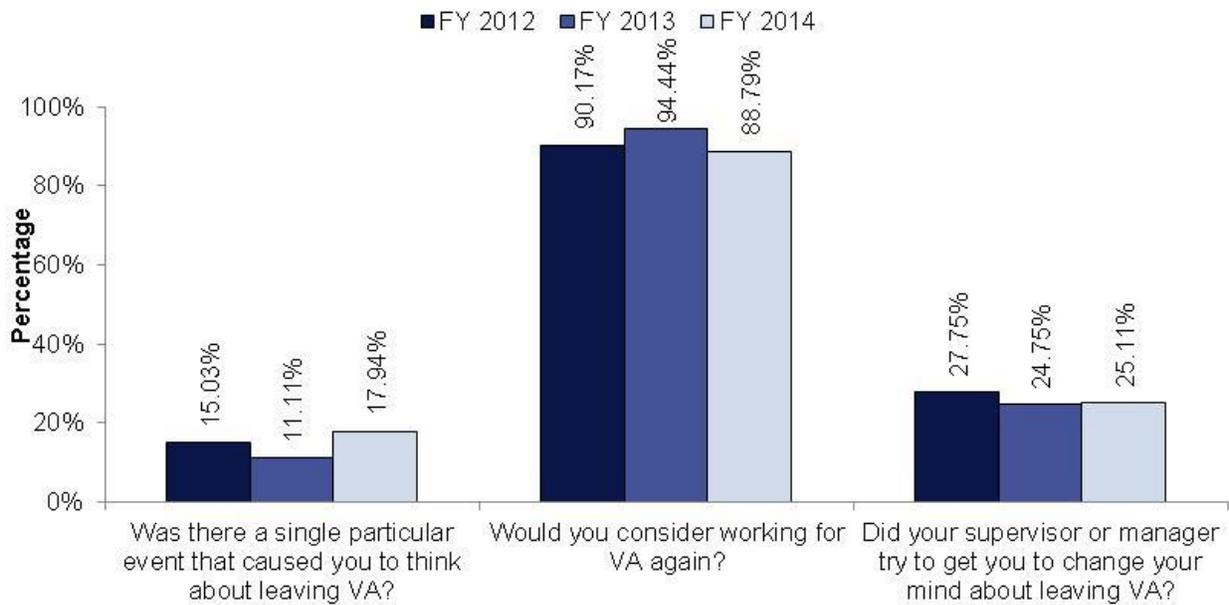


Figure C84: Pharmacist Workforce Percentage of Employees that Answered "Yes"

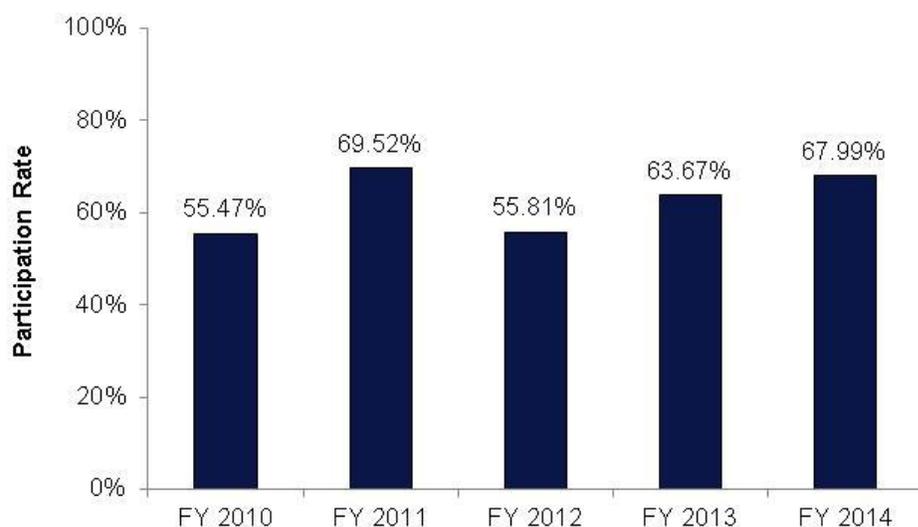


Figure C85: Pharmacist Workforce Participation Rates

Diversity and Inclusion

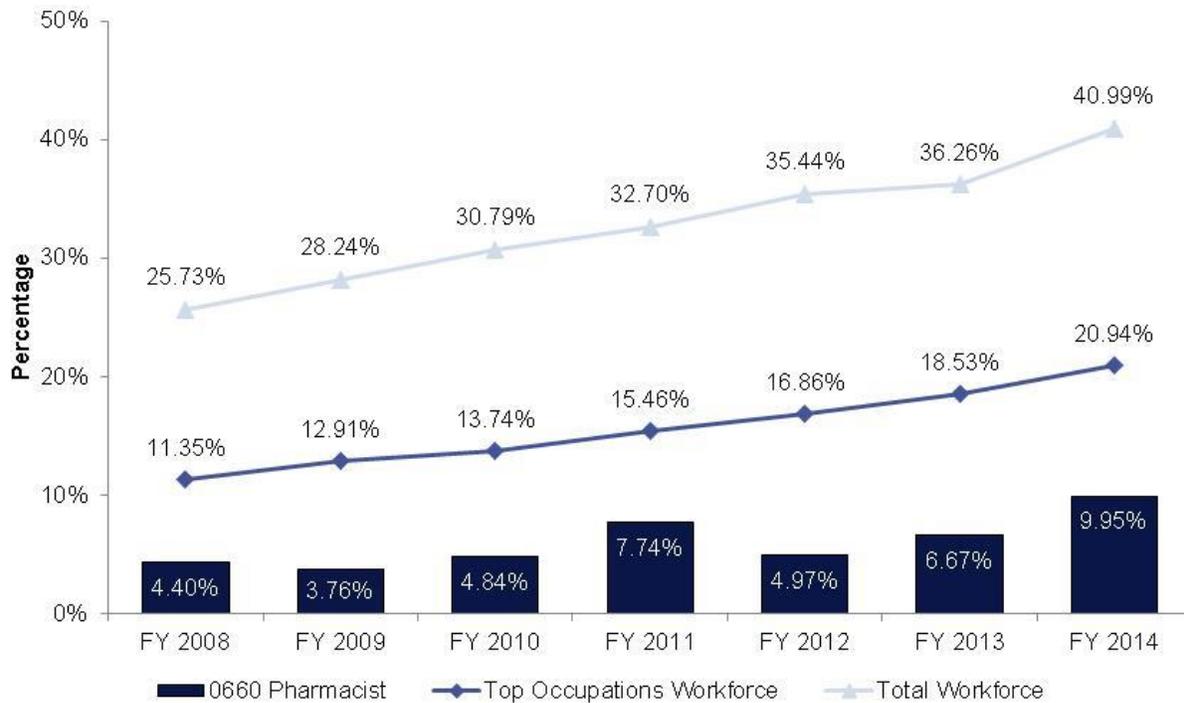
Table C54: Pharmacist - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	32.2%	31.6%	30.7%	29.9%	29.4%	28.8%	37.0%	-8.3%	0.78
WF	38.3%	39.0%	39.6%	40.3%	40.9%	41.2%	36.3%	5.0%	1.14
BM	1.9%	1.9%	1.9%	1.9%	1.9%	2.0%	2.1%	-0.1%	0.97
BF	5.7%	5.8%	5.8%	5.9%	5.9%	5.8%	3.7%	2.1%	1.57
HM	1.4%	1.5%	1.5%	1.4%	1.3%	1.3%	1.6%	-0.3%	0.84
HF	3.2%	3.2%	3.1%	2.9%	2.9%	2.9%	2.1%	0.8%	1.37
AM	4.6%	4.3%	4.3%	4.4%	4.4%	4.4%	6.2%	-1.8%	0.71
AF	11.1%	11.1%	11.3%	11.6%	11.8%	12.0%	10.2%	1.8%	1.18
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	1.37
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	2.29
AIM	0.4%	0.3%	0.3%	0.3%	0.4%	0.4%	0.2%	0.2%	2.03
AIF	0.8%	0.8%	0.7%	0.8%	0.8%	0.8%	0.2%	0.6%	4.12
OM	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.2%	-0.2%	0.30
OF	0.3%	0.4%	0.5%	0.4%	0.2%	0.1%	0.2%	-0.1%	0.69

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C 55: Pharmacist - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	3.27%	3.28%	3.39%	3.77%	3.83%	3.99%
Targeted Disability	0.33%	0.34%	0.44%	0.47%	0.47%	0.48%
Veteran	7.75%	7.06%	7.96%	7.19%	7.00%	6.95%

Veteran New Hire**Figure C86: Pharmacist Veteran Representation Among New Hires**

Pharmacist Supervisor Retirement Eligibility

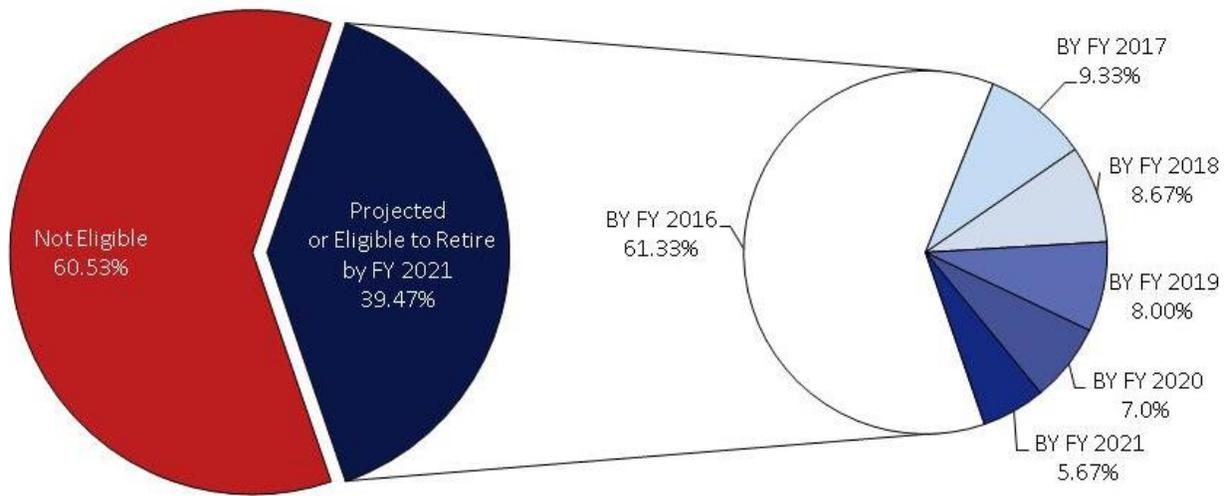


Figure C87: FY 2014 Pharmacist Supervisor Employees Projected or Eligible to Retire by FY 2021

*0647 Diagnostic Radiologic Technologist*Workforce Trend Data**Table C56: Diagnostic Radiologic Technologist Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	3,023	3,159	3,243	3,281	3,484	3,559
Onboard percent change at end of FY	5.44%	4.50%	2.66%	1.17%	6.19%	2.15%
Average Onboard	2,976.50	3,094.33	3,230.92	3,266.17	3,387.17	3,523.17
FTE at end of FY	2,953.11	3,081.45	3,170.71	3,210.19	3,408.70	3,486.13
Voluntary Retirements	49	65	64	81	77	90
Disability retirements	8	7	3	6	7	5
Special (early out) retirements	0	1	0	0	0	0
Resignations	66	57	75	92	67	108
Transfers (352G)	4	2	1	1	0	6
Terminations, Removals, & Separations	24	23	24	9	14	23
Deaths	5	8	4	4	3	4
Total losses	156	163	171	193	168	236
Total gains (computed)	312	299	255	231	371	311
Voluntary Retirement Rate	1.65%	2.10%	1.98%	2.48%	2.27%	2.55%
Regrettable Loss Rate	2.35%	1.91%	2.35%	2.85%	1.98%	3.24%
Total Loss Rate	5.24%	5.27%	5.29%	5.91%	4.96%	6.70%

Age Trends of the Diagnostic Radiologic Technologist Workforce

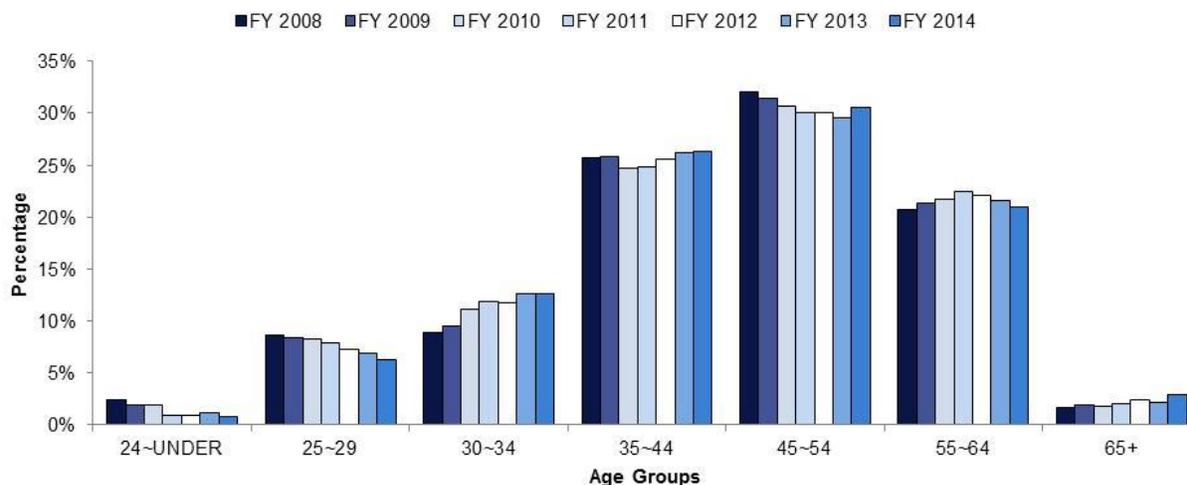


Figure C88: Age Trends of the Diagnostic Radiologic Technologist Workforce

Projected Workforce Data

Table C 57: Diagnostic Radiologic Technologist - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	3,559	3,665	3,775	3,890	4,005	4,125	4,250	4,380
% Change from Previous Year	2.15%	2.98%	3.00%	3.05%	2.96%	3.00%	3.03%	3.06%
Eligible for Retirement		439	456	473	501	504	519	516
Voluntary Retirements	95	75	78	83	91	92	97	97
Regrettable Losses	117	98	101	104	107	110	114	117
Other Losses	35	27	28	29	30	31	32	33
Total Losses	247	201	207	216	228	233	243	247
Gains Needed		307	317	331	343	353	368	377

Quits by Year of Employment

Table C58: Diagnostic Radiologic Technologist Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	13.37%	4.26%	2.43%	1.52%	0.30%
FY 2008	6.90%	3.22%	3.22%	2.30%	1.15%
FY 2009	3.69%	2.77%	2.46%	2.46%	1.85%
FY 2010	7.59%	5.52%	4.14%	2.76%	
FY 2011	9.49%	6.72%	0.79%		
FY 2012	7.66%	4.05%			
FY 2013	7.80%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Diagnostic Radiologic Technologist VA Entrance Survey

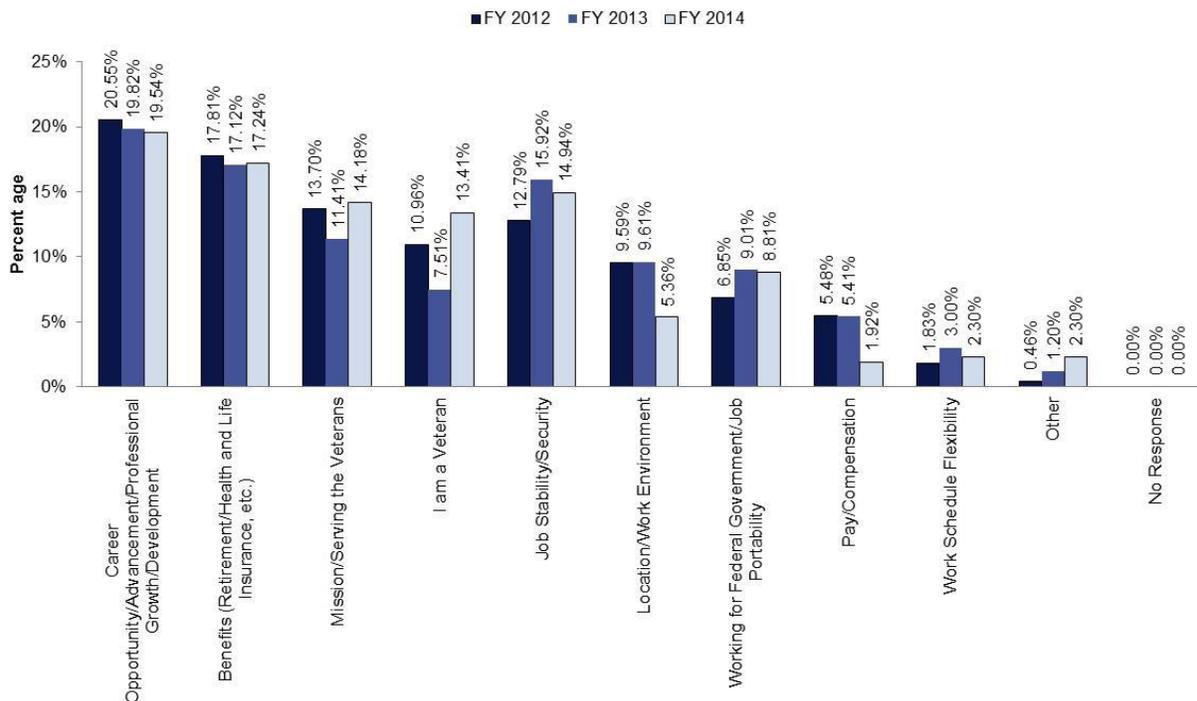


Figure C89: Diagnostic Radiologic Technologist Workforce Reasons for Choosing

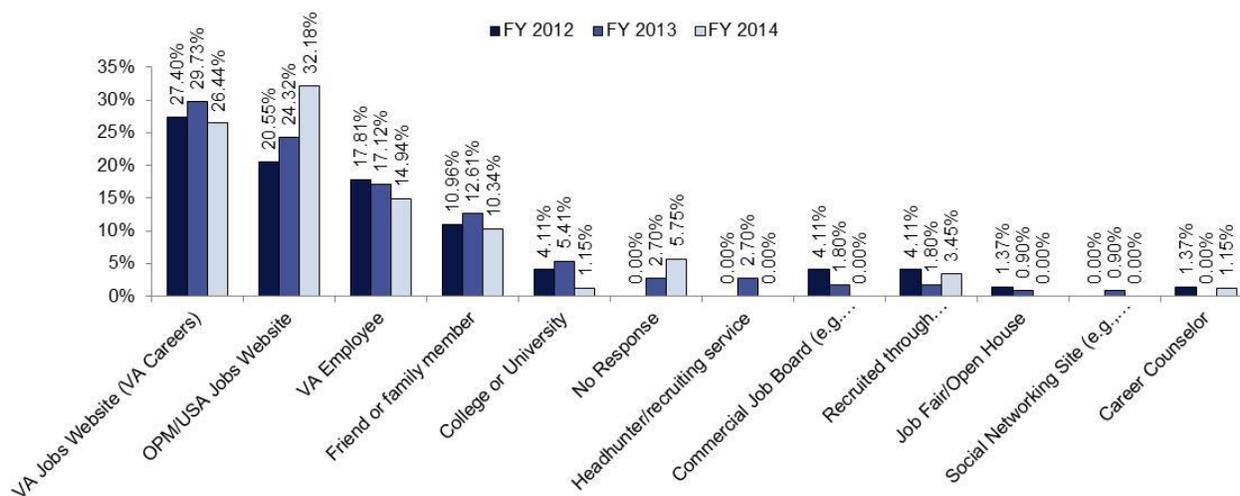


Figure C90: Diagnostic Radiologic Technologist Workforce Top Resources for Hearing about VA Jobs

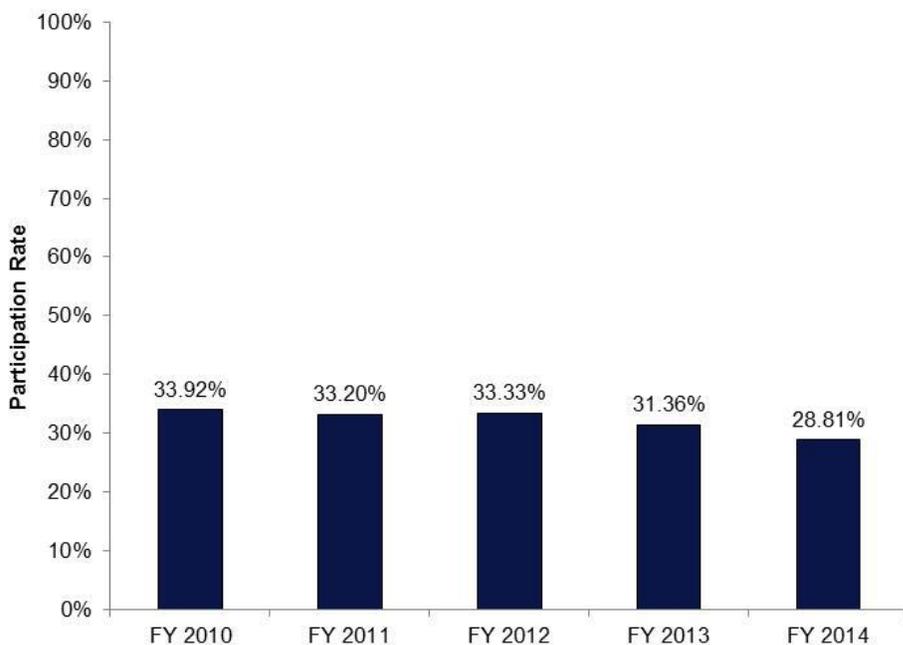


Figure C91: Diagnostic Radiologic Technologist Workforce Participation Rates

Diagnostic Radiologic Technologist VA Exit Survey

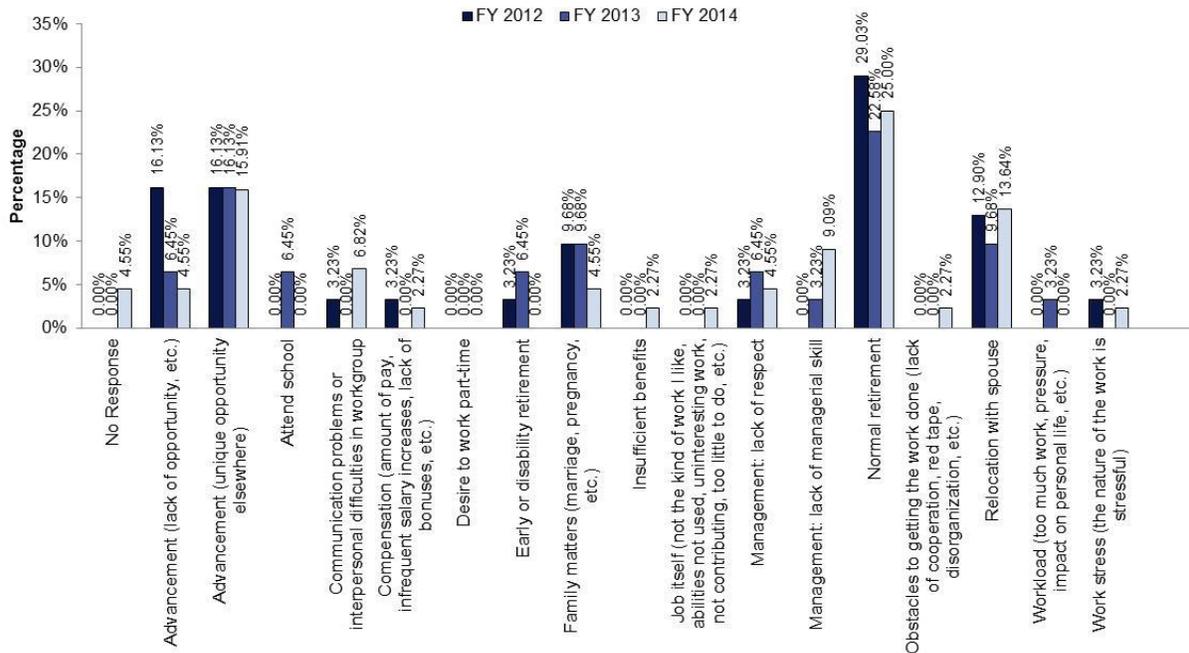


Figure C92: Diagnostic Radiologic Technologist Workforce Reasons for Leaving

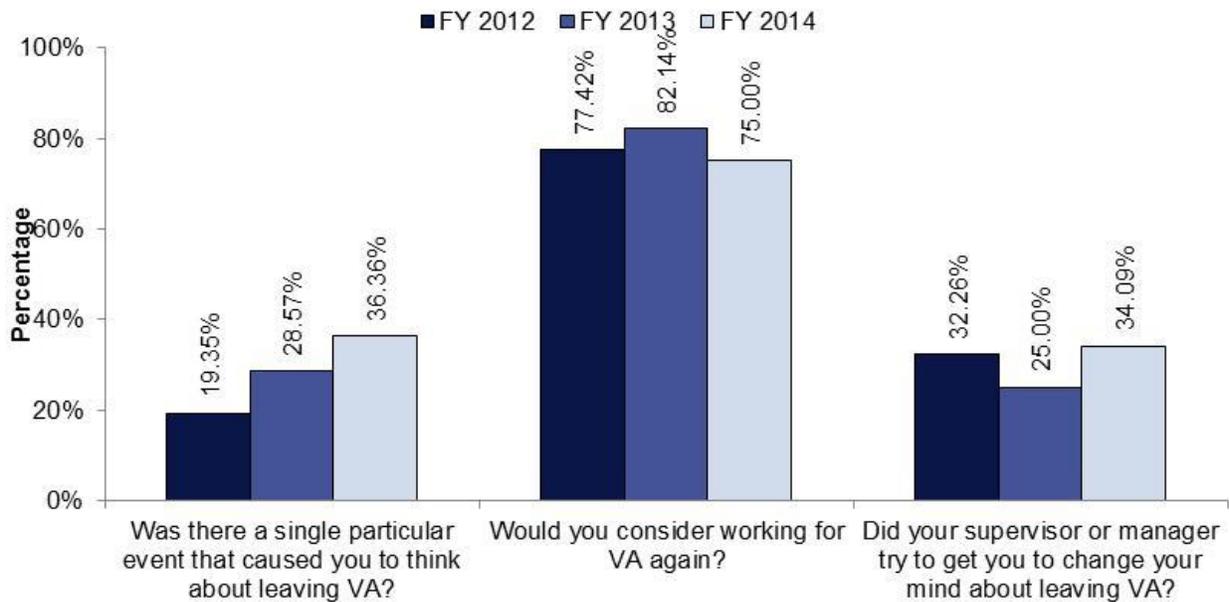


Figure C93: Diagnostic Radiologic Technologist Workforce Percentage of Employees that Answered "Yes"

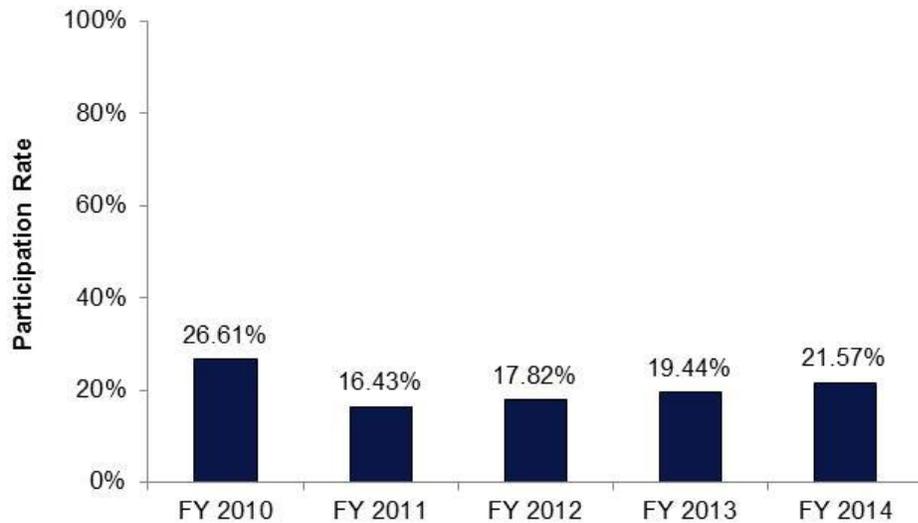


Figure C94: Diagnostic Radiologic Technologist Workforce Participation Rates

Diversity and Inclusion

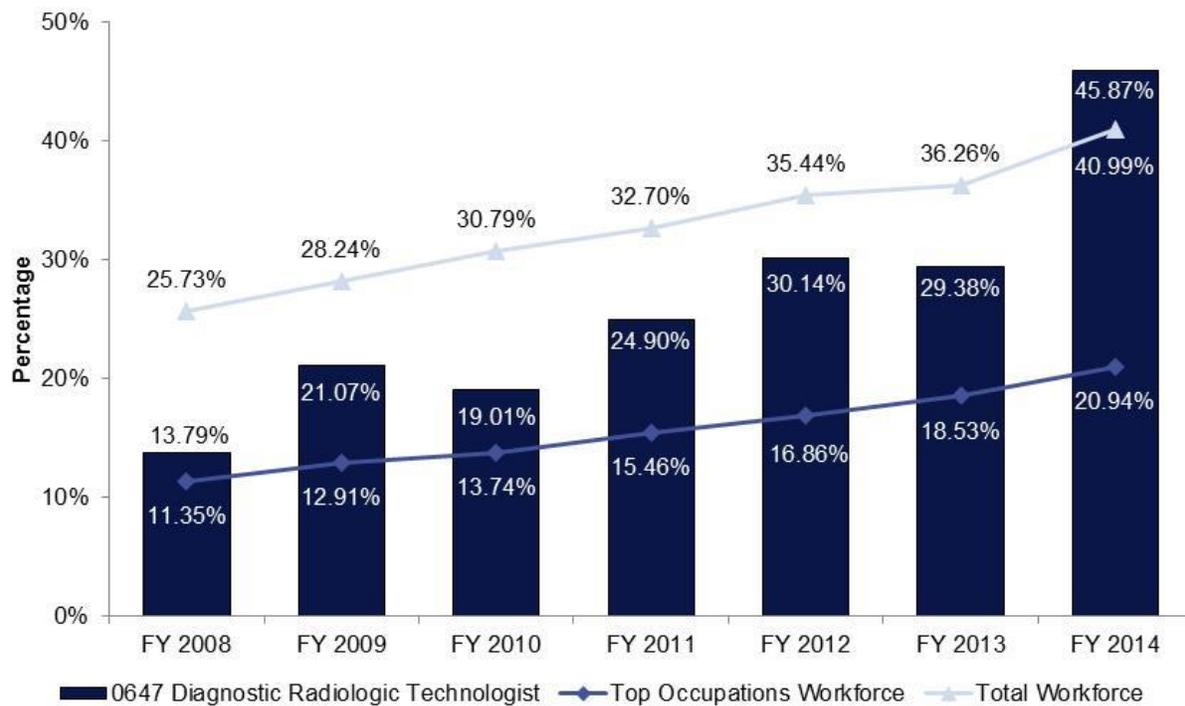
Table C59: Diagnostic Radiologic Technologist - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	29.7%	29.6%	29.0%	28.7%	28.6%	29.4%	18.3%	11.1%	1.61
WF	39.5%	40.1%	40.2%	40.6%	40.8%	39.6%	58.5%	-18.9%	0.68
BM	8.2%	8.1%	8.4%	8.3%	8.4%	8.2%	3.1%	5.1%	2.65
BF	8.8%	8.0%	7.8%	8.0%	7.5%	7.6%	5.5%	2.1%	1.38
HM	4.0%	4.7%	4.7%	4.6%	4.5%	4.7%	3.9%	0.8%	1.20
HF	2.9%	3.0%	2.8%	2.7%	2.7%	2.8%	4.7%	-1.9%	0.60
AM	3.2%	3.2%	3.3%	3.4%	3.7%	3.7%	2.5%	1.2%	1.49
AF	1.5%	1.6%	1.6%	1.6%	1.8%	2.0%	2.3%	-0.3%	0.88
NHPIM	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	2.34
NHPIF	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	2.81
AIM	0.5%	0.4%	0.6%	0.6%	0.7%	0.7%	0.2%	0.5%	3.51
AIF	0.9%	0.7%	0.6%	0.6%	0.8%	0.8%	0.5%	0.3%	1.57
OM	0.3%	0.3%	0.4%	0.4%	0.1%	0.1%	0.2%	0.0%	0.88
OF	0.2%	0.4%	0.4%	0.4%	0.1%	0.1%	0.2%	-0.2%	0.35

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Table C60: Diagnostic Radiologic Technologist - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	5.59%	5.76%	6.14%	6.67%	7.00%	8.20%
Targeted Disability	0.69%	0.76%	0.80%	0.85%	0.86%	0.90%
Veteran	25.41%	24.79%	27.17%	26.88%	27.24%	28.27%

Veteran New Hire**Figure C95: Diagnostic Radiologic Technologist Veteran Representation Among New Hires**

Diagnostic Radiologic Technologist Supervisor Retirement Eligibility

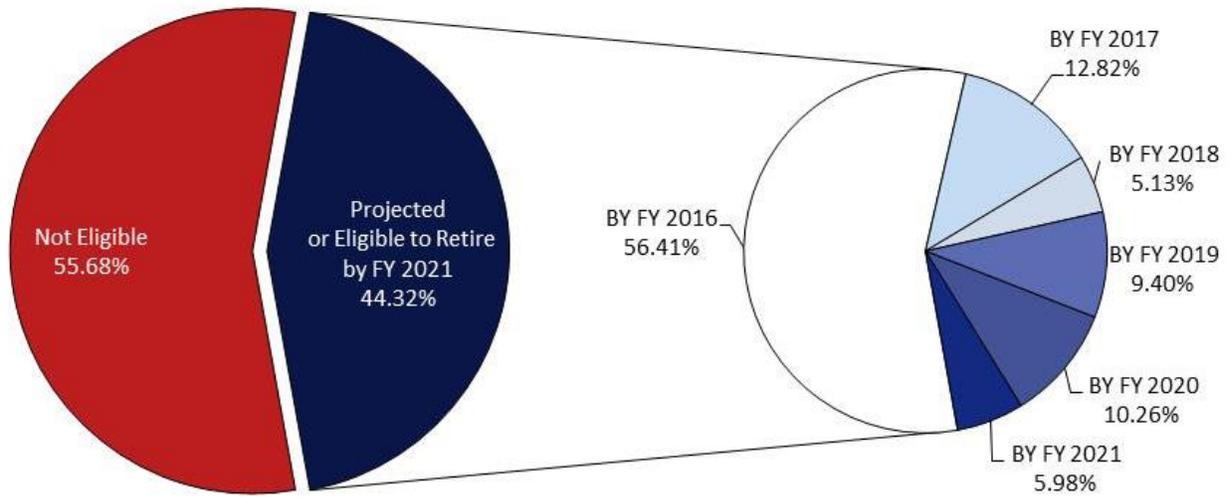


Figure C96: FY 2014 Diagnostic Radiologic Technologist Supervisor Employees Projected or Eligible to Retire by FY 2021

*0649 Medical Instrument Technician*Workforce Trend Data**Table C61: Medical Instrument Technician Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	2,108	2,204	2,302	2,365	2,573	2,824
Onboard percent change at end of FY	5.35%	4.55%	4.45%	2.74%	8.79%	9.76%
Average Onboard	2,067.17	2,170.00	2,264.00	2,325.42	2,466.83	2,697.75
FTE at end of FY	2,080.89	2,178.25	2,274.11	2,329.16	2,538.32	2,785.57
Voluntary Retirements	34	51	61	64	52	71
Disability retirements	10	3	5	6	5	6
Special (early out) retirements	0	0	0	0	0	0
Resignations	38	42	66	74	78	64
Transfers (352G)	3	1	2	1	4	2
Terminations, Removals, & Separations	13	13	6	17	21	14
Deaths	3	2	4	5	4	0
Total losses	101	112	144	167	164	157
Total gains (computed)	208	208	242	230	372	408
Voluntary Retirement Rate	1.64%	2.35%	2.69%	2.75%	2.11%	2.63%
Regrettable Loss Rate	1.98%	1.98%	3.00%	3.23%	3.32%	2.45%
Total Loss Rate	4.89%	5.16%	6.36%	7.18%	6.65%	5.82%

Age Trends of the Medical Instrument Technician Workforce

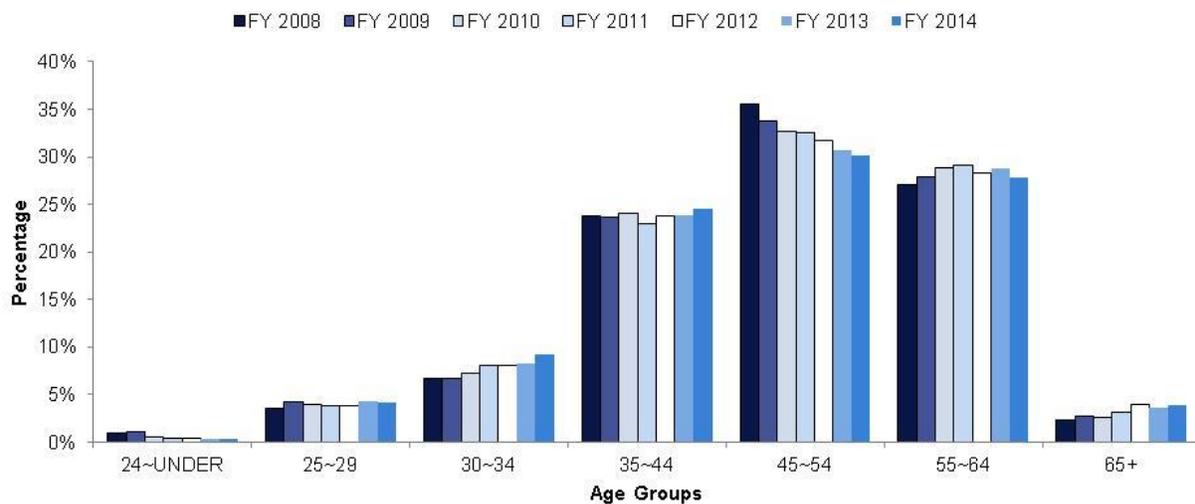


Figure C97: Age Trends of the Medical Instrument Technician Workforce

Projected Workforce Data

Table C 62: Medical Instrument Technician - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	2,824	--	--	--	--	--	--	--
Eligible for Retirement	--	435	440	453	477	503	525	533
Voluntary Retirements	--	74	75	78	85	91	97	102

Quits by Year of Employment

Table C 63: Medical Instrument Technician Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	9.48%	2.59%	1.29%	2.16%	3.45%
FY 2008	8.59%	3.91%	3.52%	3.52%	5.08%
FY 2009	7.41%	6.48%	4.63%	3.24%	1.85%
FY 2010	7.69%	7.69%	5.13%	2.56%	
FY 2011	5.31%	6.19%	4.42%		
FY 2012	7.31%	8.22%			
FY 2013	7.95%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Medical Instrument Technician VA Entrance Survey

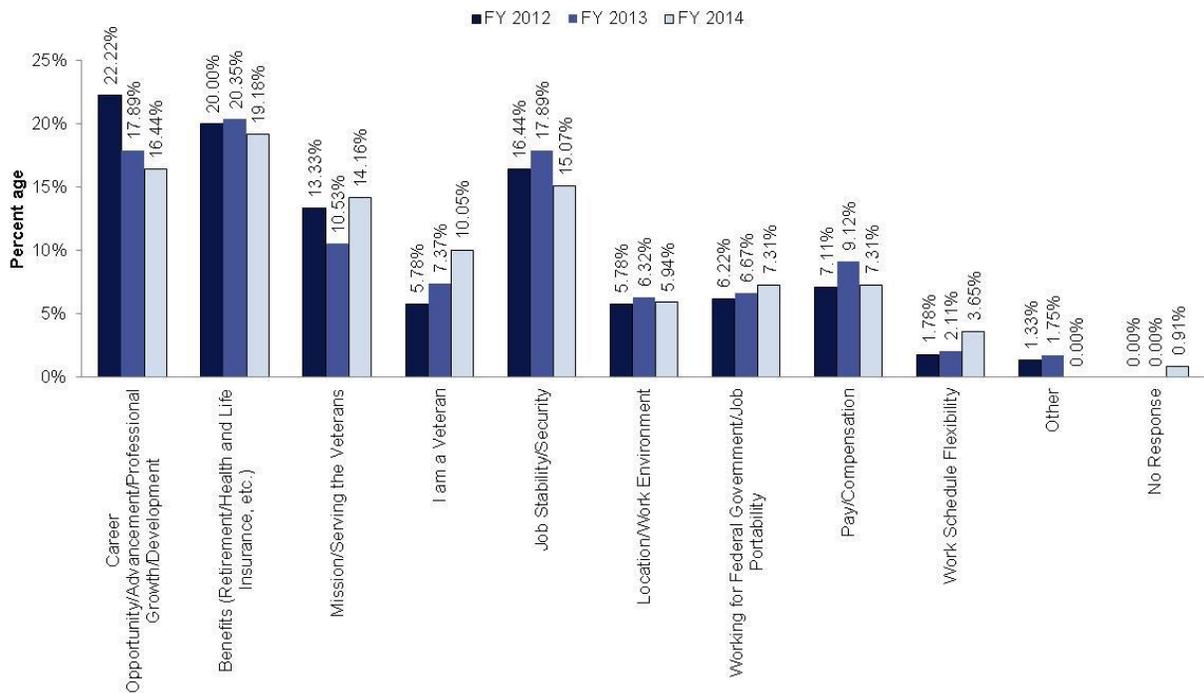


Figure C98: Medical Instrument Technician Workforce Reasons for Choosing

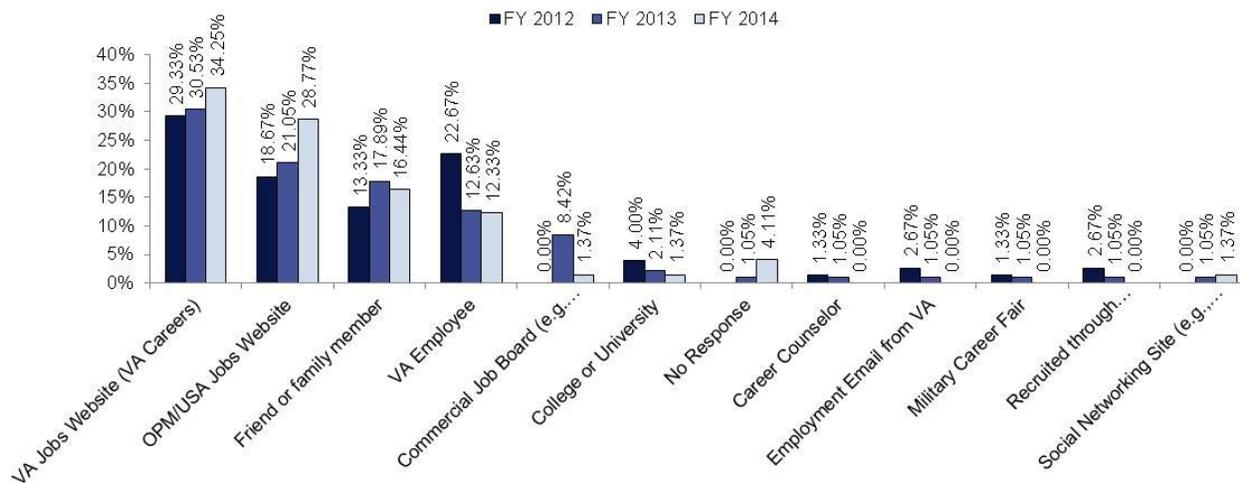


Figure C99: Medical Instrument Technician Workforce Top Resources for Hearing about VA Jobs

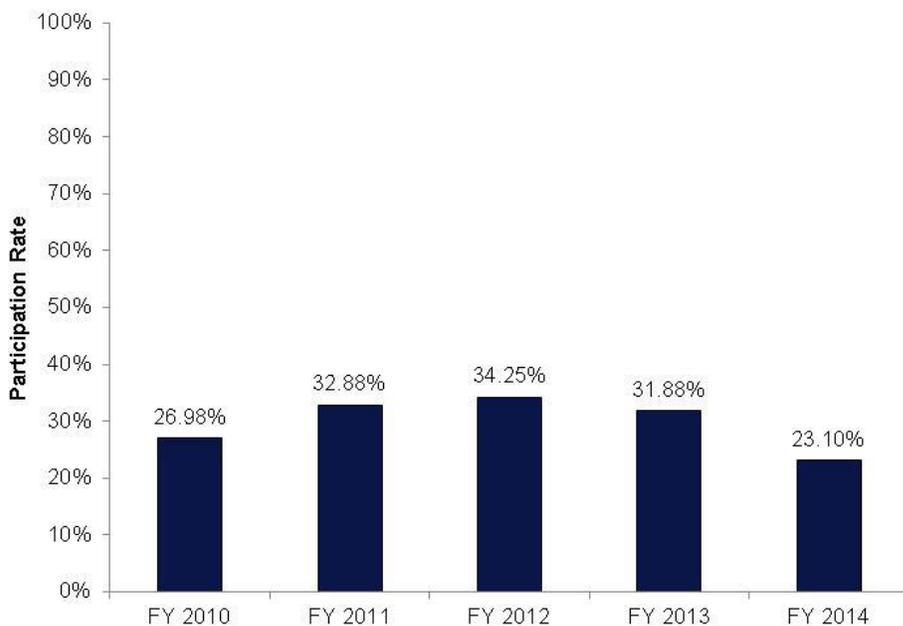


Figure C100: Medical Instrument Technician Workforce Participation Rates

Medical Instrument Technician VA Exit Survey

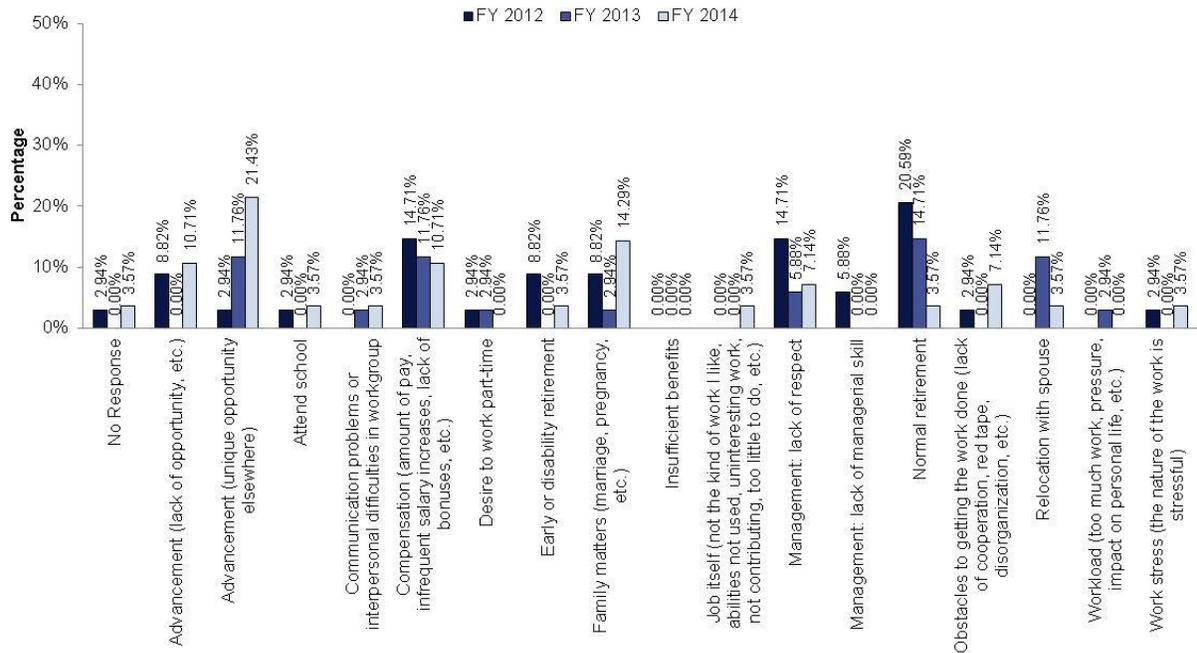


Figure C101: Medical Instrument Technician Workforce Reasons for Leaving

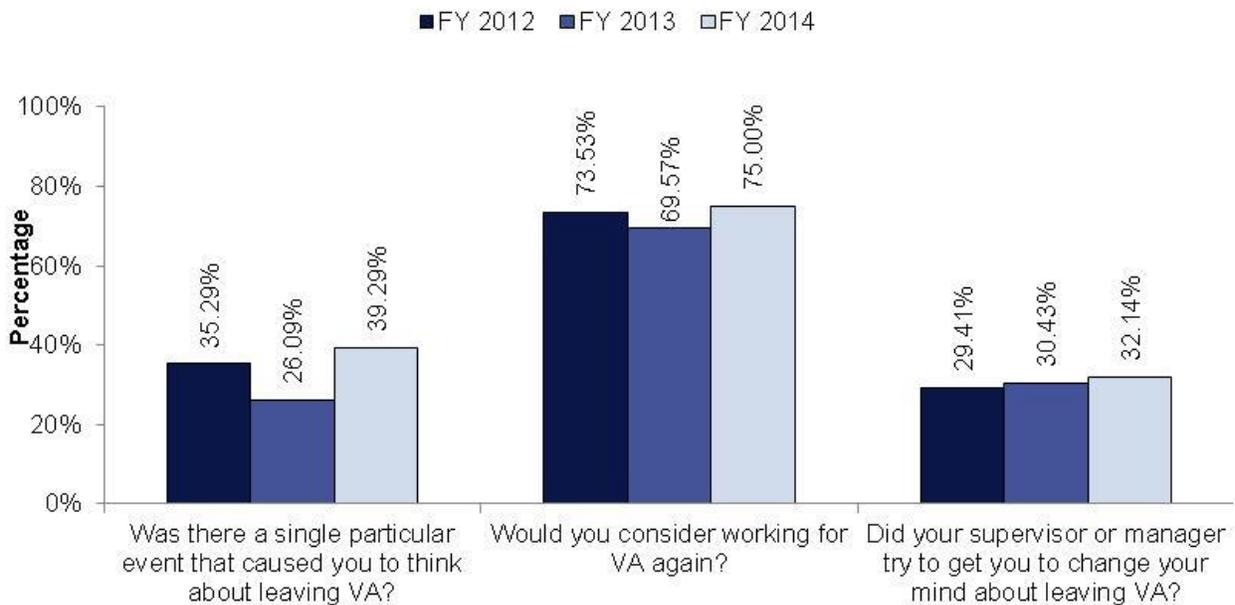


Figure C102: Medical Instrument Technician Workforce Percentage of Employees that Answered "Yes"

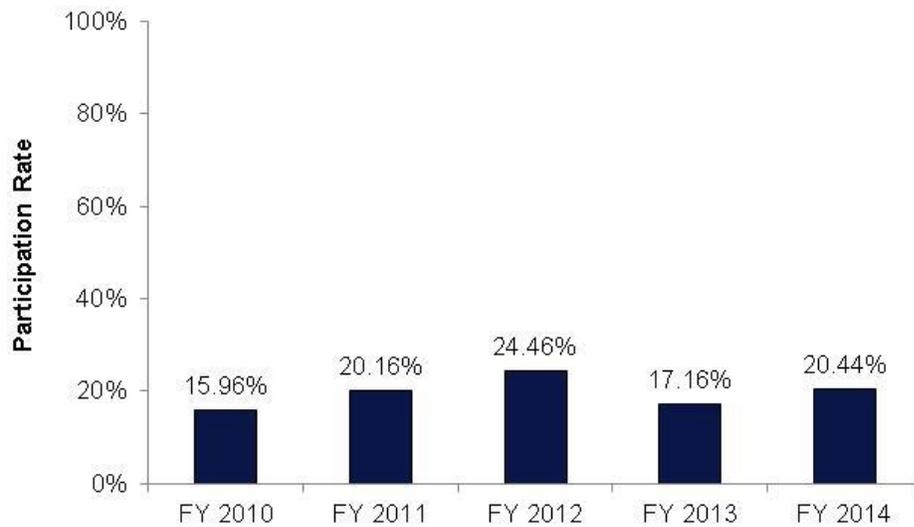


Figure C103: Medical Instrument Technician Workforce Participation Rate

EEO Summary Table

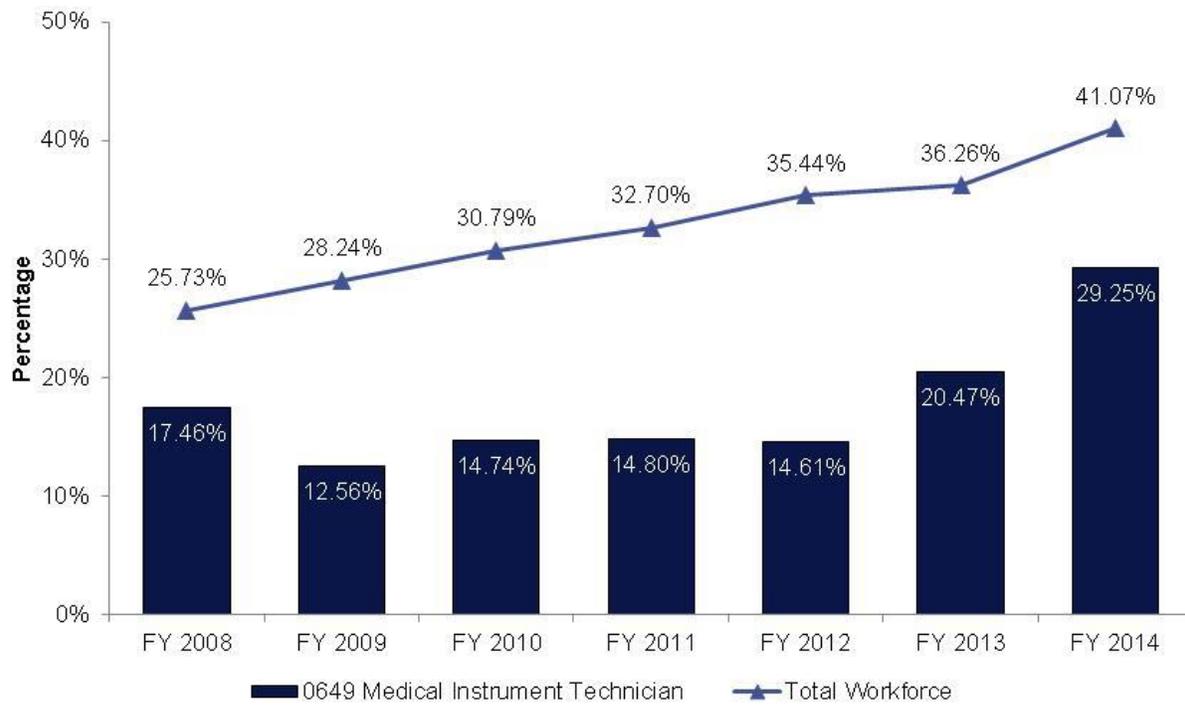
Table C64: Medical Instrument Technician - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	18.9%	18.9%	19.2%	19.1%	19.5%	19.5%	21.1%	-1.5%	0.93
WF	37.7%	38.3%	38.4%	38.0%	38.1%	37.2%	39.5%	-2.3%	0.94
BM	9.7%	9.5%	9.5%	9.5%	9.6%	9.2%	5.6%	3.7%	1.66
BF	16.4%	16.0%	15.7%	15.4%	15.2%	15.4%	15.3%	0.1%	1.01
HM	5.8%	5.9%	5.6%	5.9%	5.8%	6.1%	3.4%	2.7%	1.81
HF	4.2%	4.4%	4.5%	4.7%	4.4%	4.0%	5.9%	-1.9%	0.67
AM	2.8%	2.9%	2.7%	2.7%	3.0%	3.4%	3.5%	-0.1%	0.97
AF	2.8%	2.5%	2.6%	2.7%	2.6%	2.8%	3.8%	-1.0%	0.75
NHPIM	0.1%	0.0%	0.1%	0.1%	0.2%	0.2%	0.0%	0.2%	0.00
NHPIF	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	2.12
AIM	0.6%	0.4%	0.4%	0.5%	0.7%	0.8%	0.2%	0.6%	3.54
AIF	0.5%	0.4%	0.3%	0.3%	0.5%	0.7%	0.9%	-0.1%	0.87
OM	0.0%	0.2%	0.3%	0.4%	0.1%	0.1%	0.2%	-0.1%	0.62
OF	0.4%	0.4%	0.4%	0.5%	0.2%	0.2%	0.5%	-0.3%	0.47

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Table C 65: Medical Instrument Technician - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	5.65%	5.49%	5.95%	6.68%	7.23%	7.75%
Targeted Disability	0.71%	0.77%	1.09%	1.14%	1.05%	0.96%
Veteran	23.24%	22.41%	23.20%	21.99%	22.11%	23.05%

Veteran New Hire**Figure C104: Medical Instrument Technician Veteran Representation Among New Hires**

Medical Instrument Technician Supervisor Retirement Eligibility

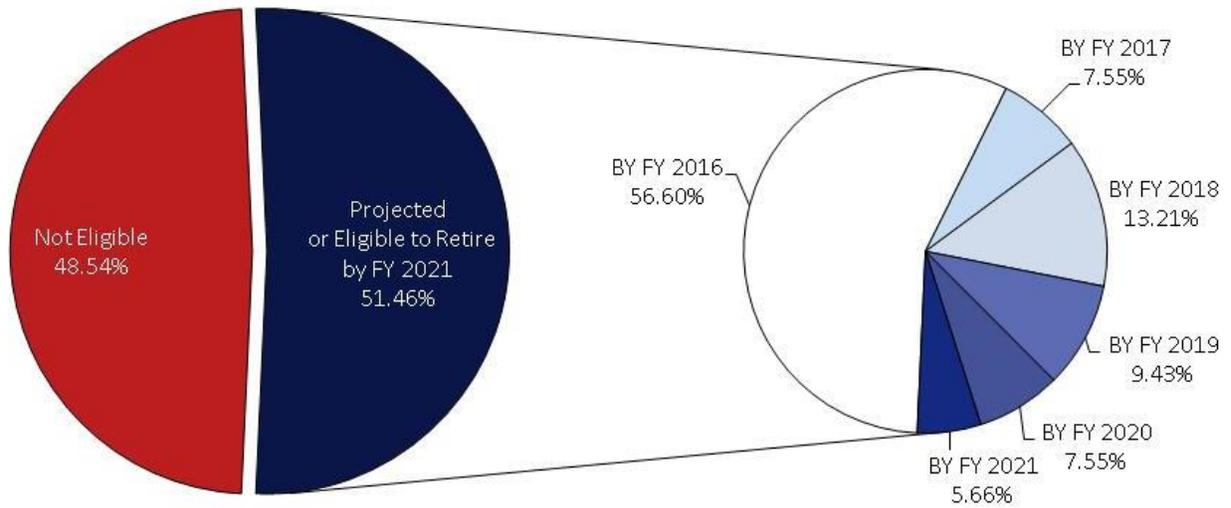


Figure C105: FY 2014 Medical Instrument Technician Supervisor Employees Projected or Eligible by FY 2021

*0605 Nurse Anesthetist (CRNA)*Workforce Trend Data**Table C66: Nurse Anesthetist Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	615	657	700	712	781	829
Onboard percent change at end of FY	12.64%	6.83%	6.54%	1.71%	9.69%	6.15%
Average Onboard	583.67	634.00	679.25	710.50	746.42	808.67
FTE at end of FY	589.15	632.43	674.23	686.60	751.11	799.91
Voluntary Retirements	12	8	14	20	24	22
Disability retirements	0	0	0	0	2	0
Special (early out) retirements	0	0	0	0	0	0
Resignations	30	21	28	29	14	20
Transfers (352G)	1	1	0	0	0	1
Terminations, Removals, & Separations	11	8	10	4	9	7
Deaths	1	1	1	1	0	0
Total losses	55	39	53	54	49	50
Total gains (computed)	124	81	96	66	118	98
Voluntary Retirement Rate	2.06%	1.26%	2.06%	2.81%	3.22%	2.72%
Regrettable Loss Rate	5.31%	3.47%	4.12%	4.08%	1.88%	2.60%
Total Loss Rate	9.42%	6.15%	7.80%	7.60%	6.56%	6.18%

Age Trends of the CRNA Workforce

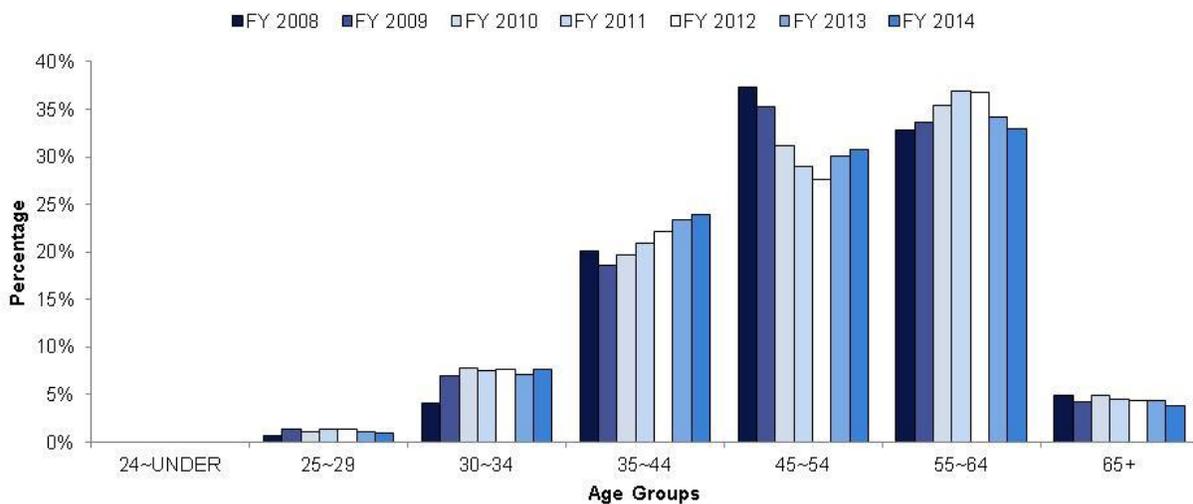


Figure C106: Age Trends of the Nurse Anesthetist Workforce

Projected Workforce Data

Table C67: Nurse Anesthetist - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	829	--	--	--	--	--	--	--
Eligible for Retirement	--	148	156	168	174	1742	161	155
Voluntary Retirements	--	26	28	31	32	33	31	31

Quits by Year of Employment

Table C68: Nurse Anesthetist Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	11.84%	11.84%	1.32%	1.32%	0.00%
FY 2008	8.65%	6.73%	4.81%	2.88%	1.92%
FY 2009	11.86%	4.24%	5.08%	5.08%	3.39%
FY 2010	10.26%	6.41%	3.85%	1.28%	
FY 2011	4.85%	6.80%	2.91%		
FY 2012	1.72%	5.17%			
FY 2013	3.64%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Nurse Anesthetist VA Entrance Survey

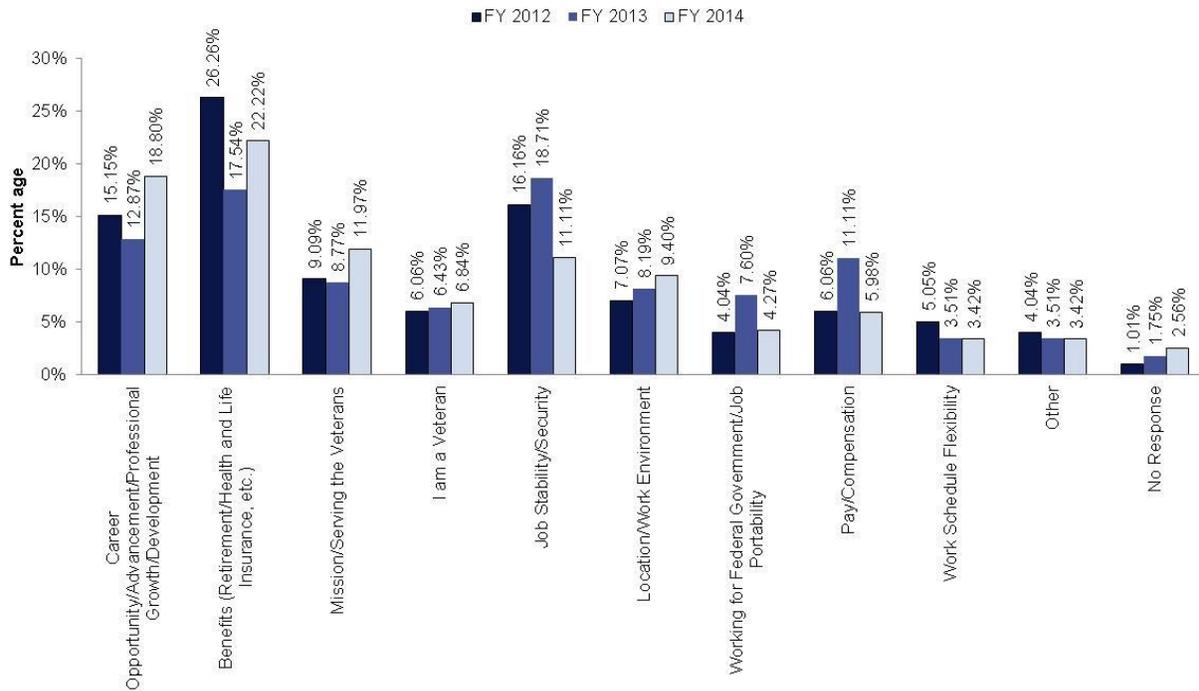


Figure C107: Nurse Anesthetist Workforce Reasons for Choosing

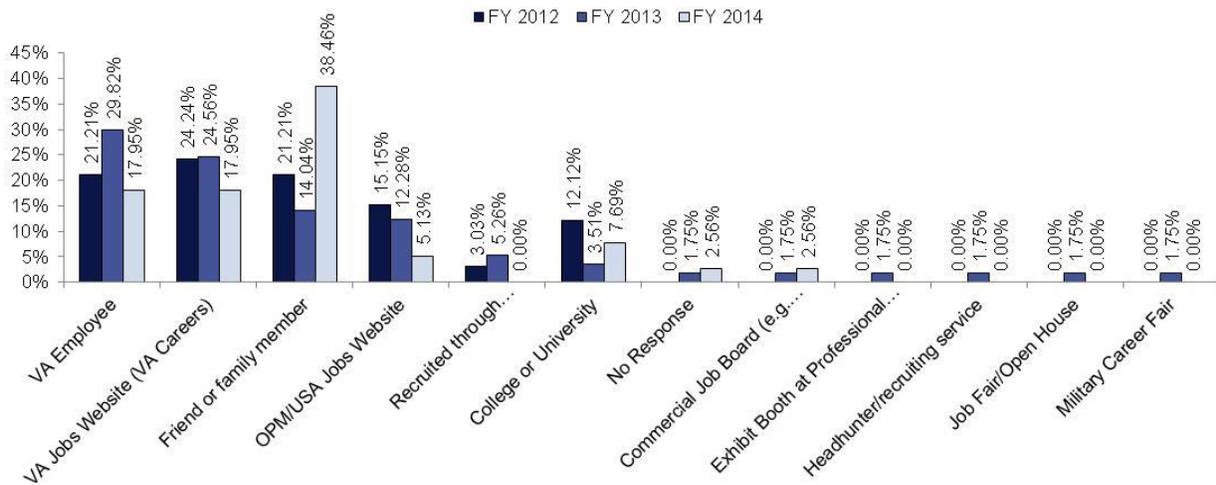


Figure C108: Nurse Anesthetist Workforce Top Resources for Hearing about VA Jobs

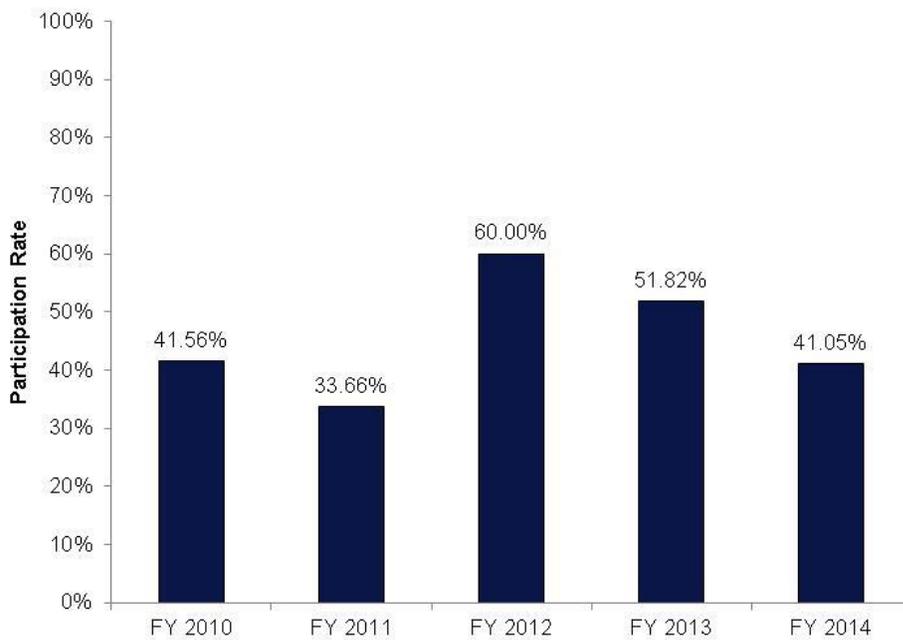


Figure C109: Nurse Anesthetist Workforce Participation Rates

Nurse Anesthetist VA Exit Survey

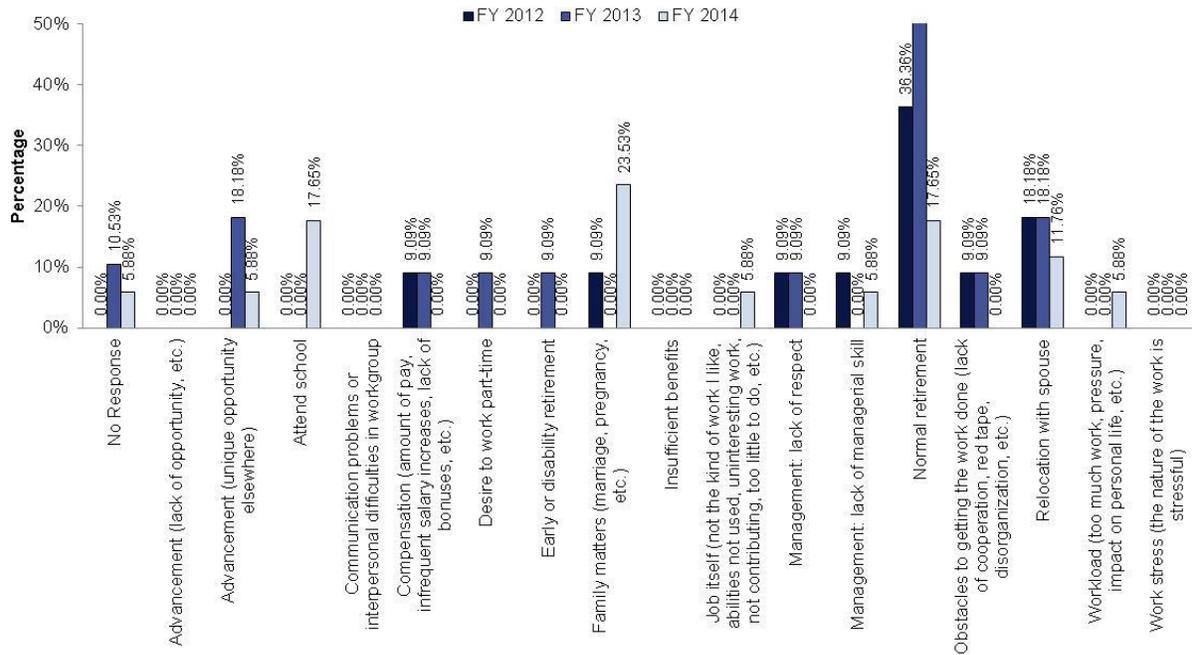


Figure C110: Nurse Anesthetist Workforce Reasons for Leaving

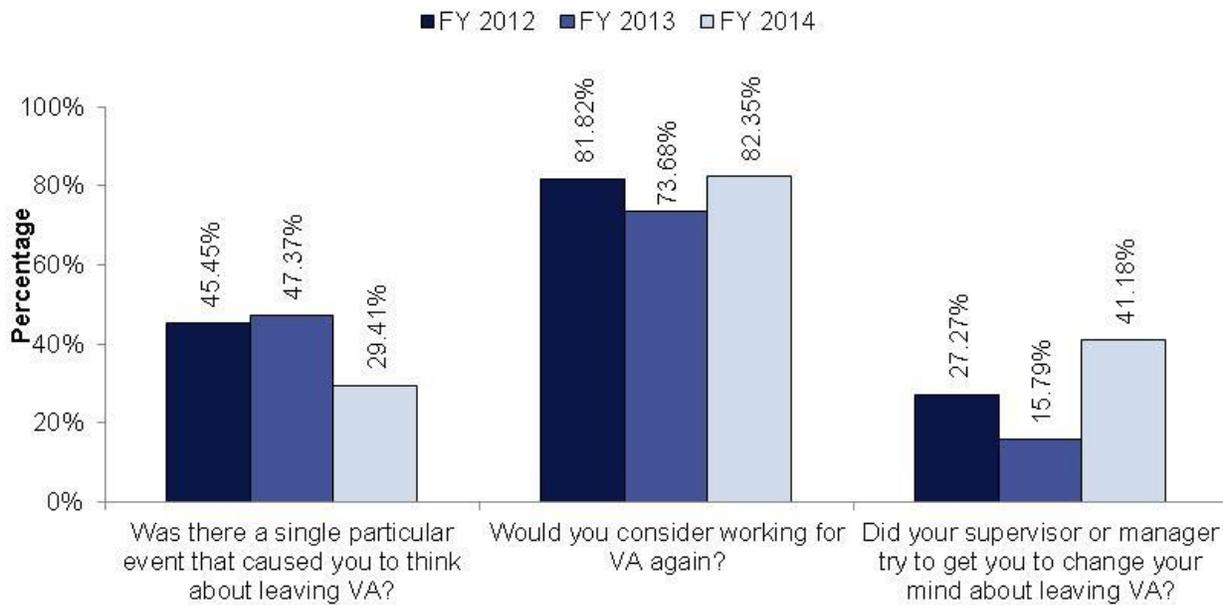


Figure C111: Nurse Anesthetist Workforce Percentage of Employees that Answered "Yes"

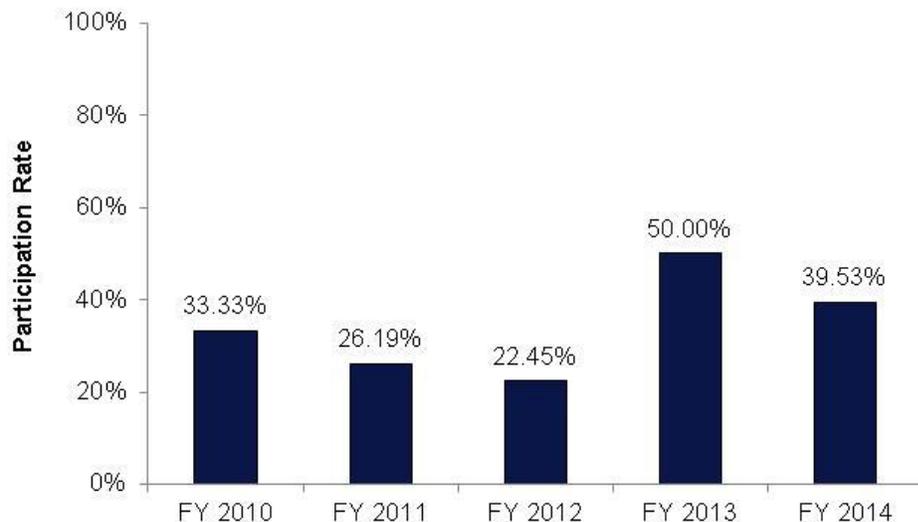


Figure C112: Nurse Anesthetist Workforce Participation Rate

Diversity and Inclusion

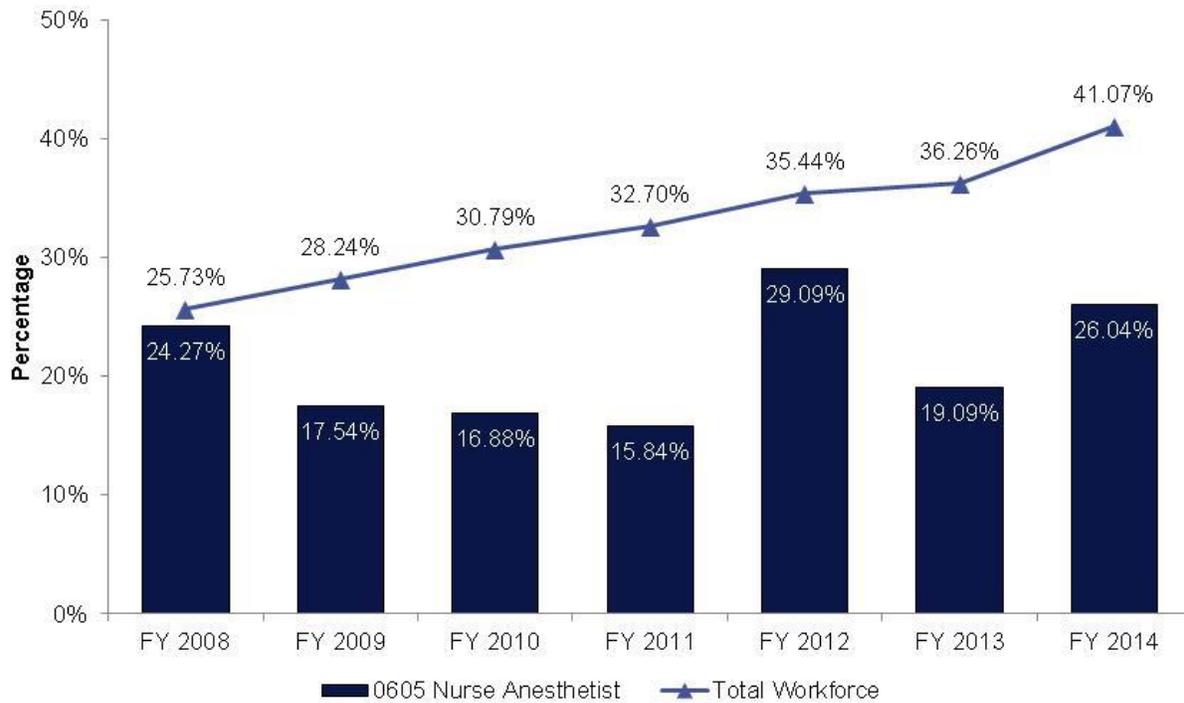
Table C69: Nurse Anesthetist - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	41.3%	41.4%	42.1%	41.4%	40.3%	39.3%	37.3%	2.0%	1.05
WF	43.7%	42.8%	40.9%	40.9%	41.4%	42.2%	51.2%	-8.9%	0.83
BM	1.0%	0.9%	1.1%	1.1%	1.4%	1.1%	1.3%	-0.2%	0.82
BF	3.9%	4.3%	4.7%	4.8%	5.1%	5.3%	2.3%	3.0%	2.32
HM	2.4%	2.3%	2.4%	2.1%	1.9%	1.9%	1.7%	0.2%	1.12
HF	3.1%	2.9%	2.9%	2.9%	2.7%	2.8%	1.6%	1.2%	1.78
AM	0.7%	0.9%	1.1%	1.4%	1.5%	1.9%	1.4%	0.5%	1.35
AF	2.1%	2.7%	2.9%	3.2%	3.6%	3.4%	2.5%	0.9%	1.38
NHPIM	0.0%	0.2%	0.0%	0.1%	0.1%	0.2%	0.0%	0.2%	0.00
NHPIF	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.00
AIM	0.7%	0.5%	0.4%	0.6%	0.8%	0.7%	0.3%	0.4%	2.41
AIF	1.0%	0.9%	1.0%	1.1%	0.9%	0.7%	0.1%	0.7%	12.06
OM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	-0.2%	0.00
OF	0.0%	0.2%	0.3%	0.1%	0.1%	0.2%	0.2%	0.1%	1.27

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C70: Nurse Anesthetist - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	5.20%	5.63%	5.57%	6.04%	5.89%	6.03%
Targeted Disability	0.33%	0.30%	0.43%	0.56%	0.51%	0.36%
Veteran	30.73%	29.07%	34.00%	33.85%	30.86%	30.04%

Veteran New Hire**Figure C113: Nurse Anesthetist Veteran Representation Among New Hires**

Nurse Anesthetist Supervisor Retirement Eligibility

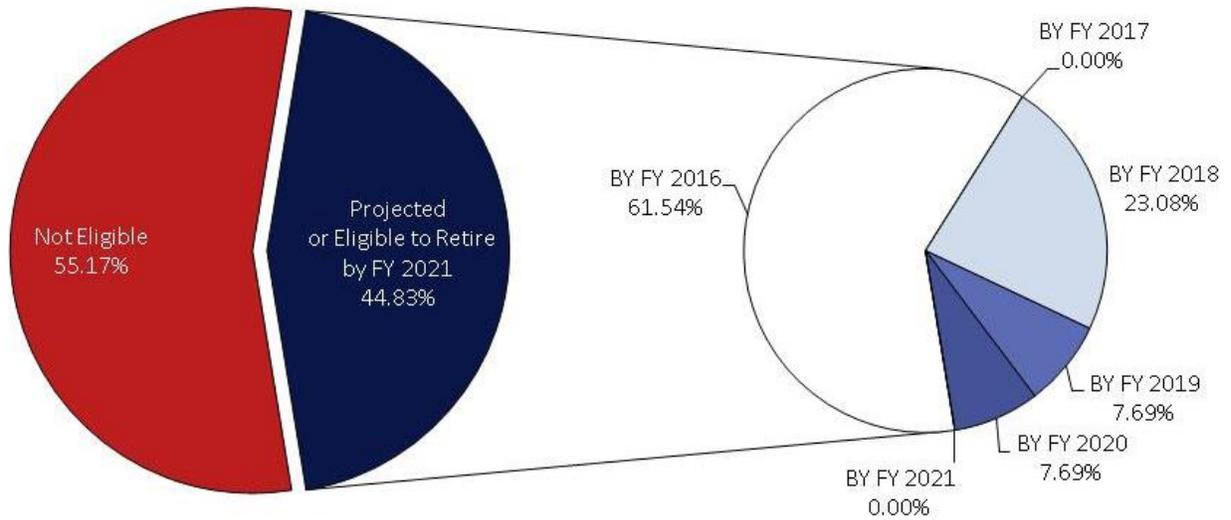


Figure C114: FY 2014 Nurse Anesthetist Supervisor Employees Projected or Eligible by FY 2021

*0620 Practical Nurse (LPN)*Workforce Trend Data**Table C71: Practical Nurse Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	12,621	12,972	13,315	13,547	13,918	14,257
Onboard percent change at end of FY	2.11%	2.78%	2.64%	1.74%	2.74%	2.44%
Average Onboard	12,641.83	12,770.67	13,275.42	13,416.25	13,806.08	14,140.33
FTE at end of FY	12,414.65	12,761.83	13,111.46	13,354.93	13,742.14	14,081.85
Voluntary Retirements	198	234	280	330	329	332
Disability retirements	53	42	46	54	35	32
Special (early out) retirements	0	3	0	1	2	1
Resignations	577	444	563	558	629	548
Transfers (352G)	12	12	12	37	27	22
Terminations, Removals, & Separations	148	130	120	112	123	121
Deaths	24	19	14	20	17	17
Total losses	1,012	884	1,035	1,112	1,162	1,073
Total gains (computed)	1,273	1,235	1,378	1,344	1,533	1,412
Voluntary Retirement Rate	1.57%	1.83%	2.11%	2.46%	2.38%	2.35%
Regrettable Loss Rate	4.66%	3.57%	4.33%	4.43%	4.75%	4.03%
Total Loss Rate	8.01%	6.92%	7.80%	8.29%	8.42%	7.59%

Age Trends of the Practical Nurse Workforce

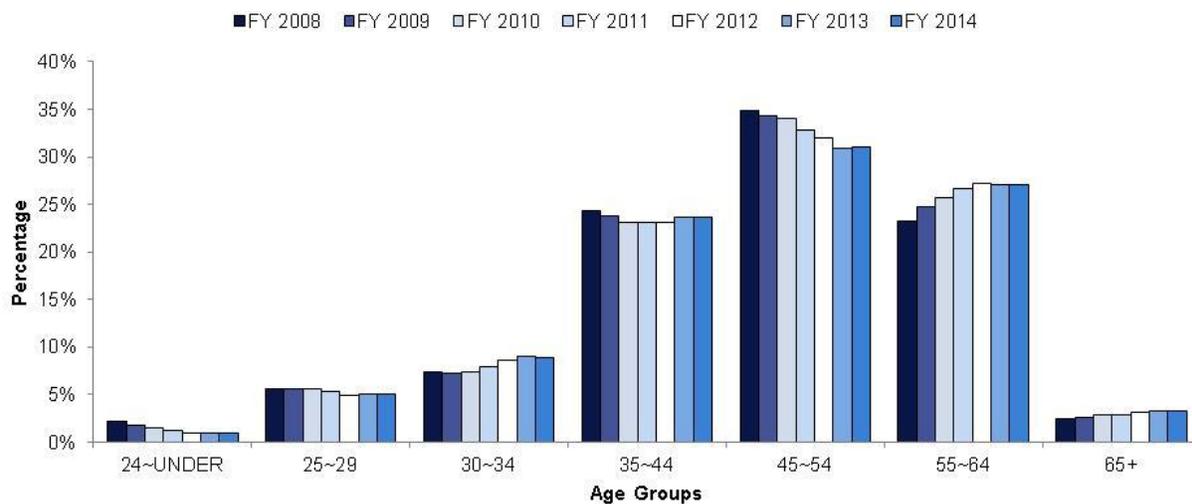


Figure C115: Age Trends of the Practical Nurse Workforce

Projected Workforce Data

Table C72: Practical Nurse - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	14,257	--	--	--	--	--	--	--
Eligible for Retirement	--	1,872	2,028	2,167	2,301	2,437	2,501	2,479
Voluntary Retirements	--	338	373	404	434	467	488	492

Quits by Year of Employment

Table C73: Practical Nurse Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	20.68%	5.40%	2.72%	2.22%	1.87%
FY 2008	15.27%	5.68%	2.80%	3.46%	2.35%
FY 2009	12.59%	6.33%	3.61%	3.29%	2.21%
FY 2010	10.63%	5.90%	4.21%	3.05%	
FY 2011	11.83%	7.29%	4.17%		
FY 2012	12.45%	6.53%			
FY 2013	12.67%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Practical Nurse VA Entrance Survey

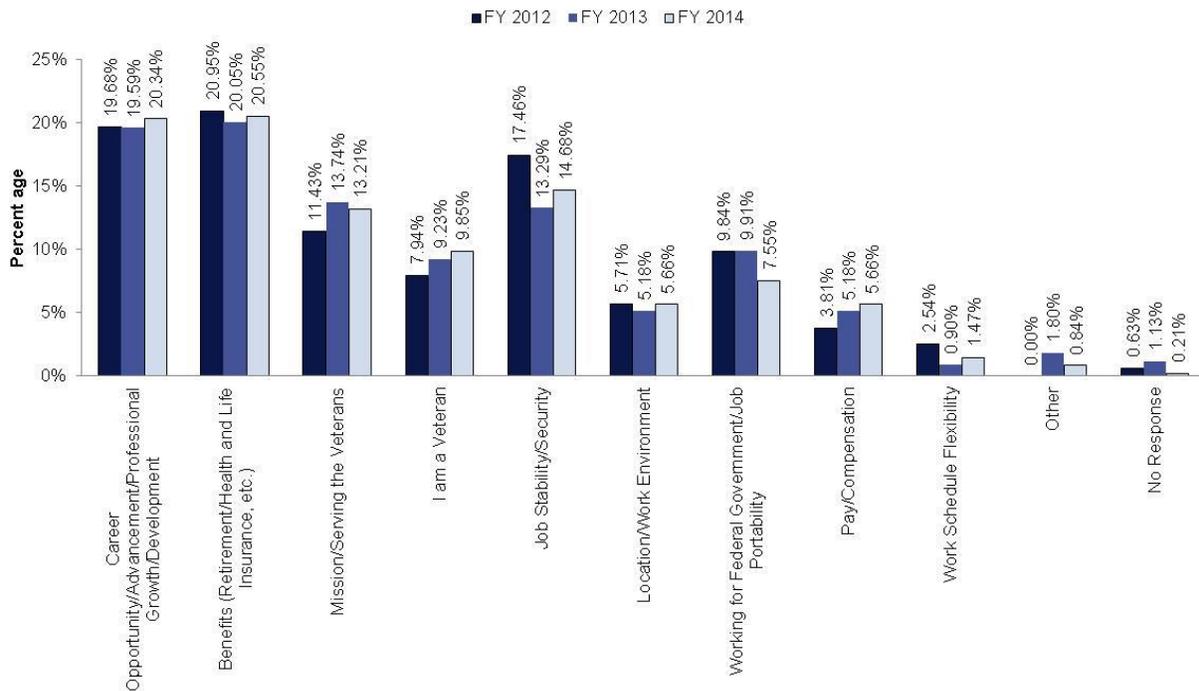


Figure C116: Practical Nurse Workforce Reasons for Choosing

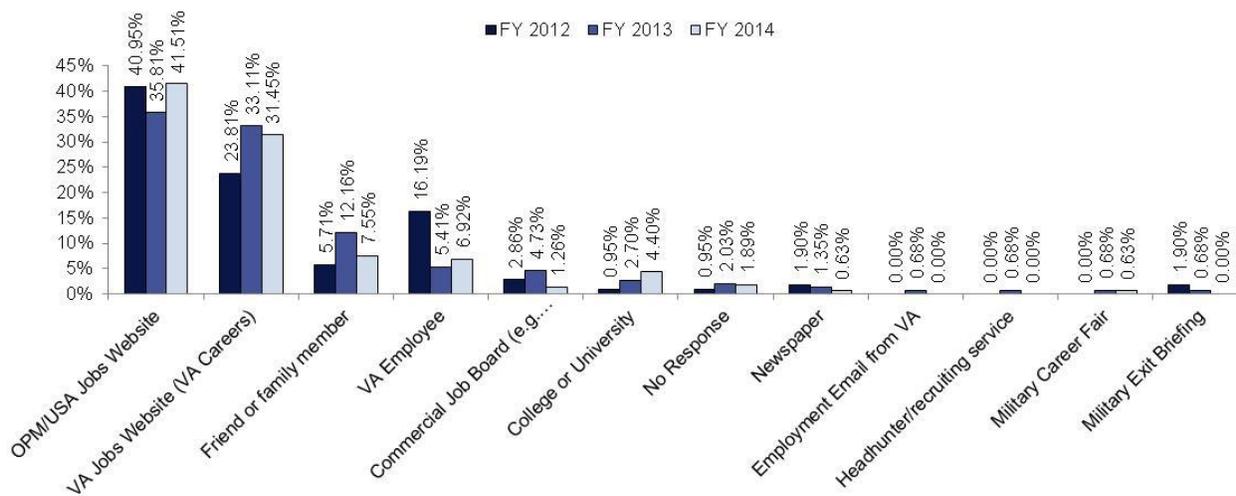


Figure C117: Practical Nurse Workforce Top Resources for Hearing about VA Jobs

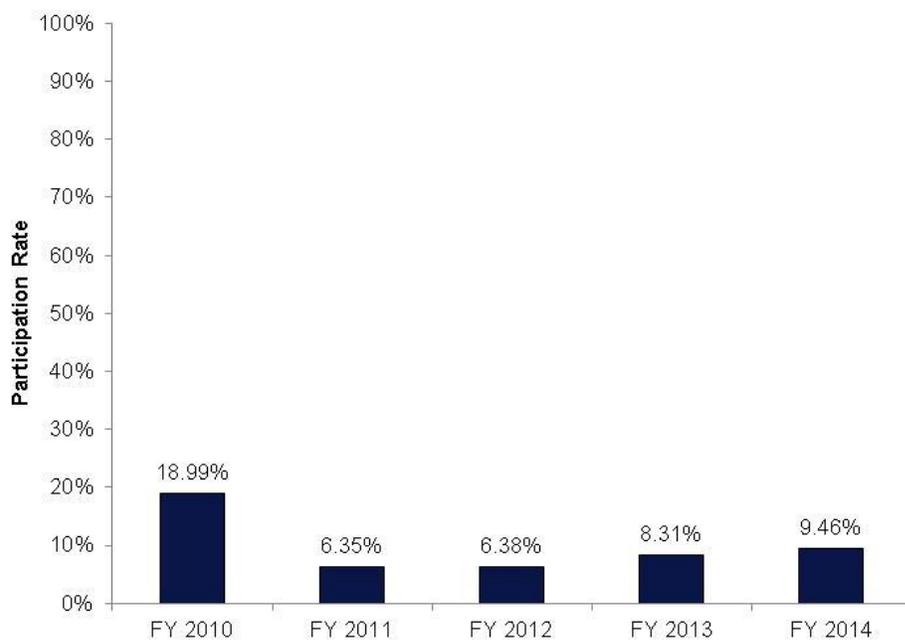


Figure C118: Practical Nurse Workforce Participation Rates

Practical Nurse VA Exit Survey

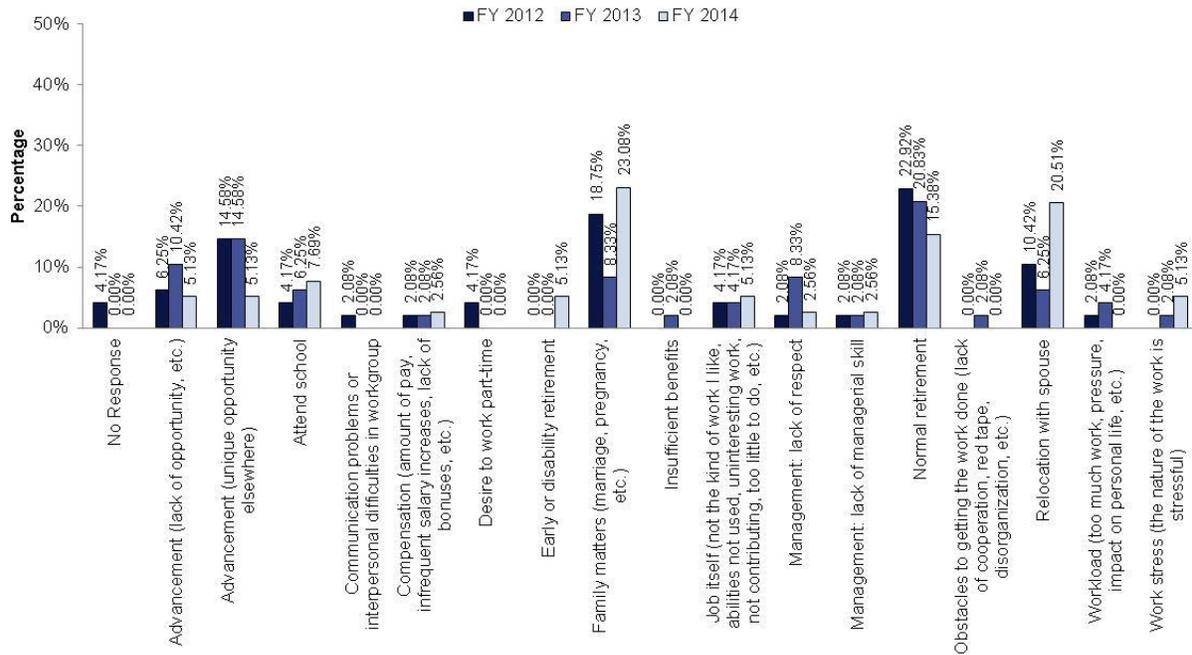


Figure C119: Practical Nurse Workforce Reasons for Leaving

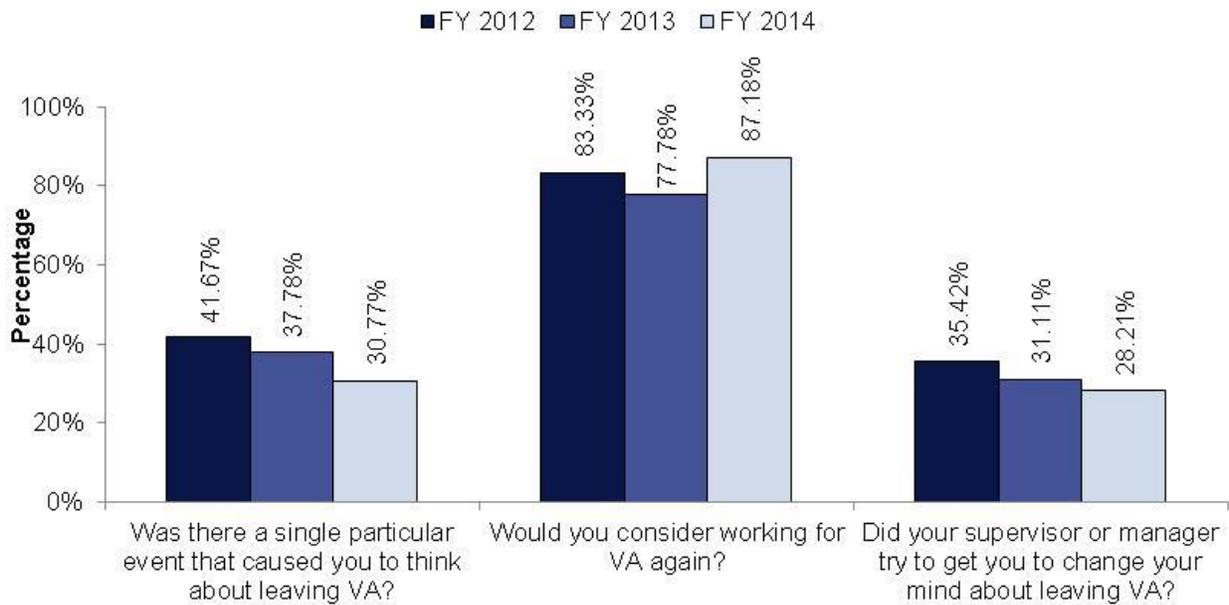


Figure C120: Practical Nurse Workforce Percentage of Employees that Answered "Yes"

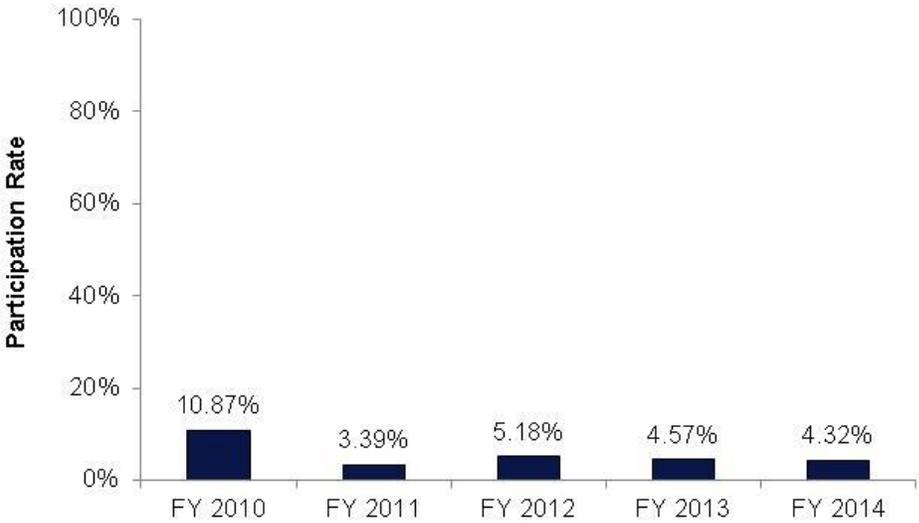


Figure C121: Practical Nurse Workforce Participation Rate

Diversity and Inclusion**Table C74: Practical Nurse - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	9.2%	9.5%	9.7%	10.0%	10.1%	10.2%	3.9%	6.3%	2.59
WF	47.1%	46.8%	46.3%	46.4%	46.7%	46.0%	59.9%	-13.9%	0.77
BM	3.4%	3.5%	3.6%	3.6%	3.6%	3.7%	1.9%	1.9%	2.02
BF	25.9%	25.6%	25.7%	25.2%	24.7%	24.9%	21.7%	3.2%	1.15
HM	1.9%	2.0%	2.0%	1.9%	2.0%	2.1%	0.8%	1.3%	2.55
HF	4.8%	5.0%	5.0%	5.1%	5.1%	5.1%	6.4%	-1.3%	0.79
AM	1.2%	1.3%	1.2%	1.3%	1.4%	1.5%	0.7%	0.8%	2.24
AF	4.2%	4.1%	4.0%	4.0%	4.1%	4.1%	3.1%	1.1%	1.35
NHPIM	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	3.86
NHPIF	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	4.09
AIM	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.1%	0.3%	5.38
AIF	1.2%	1.1%	1.1%	1.0%	1.3%	1.4%	1.0%	0.5%	1.48
OM	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	1.96
OF	0.4%	0.6%	0.8%	0.7%	0.2%	0.2%	0.5%	-0.3%	0.45

Note: WM-White Male, WF - White Female, BM - Black Male, BF - Black Female, HM - Hispanic Male, HF - Hispanic Female, AM - Asian Male, AF - Asian Female, NHPIM - Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM - American Indian Male, AIF - American Indian Female, OM - Other Male, OF - Other

Table C75: Practical Nurse - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	6.36%	6.39%	6.87%	7.61%	7.83%	8.16%
Targeted Disability	0.68%	0.78%	0.82%	0.89%	0.88%	0.90%
Veteran	16.23%	15.97%	18.49%	18.00%	18.03%	18.70%

Veteran New Hire



Figure C122: Practical Nurse Veteran Representation Among New Hires

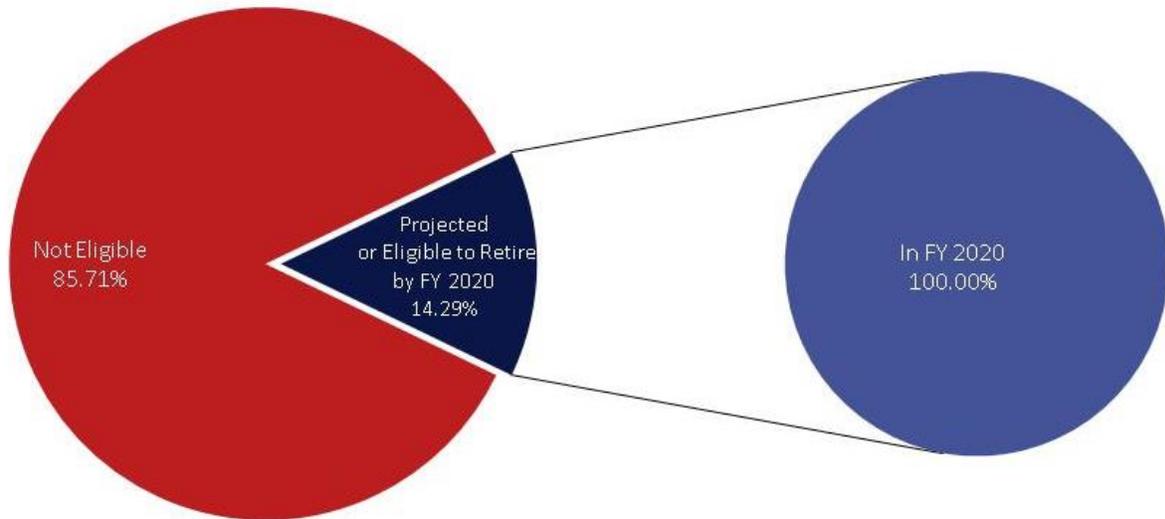
Practical Nurse Supervisor Retirement Eligibility

Figure C 123: FY 2014 Practical Nurse Supervisor Employees Projected or Eligible by FY 2021

*0675 Medical Records Technician*Workforce Trend Data**Table C 76: Medical Records Technician Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	2,126	2,233	2,274	2,299	2,342	2,439
Onboard percent change at end of FY	0.47%	5.03%	1.84%	1.10%	1.87%	4.14%
Average Onboard	2,112.58	2,171.42	2,274.00	2,275.42	2,312.17	2,386.08
FTE at end of FY	2,117.32	2,224.82	2,266.32	2,291.45	2,334.15	2,431.05
Voluntary Retirements	43	33	62	72	81	63
Disability retirements	12	9	6	6	7	11
Special (early out) retirements	0	0	0	0	0	0
Resignations	39	45	66	63	83	74
Transfers (352G)	8	4	7	6	6	8
Terminations, Removals, & Separations	16	12	10	4	13	11
Deaths	6	4	5	3	7	6
Total losses	124	107	156	154	197	173
Total gains (computed)	134	214	197	179	240	270
Voluntary Retirement Rate	2.04%	1.52%	2.73%	3.16%	3.50%	2.64%
Regrettable Loss Rate	2.22%	2.26%	3.21%	3.03%	3.85%	3.44%
Total Loss Rate	5.87%	4.93%	6.86%	6.77%	8.52%	7.25%

Age Trends of the Medical Records Technician Workforce

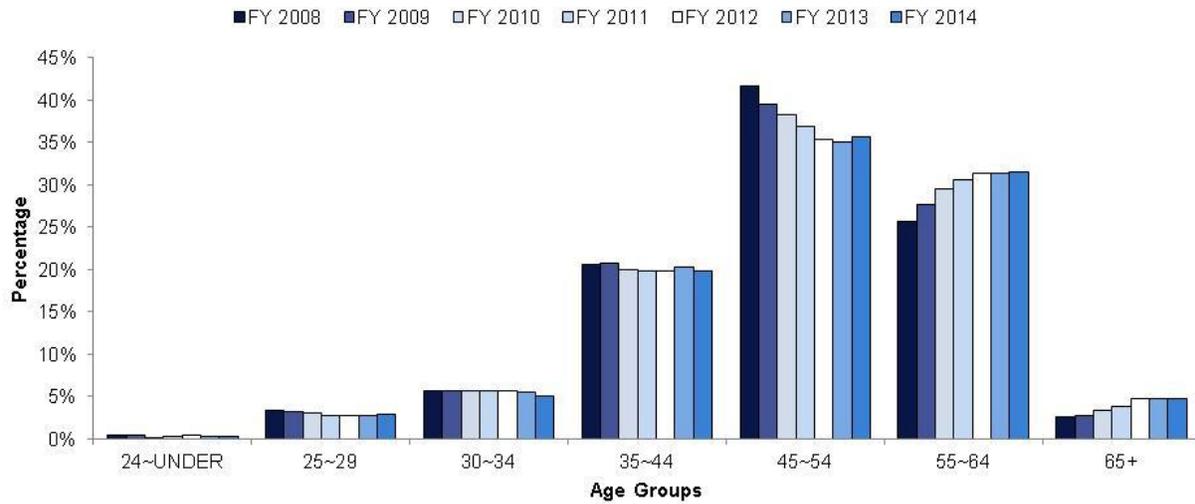


Figure C124: Age Trends of the Medical Records Technician Workforce

Projected Workforce Data

Table C77: Medical Records Technician - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	2,439	--	--	--	--	--	--	--
Eligible for Retirement	--	451	747	489	506	533	528	529
Voluntary Retirements	--	78	84	90	94	102	104	107

Quits by Year of Employment

Table C78: Medical Records Technician Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2006	8.81%	4.15%	1.55%	3.11%	2.59%
FY 2007	6.19%	2.65%	3.10%	4.42%	1.33%
FY 2008	9.60%	4.55%	4.04%	6.06%	2.53%
FY 2009	6.25%	6.88%	1.88%	4.38%	
FY 2010	7.85%	5.76%	3.66%		
FY 2011	13.45%	7.02%			
FY 2012	16.58%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

Medical Records Technician VA Entrance Survey

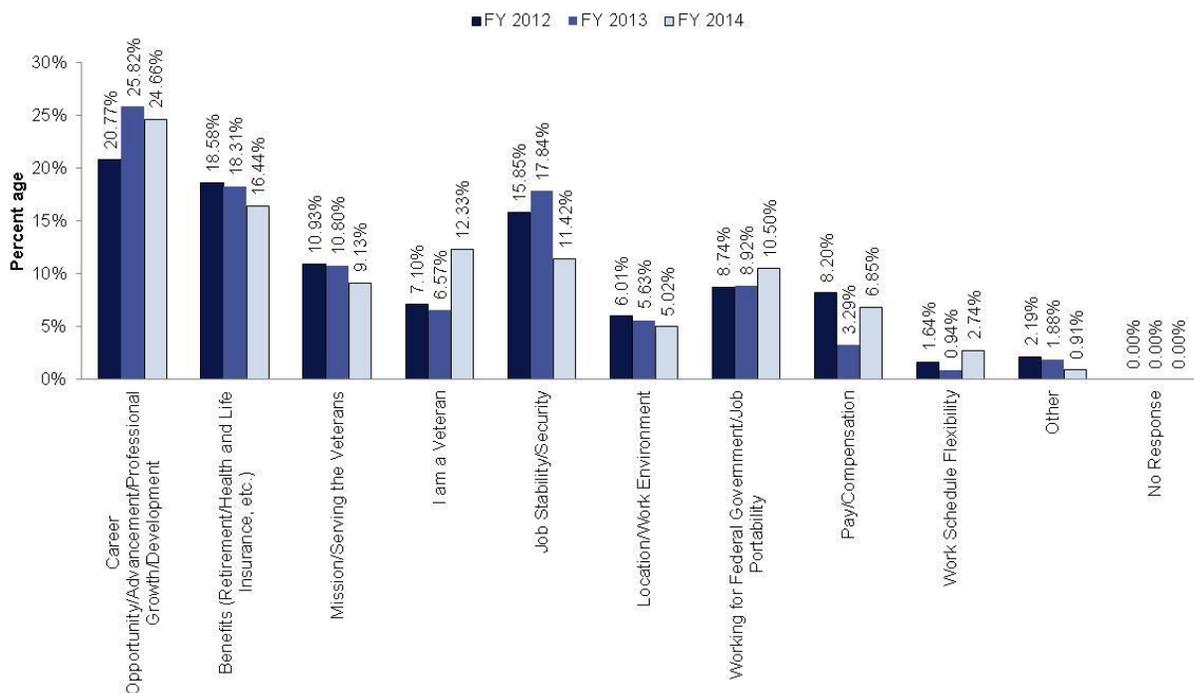


Figure C125: Medical Records Technician Workforce Reasons for Choosing

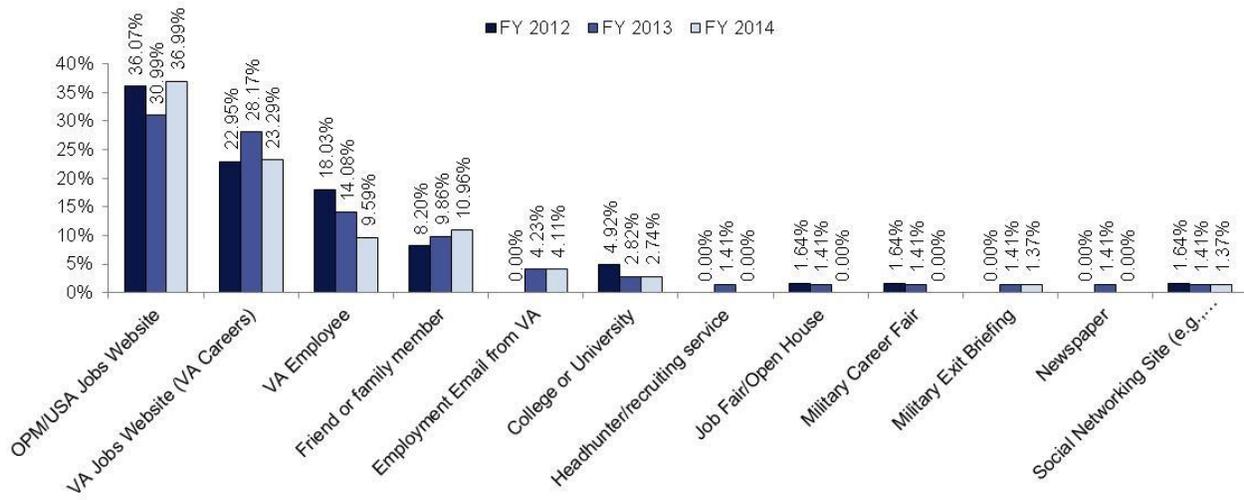


Figure C126: Medical Records Technician Workforce Top Resources for Hearing about VA Jobs

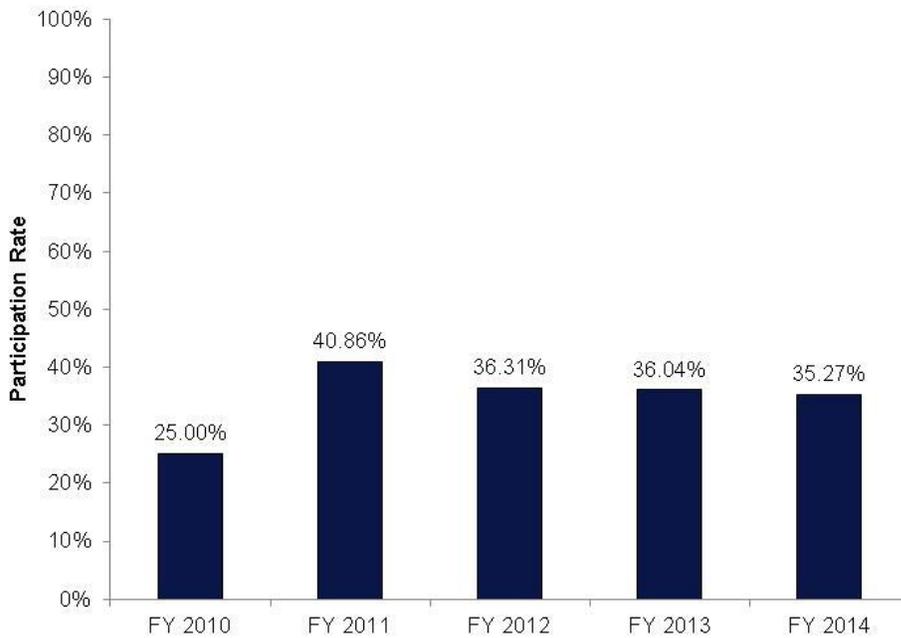


Figure C127: Medical Records Technician Workforce Participation Rates

Medical Records Technician VA Exit Survey

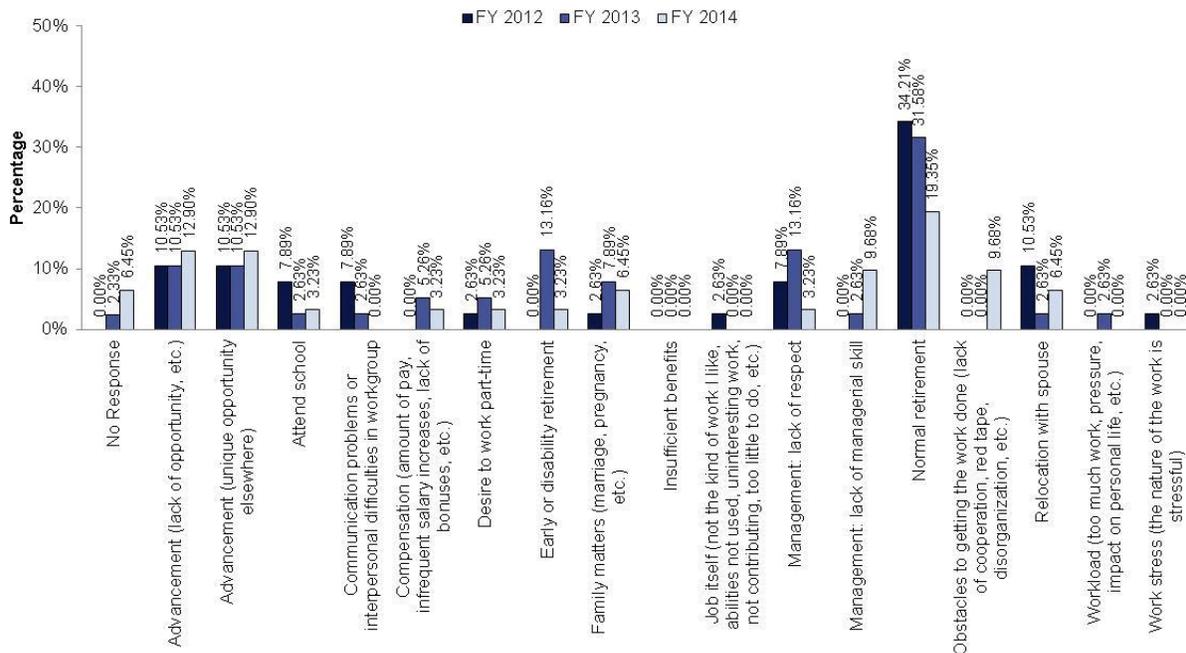


Figure C128: Medical Records Technician Workforce Reasons for Leaving

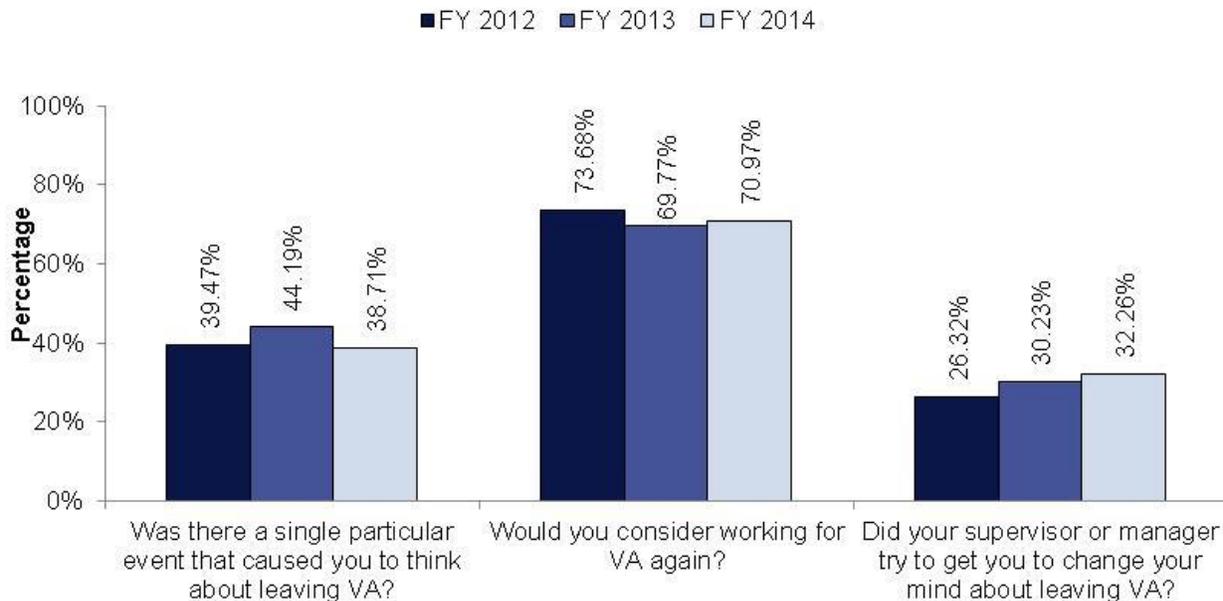


Figure C129: Medical Records Technician Workforce Percentage of Employees that Answered "Yes"

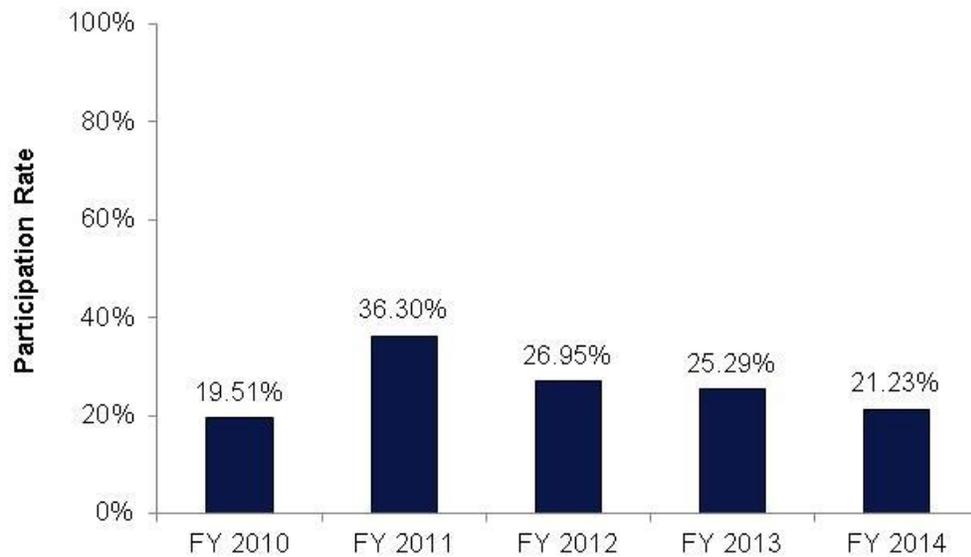


Figure C130: Medical Records Technician Workforce Participation Rate

EEO Summary Table

Table C79: Medical Records Technician - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	7.1%	7.2%	7.3%	7.8%	8.1%	8.7%	4.9%	3.8%	1.78
WF	56.0%	54.6%	54.4%	53.5%	53.0%	52.6%	57.0%	-4.5%	0.92
BM	4.0%	4.1%	4.0%	4.1%	4.4%	4.6%	2.3%	2.3%	2.02
BF	22.7%	23.2%	22.0%	22.3%	22.2%	22.4%	15.4%	7.0%	1.45
HM	0.6%	0.7%	0.8%	0.9%	1.1%	1.1%	1.6%	-0.5%	0.68
HF	4.8%	5.1%	5.3%	5.5%	5.6%	5.4%	11.2%	-5.8%	0.48
AM	0.8%	0.9%	0.9%	0.8%	0.9%	0.9%	1.4%	-0.5%	0.62
AF	2.2%	2.4%	2.5%	2.6%	2.6%	2.5%	3.8%	-1.3%	0.65
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
NHPIF	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.2%	0.0%	1.09
AIM	0.2%	0.2%	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%	1.37
AIF	1.4%	1.2%	1.4%	1.5%	1.4%	1.4%	1.7%	-0.3%	0.82
OM	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.51
OF	0.0%	0.4%	0.9%	0.5%	0.1%	0.0%	0.3%	-0.2%	0.14

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Table C80: Medical Records Technician - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	9.78%	10.52%	11.61%	12.27%	12.30%	13.24%
Targeted Disability	1.74%	1.88%	1.85%	2.13%	1.88%	2.13%
Veteran	17.87%	18.36%	18.73%	18.49%	19.64%	20.95%

Veteran New Hire

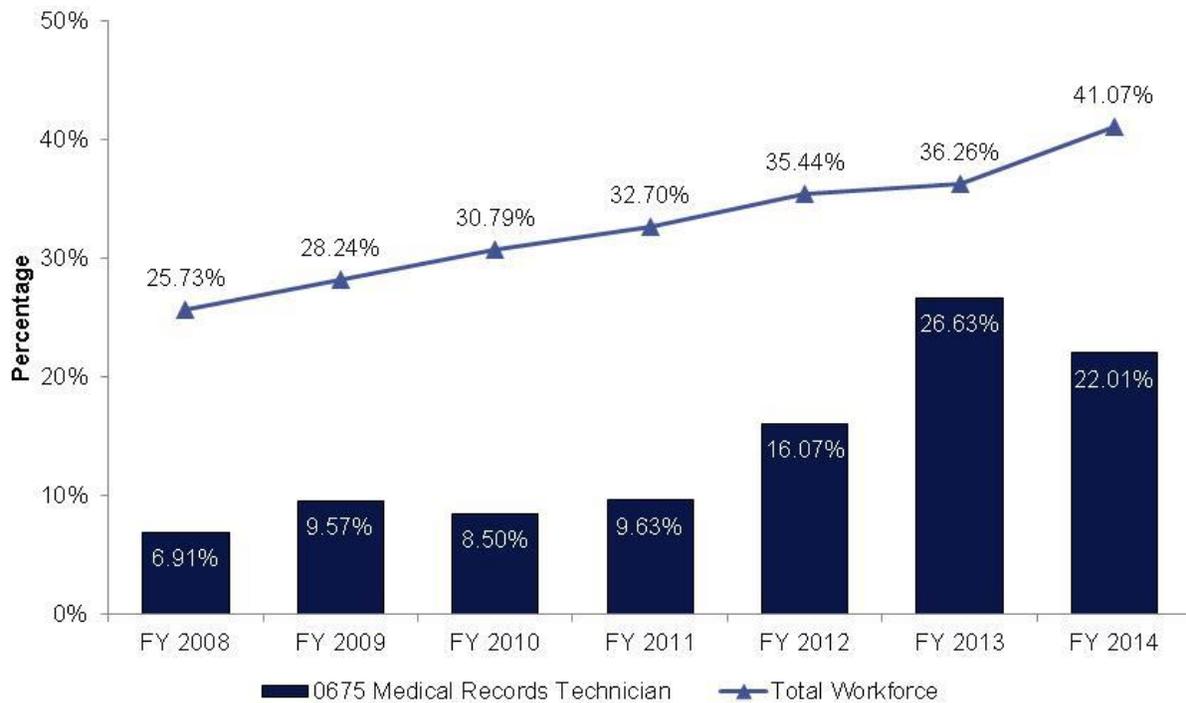


Figure C131: Medical Records Technician Veteran Representation Among New Hires

Medical Records Technician Supervisor Retirement Eligibility

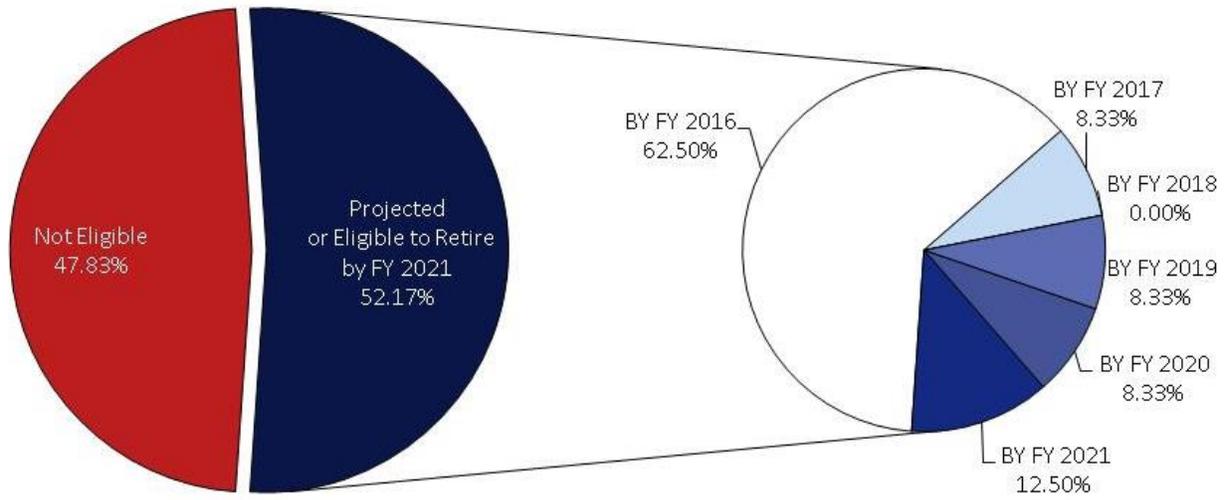


Figure C132: FY 2014 Medical Records Technician Supervisor Employees Projected or Eligible by FY 2021

*0801 General Engineering*Workforce Trend Data**Table C81: General Engineering Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	805	877	903	892	912	937
Onboard percent change at end of FY	15.16%	8.94%	2.96%	-1.22%	2.24%	2.74%
Average Onboard	761.58	838.08	897.83	897.83	895.08	929.58
FTE at end of FY	803.10	875.60	901.40	891.00	911.50	935.38
Voluntary Retirements	10	17	21	22	28	18
Disability retirements	1	0	0	2	0	2
Special (early out) retirements	0	0	0	0	1	1
Resignations	8	13	12	16	18	19
Transfers (352G)	20	19	14	18	15	26
Terminations, Removals, & Separations	5	3	0	5	3	1
Deaths	0	2	2	2	3	1
Total losses	44	54	49	65	68	68
Total gains (computed)	150	126	75	54	88	93
Voluntary Retirement Rate	1.31%	2.03%	2.34%	2.45%	3.13%	1.94%
Regrettable Loss Rate	3.68%	3.82%	2.90%	3.79%	3.69%	4.84%
Total Loss Rate	5.78%	6.44%	5.46%	7.24%	7.60%	7.32%

Age Trends of the General Engineering Workforce

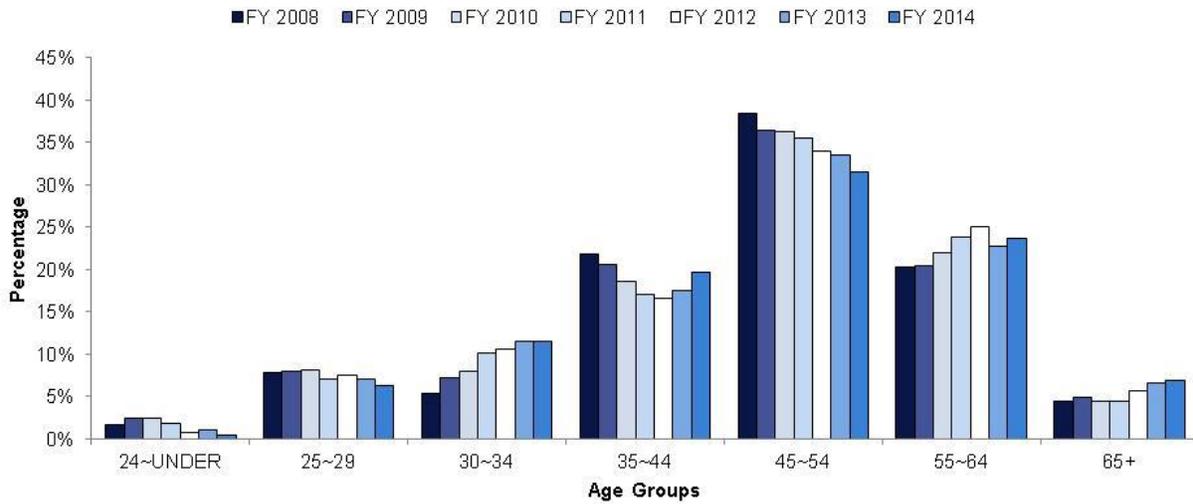


Figure C133: Age Trends of the General Engineering Workforce

Projected Workforce Data

Table C82: General Engineering - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	937	--	--	--	--	--	--	--
Eligible for Retirement	--	170	171	173	181	194	189	184
Voluntary Retirements	--	29	32	34	36	40	39	39

Quits by Year of Employment

Table C83: General Engineering Quits by Year of Employment

Gain Year	1st	2nd	3rd	4th	5th
FY 2007	2.25%	10.11%	3.37%	3.37%	6.74%
FY 2008	6.16%	4.79%	3.42%	4.11%	0.68%
FY 2009	6.56%	3.28%	7.38%	5.74%	0.82%
FY 2010	4.00%	4.00%	2.00%	1.00%	
FY 2011	7.04%	8.45%	1.41%		
FY 2012	9.43%	13.21%			
FY 2013	10.00%				

Note: Analysis includes cost centers 7000-8959, previous year data includes 8000-8959.

Survey Analysis

General Engineering VA Entrance Survey

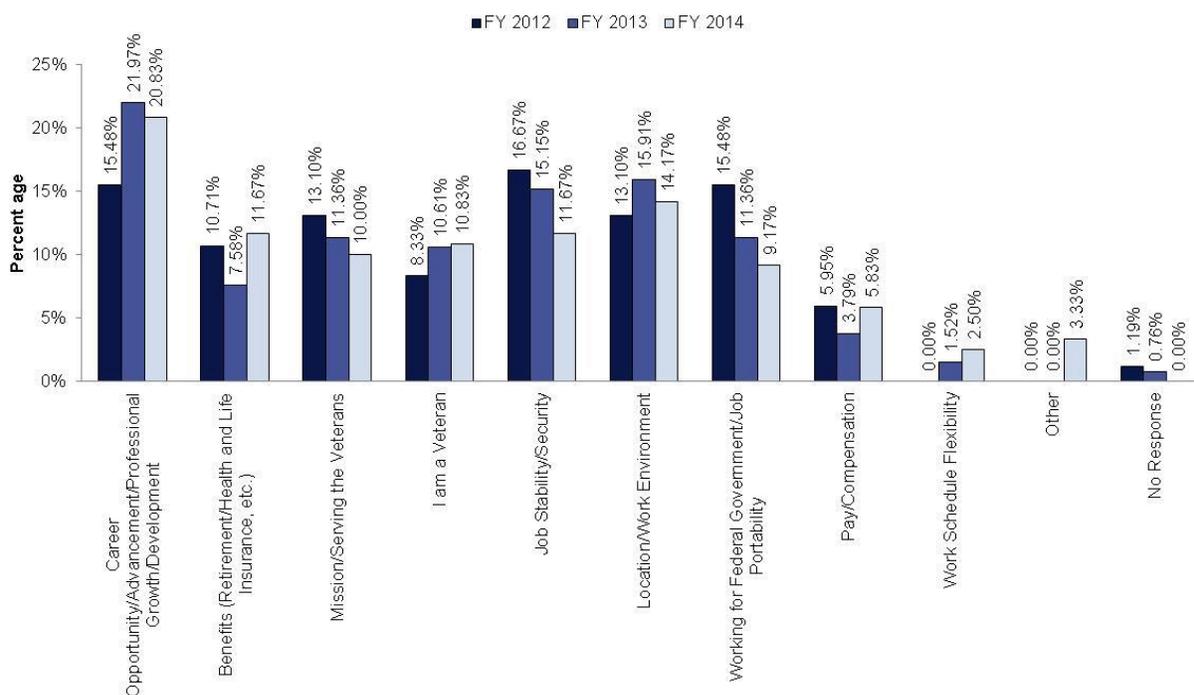


Figure C134: General Engineering Workforce Reasons for Choosing

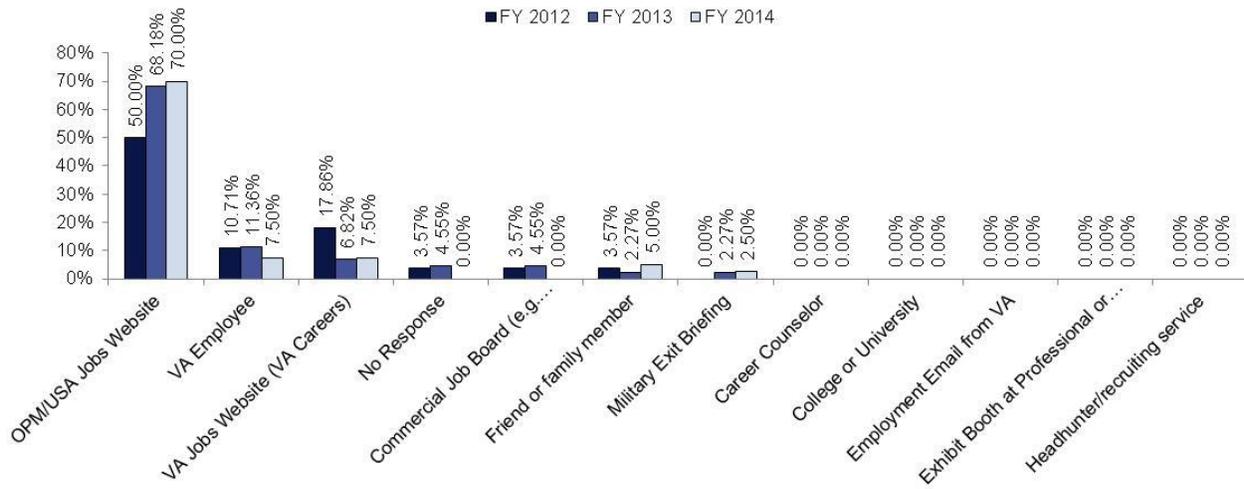


Figure C135: General Engineering Workforce Top Resources for Hearing about VA Jobs

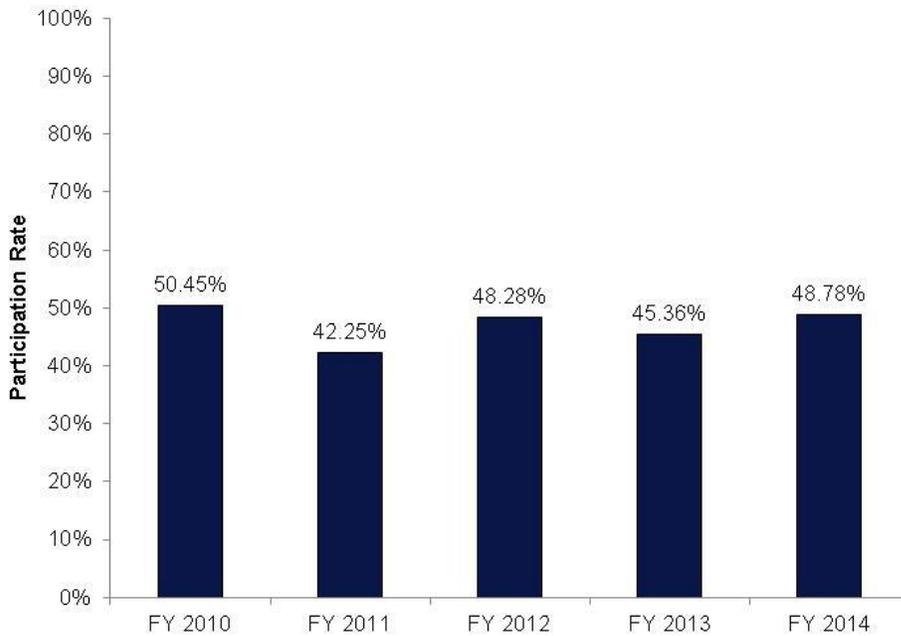


Figure C136: General Engineering Workforce Participation Rates

General Engineering VA Exit Survey

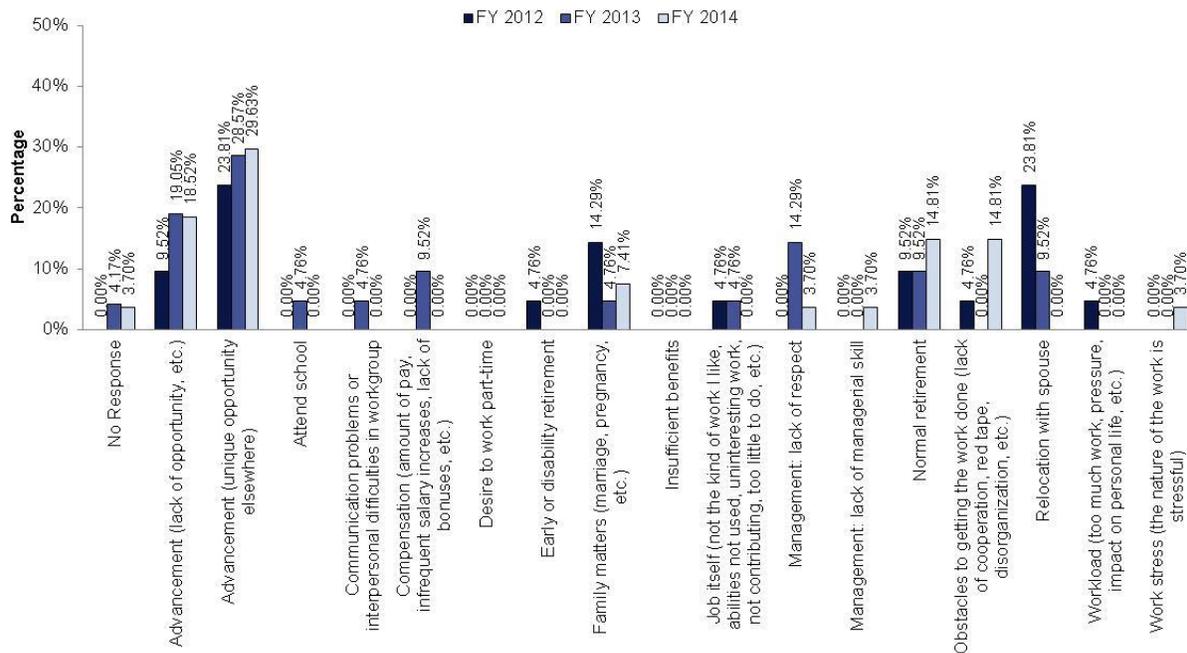


Figure C137: General Engineering Workforce Reasons for Leaving

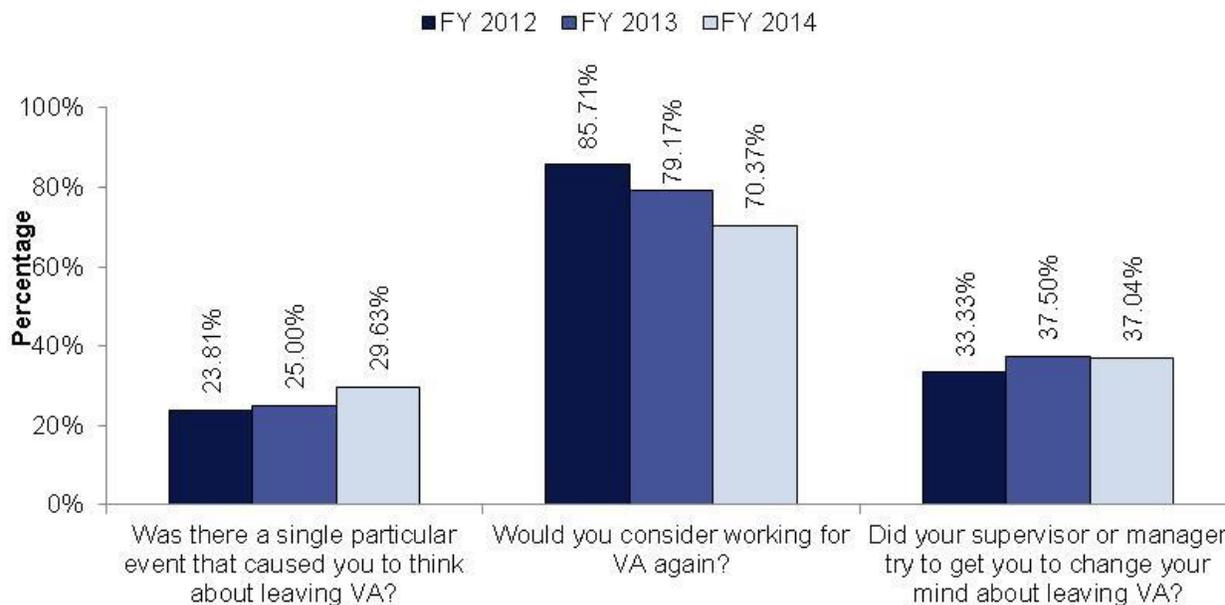


Figure C138: General Engineering Workforce Percentage of Employees that Answered "Yes"

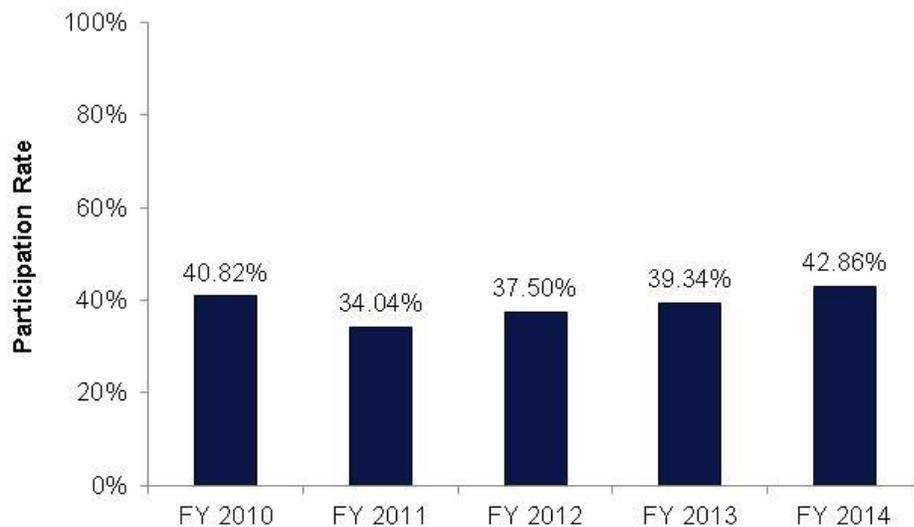


Figure C 139: General Engineering Workforce Participation Rate

Diversity and Inclusion

Table C84: General Engineering - Race/Gender Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	73.0%	72.9%	72.5%	72.5%	71.5%	71.2%	66.7%	4.5%	1.07
WF	6.2%	5.7%	5.6%	5.8%	7.1%	6.7%	7.6%	-0.9%	0.88
BM	5.3%	5.0%	5.3%	5.3%	6.1%	6.0%	3.4%	2.6%	1.76
BF	2.0%	2.1%	2.2%	2.1%	1.9%	1.9%	0.9%	1.0%	2.16
HM	4.0%	4.6%	4.3%	4.3%	4.2%	4.4%	4.5%	-0.1%	0.97
HF	0.9%	0.8%	0.7%	1.0%	0.9%	1.1%	0.8%	0.3%	1.35
AM	6.6%	6.7%	7.2%	7.1%	6.8%	7.2%	12.4%	-5.3%	0.57
AF	0.5%	0.6%	0.4%	0.6%	0.4%	0.5%	2.6%	-2.0%	0.21
NHPIM	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	2.13
NHPIF	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
AIM	1.0%	0.9%	1.0%	0.9%	1.0%	0.9%	0.5%	0.4%	1.78
AIF	0.2%	0.2%	0.2%	0.1%	0.0%	0.0%	0.1%	-0.1%	0.00
OM	0.1%	0.3%	0.2%	0.2%	0.0%	0.1%	0.4%	-0.3%	0.25
OF	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	-0.1%	0.00

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Table C85: General Engineering - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.84%	5.25%	6.53%	8.30%	9.10%	9.71%
Targeted Disability	0.62%	0.57%	0.78%	1.01%	1.32%	1.39%
Veteran	25.09%	26.34%	30.01%	30.83%	32.13%	33.08%

Veteran New Hire

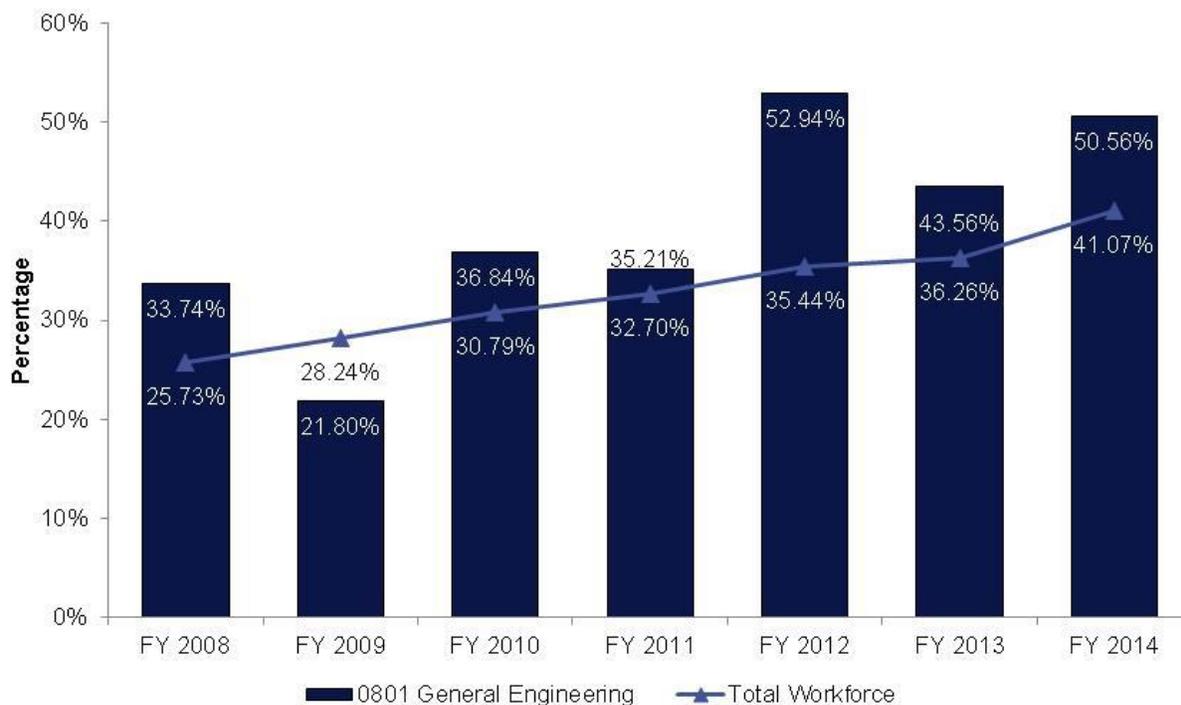


Figure C 140: General Engineering Veteran Representation Among New Hires

General Engineering Supervisor Retirement Eligibility

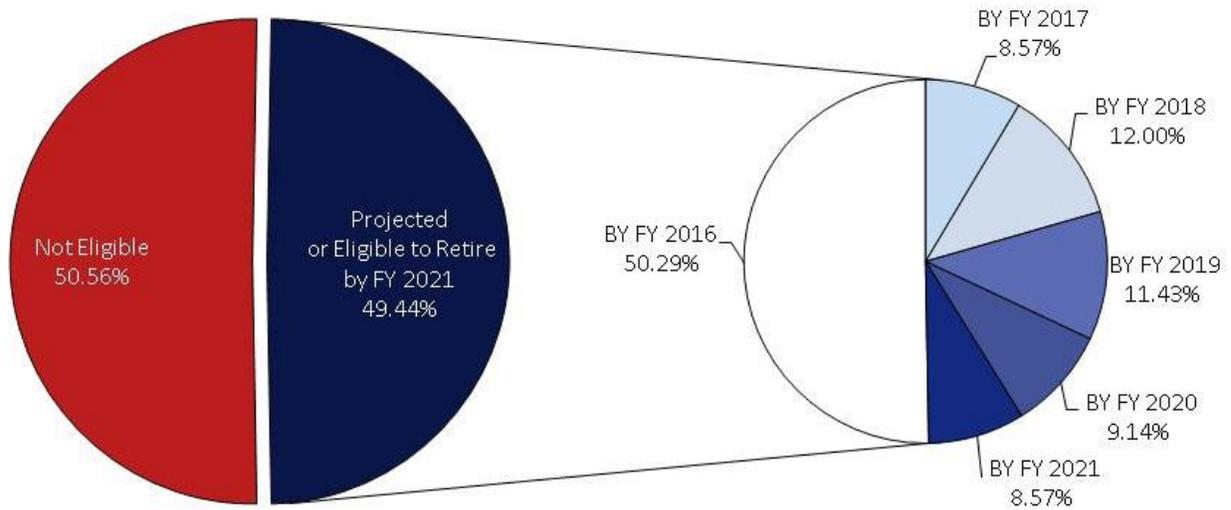


Figure C 141: FY 2014 General Engineering Supervisor Employees Projected or Eligible by FY 2021

2015 VHA Top Medical Officer (Physician) Specialties

*31 Psychiatry*Workforce Trend Data**Table C86: Psychiatry Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	2,618	2,715	2,748	2,814	3,010	3,104
Onboard percent change at end of FY	10.23%	3.71%	1.22%	2.40%	6.97%	3.12%
Average Onboard	2,481.33	2,665.67	2,734.08	2,755.67	2,917.58	3,039.75
FTE at end of FY	2,397.11	2,493.65	2,524.61	2,586.25	2,768.51	2,861.91
Voluntary Retirements	48	67	74	73	69	76
Disability retirements	0	2	0	1	1	1
Special (early out) retirements	1	0	0	0	0	0
Resignations	139	157	129	151	170	191
Transfers (352G)	5	4	5	5	8	2
Terminations, Removals, & Separations	12	5	7	12	7	8
Deaths	1	2	4	3	7	3
Total losses	206	237	219	245	262	281
Total gains (computed)	449	334	252	311	458	375
Voluntary Retirement Rate	1.93%	2.51%	2.71%	2.65%	2.36%	2.50%
Regrettable Loss Rate	5.80%	6.04%	4.90%	5.66%	6.10%	6.35%
Total Loss Rate	8.30%	8.89%	8.01%	8.89%	8.98%	9.24%

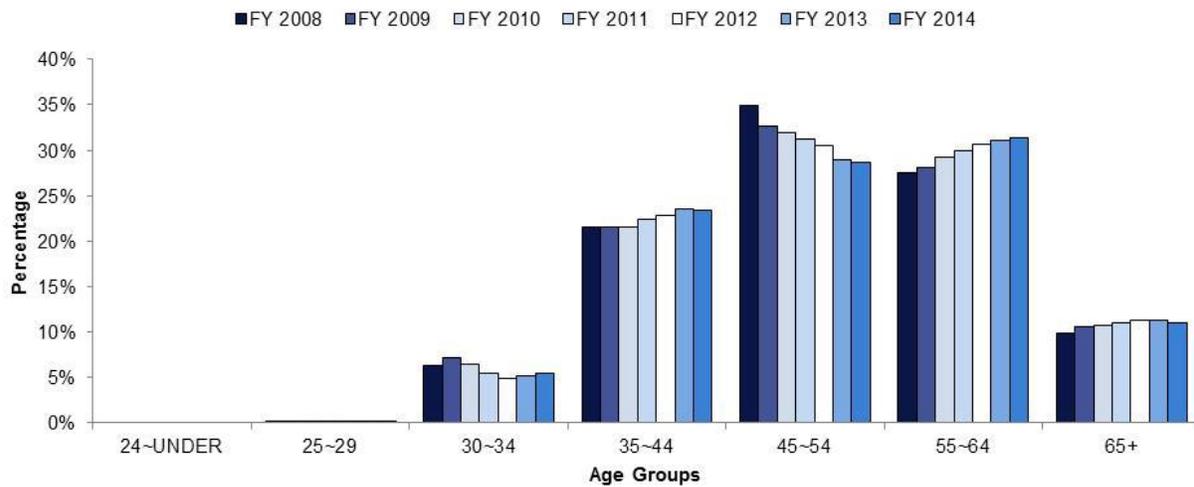
Age Trends of the Psychiatry Workforce

Figure C142: Age Trends of the Psychiatry Workforce

Projected Workforce Data**Table C87: Psychiatry - Projected Workforce Data**

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	3,104	--	--	--	--	--	--	--
% Change from Previous Year	--	649	652	646	662	708	702	688
Eligible for Retirement	--	130	135	137	139	164	170	174

Diversity and Inclusion**Table C88: Psychiatry - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	40.2%	39.0%	38.7%	38.8%	38.5%	38.0%	48.8%	-10.8%	0.78
WF	24.3%	25.2%	26.0%	26.2%	26.3%	26.2%	20.1%	6.1%	1.30
BM	2.1%	2.3%	2.1%	2.3%	2.4%	2.3%	2.7%	-0.4%	0.87
BF	2.5%	2.7%	2.6%	2.9%	2.8%	3.0%	2.3%	0.7%	1.30
HM	4.4%	4.1%	3.8%	3.7%	3.4%	3.7%	3.9%	-0.2%	0.94
HF	3.7%	4.0%	3.9%	3.7%	3.6%	3.9%	1.9%	2.0%	2.03
AM	11.4%	11.0%	10.7%	10.5%	10.9%	11.1%	11.5%	-0.4%	0.96
AF	9.7%	9.9%	10.2%	10.1%	10.3%	10.0%	7.6%	2.4%	1.31
NHPIM	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.0%	0.1%	6.44
NHPIF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.61
AIM	0.7%	0.6%	0.5%	0.5%	0.7%	0.7%	0.2%	0.5%	3.53
AIF	0.6%	0.7%	0.9%	0.9%	0.8%	0.8%	0.1%	0.6%	5.95
OM	0.0%	0.2%	0.3%	0.4%	0.1%	0.1%	0.4%	-0.3%	0.22
OF	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.3%	-0.2%	0.12

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Physician Specialties uses the Physician occupation as a whole.

Table C89: Psychiatry - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.43%	4.35%	4.48%	4.98%	5.28%	5.25%
Targeted Disability	1.22%	1.22%	1.16%	1.17%	0.93%	0.81%
Veteran	10.01%	9.17%	11.21%	10.16%	9.17%	8.60%

Veteran New Hire



Figure C143: Psychiatry Veteran Representation Among New Hires

*25 Gastroenterology*Workforce Trend Data**Table C90: Gastroenterology Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	478	511	518	536	542	585
Onboard percent change at end of FY	8.64%	6.90%	1.37%	3.47%	1.12%	7.93%
Average Onboard	456.83	488.08	509.17	518.25	529.00	560.67
FTE at end of FY	372.66	390.24	394.35	415.20	425.85	449.89
Voluntary Retirements	9	5	12	5	10	12
Disability retirements	1	0	0	0	0	0
Special (early out) retirements	0	0	0	0	0	0
Resignations	33	33	49	31	39	27
Transfers (352G)	0	0	0	0	0	0
Terminations, Removals, & Separations	1	2	7	0	3	2
Deaths	1	1	0	0	0	0
Total losses	45	41	68	36	52	41
Total gains (computed)	83	74	75	54	58	84
Voluntary Retirement Rate	1.97%	1.02%	2.36%	0.96%	1.89%	2.14%
Regrettable Loss Rate	7.22%	6.76%	9.62%	5.98%	7.37%	4.82%
Total Loss Rate	9.85%	8.40%	13.36%	6.95%	9.83%	7.31%

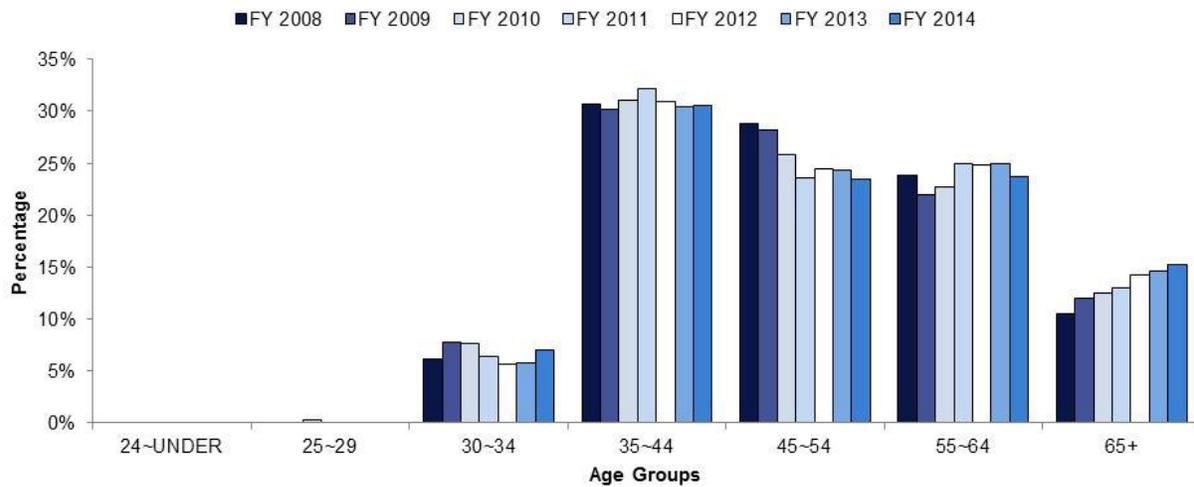
Age Trends of the Gastroenterology Workforce

Figure C144: Age Trends of the Gastroenterology Workforce

Projected Workforce Data**Table C91: Gastroenterology - Projected Workforce Data**

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	585	--	--	--	--	--	--	--
% Change from Previous Year	--	134	124	123	123	125	121	113
Eligible for Retirement	--	28	27	31	33	33	33	33

Diversity and Inclusion**Table C92: Gastroenterology - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	49.6%	48.1%	48.8%	48.5%	47.0%	46.3%	48.8%	-2.5%	0.95
WF	11.5%	12.5%	13.3%	13.4%	14.4%	13.5%	20.1%	-6.6%	0.67
BM	3.3%	3.3%	3.1%	2.8%	2.8%	2.7%	2.7%	0.1%	1.02
BF	1.0%	1.0%	0.8%	0.9%	0.9%	0.9%	2.3%	-1.5%	0.37
HM	5.4%	5.3%	5.0%	4.9%	4.8%	4.6%	3.9%	0.7%	1.18
HF	1.7%	2.3%	1.7%	1.9%	1.8%	1.7%	1.9%	-0.2%	0.89
AM	19.0%	19.2%	18.5%	17.9%	18.1%	19.8%	11.5%	8.4%	1.73
AF	6.7%	6.7%	6.8%	7.6%	8.9%	9.1%	7.6%	1.4%	1.19
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
NHPIF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
AIM	0.8%	1.0%	1.2%	1.3%	1.1%	1.0%	0.2%	0.8%	4.88
AIF	0.8%	0.6%	0.6%	0.6%	0.2%	0.2%	0.1%	0.0%	1.31
OM	0.0%	0.0%	0.2%	0.0%	0.0%	0.2%	0.4%	-0.3%	0.40
OF	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.3%	-0.3%	0.00

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Medical Officer Specialties uses the Medical Officer occupation as a whole.

Table C93: Gastroenterology - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	3.14%	3.52%	2.90%	3.54%	3.51%	3.59%
Targeted Disability	0.21%	0.20%	0.19%	0.19%	0.37%	0.34%
Veteran	9.62%	9.00%	10.23%	10.63%	8.49%	8.38%

Veteran New Hire**Figure C145: Gastroenterology Veteran Representation Among New Hires**

*P1 Primary Care*Workforce Trend Data**Table C94: Primary Care Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	870	921	1,005	1,067	1,224	1,352
Onboard percent change at end of FY	9.71%	5.86%	9.12%	6.17%	14.71%	10.46%
Average Onboard	841.75	900.17	973.67	1,034.75	1,139.00	1,287.08
FTE at end of FY	825.89	879.51	959.46	1,024.04	1,183.16	1,307.43
Voluntary Retirements	4	10	17	16	26	29
Disability retirements	0	0	0	2	0	0
Special (early out) retirements	0	0	0	0	0	0
Resignations	28	43	49	51	73	77
Transfers (352G)	0	2	0	2	3	4
Terminations, Removals, & Separations	3	4	5	2	5	4
Deaths	1	0	1	1	1	0
Total losses	36	59	72	74	108	114
Total gains (computed)	113	110	156	136	265	242
Voluntary Retirement Rate	0.48%	1.11%	1.75%	1.55%	2.28%	2.25%
Regrettable Loss Rate	3.33%	5.00%	5.03%	5.12%	6.67%	6.29%
Total Loss Rate	4.28%	6.55%	7.39%	7.15%	9.48%	8.86%

Age Trends of the Primary Care Workforce

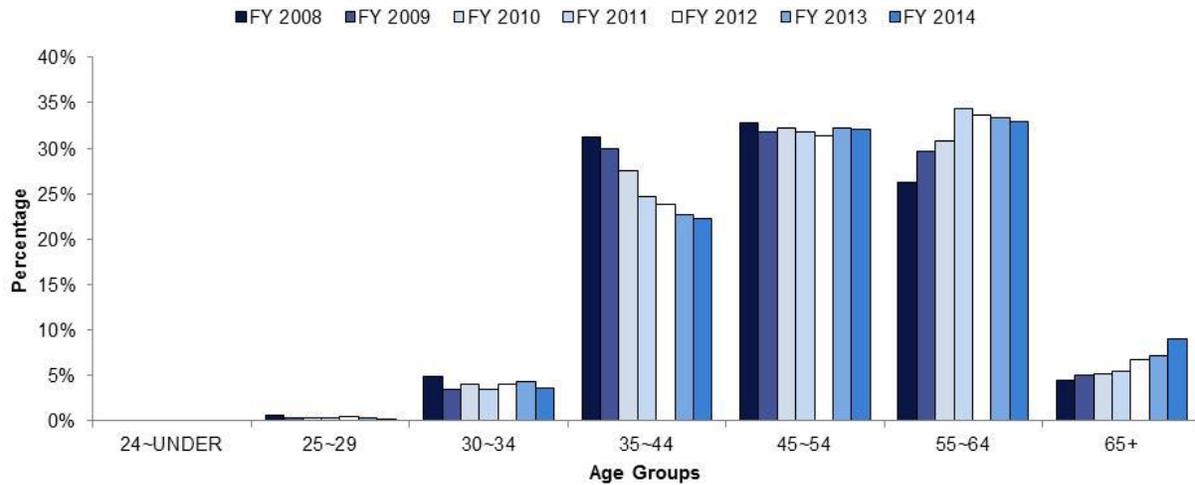


Figure C146: Age Trends of the Primary Care Workforce

Projected Workforce Data

Table C95: Primary Care - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	1,352	--	--	--	--	--	--	--
% Change from Previous Year	--	254	266	253	278	301	299	294
Eligible for Retirement	--	52	54	55	63	69	70	72

Diversity and Inclusion**Table C96: Primary Care - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	40.2%	38.4%	37.8%	37.3%	34.9%	33.4%	48.8%	-15.4%	0.68
WF	20.1%	21.0%	21.2%	21.0%	20.9%	20.9%	20.1%	0.8%	1.04
BM	4.1%	4.2%	4.6%	4.4%	4.0%	3.9%	2.7%	1.3%	1.47
BF	4.8%	4.9%	5.2%	5.3%	5.6%	5.6%	2.3%	3.3%	2.41
HM	1.8%	1.6%	1.8%	2.2%	2.7%	3.0%	3.9%	-1.0%	0.75
HF	1.1%	1.3%	1.6%	2.1%	2.4%	2.6%	1.9%	0.7%	1.35
AM	10.6%	10.7%	10.2%	9.8%	10.2%	10.7%	11.5%	-0.8%	0.93
AF	14.7%	15.6%	15.3%	15.7%	16.9%	17.2%	7.6%	9.5%	2.25
NHPIM	0.1%	0.1%	0.3%	0.3%	0.3%	0.2%	0.0%	0.2%	11.09
NHPIF	0.3%	0.2%	0.2%	0.2%	0.2%	0.1%	0.0%	0.1%	7.40
AIM	0.9%	0.7%	0.5%	0.7%	0.9%	1.2%	0.2%	1.0%	5.64
AIF	0.8%	0.8%	0.9%	0.9%	1.0%	1.2%	0.1%	1.1%	9.10
OM	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.4%	-0.4%	0.00
OF	0.2%	0.4%	0.2%	0.1%	0.0%	0.0%	0.3%	-0.3%	0.00

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Medical Officer Specialties uses the Medical Officer occupation as a whole.

Table C97: Primary Care - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.83%	5.32%	5.87%	6.47%	6.29%	6.29%
Targeted Disability	0.69%	0.54%	0.60%	0.37%	0.33%	0.44%
Veteran	13.33%	13.03%	15.12%	14.15%	12.58%	12.65%

Veteran New Hire**Figure C147: Primary Care Veteran Representation Among New Hires**

*16 Emergency Medicine*Workforce Trend Data**Table C98: Emergency Medicine Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	449	551	591	637	704	760
Onboard percent change at end of FY	23.01%	22.72%	7.26%	7.78%	10.52%	7.95%
Average Onboard	415.50	496.17	582.42	611.75	666.67	734.67
FTE at end of FY	411.30	499.50	535.65	575.55	629.34	675.31
Voluntary Retirements	2	1	3	4	6	12
Disability retirements	1	1	1	0	0	2
Special (early out) retirements	0	0	0	0	0	0
Resignations	44	28	44	46	40	46
Transfers (352G)	1	1	0	1	0	0
Terminations, Removals, & Separations	2	2	10	8	4	6
Deaths	0	1	1	2	0	1
Total losses	50	34	59	61	50	67
Total gains (computed)	134	136	99	107	117	123
Voluntary Retirement Rate	0.48%	0.20%	0.52%	0.65%	0.90%	1.63%
Regrettable Loss Rate	10.83%	5.84%	7.55%	7.68%	6.00%	6.26%
Total Loss Rate	12.03%	6.85%	10.13%	9.97%	7.50%	9.12%

Age Trends of the Emergency Medicine Workforce

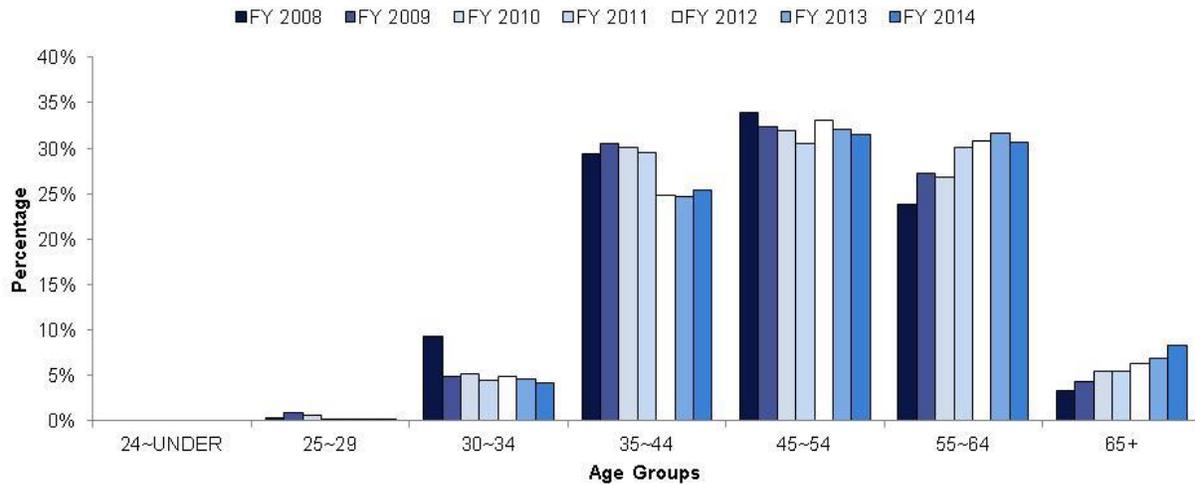


Figure C148: Age Trends of the Emergency Medicine Workforce

Projected Workforce Data

Table C99: Emergency Medicine - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	760	--	--	--	--	--	--	--
% Change from Previous Year	--	110	129	137	144	151	152	156
Eligible for Retirement	--	21	26	27	30	34	34	36

Diversity and Inclusion**Table C 100: Emergency Medicine - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	48.6%	48.3%	51.1%	50.9%	51.7%	52.1%	48.8%	3.3%	1.07
WF	16.5%	15.6%	15.9%	17.3%	17.6%	17.0%	20.1%	-3.2%	0.84
BM	3.8%	4.2%	3.7%	3.9%	3.8%	3.8%	2.7%	1.1%	1.43
BF	2.0%	1.8%	1.5%	1.4%	1.6%	1.8%	2.3%	-0.5%	0.79
HM	3.6%	4.7%	3.7%	3.5%	3.4%	3.9%	3.9%	0.0%	1.01
HF	1.6%	1.6%	1.7%	1.4%	1.1%	1.6%	1.9%	-0.3%	0.82
AM	14.5%	13.4%	12.4%	11.5%	11.1%	10.4%	11.5%	-1.1%	0.91
AF	6.9%	7.4%	7.3%	7.5%	7.8%	7.4%	7.6%	-0.3%	0.97
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
NHPIF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
AIM	2.0%	1.5%	1.4%	1.1%	1.3%	1.2%	0.2%	1.0%	5.64
AIF	0.0%	0.4%	0.3%	0.3%	0.3%	0.7%	0.1%	0.5%	5.06
OM	0.7%	0.5%	0.5%	0.6%	0.1%	0.0%	0.4%	-0.4%	0.00
OF	0.0%	0.5%	0.5%	0.6%	0.1%	0.1%	0.3%	-0.1%	0.47

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Medical Officer Specialties uses the Medical Officer occupation as a whole.

Table C101: Emergency Medicine - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	3.12%	2.90%	4.74%	5.65%	5.82%	5.13%
Targeted Disability	0.22%	0.36%	0.34%	0.16%	0.14%	0.00%
Veteran	14.70%	12.70%	21.83%	18.84%	16.62%	15.00%

Veteran New Hire

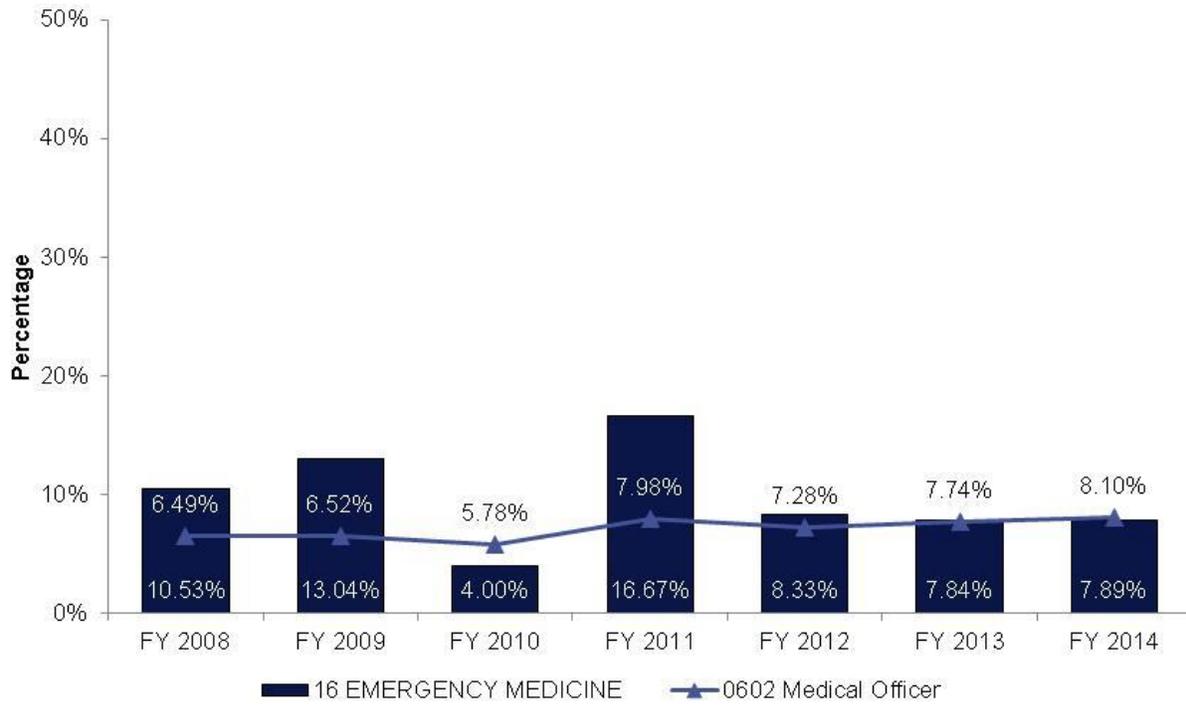


Figure C149: Emergency Medicine Veteran Representation Among New Hires

*07 Orthopedic Surgery*Workforce Trend Data**Table C102: Orthopedic Surgery Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	388	405	426	429	442	464
Onboard percent change at end of FY	8.68%	4.38%	5.19%	0.70%	3.03%	4.98%
Average Onboard	372.25	395.83	421.00	433.58	438.58	453.92
FTE at end of FY	250.11	260.50	274.13	281.56	289.86	310.75
Voluntary Retirements	5	6	10	13	21	19
Disability retirements	0	0	0	0	0	0
Special (early out) retirements	0	0	0	0	0	0
Resignations	24	23	22	26	27	23
Transfers (352G)	0	0	0	0	0	0
Terminations, Removals, & Separations	0	1	2	4	2	2
Deaths	0	0	1	0	1	1
Total losses	29	30	35	43	51	45
Total gains (computed)	60	47	56	46	64	67
Voluntary Retirement Rate	1.34%	1.52%	2.38%	3.00%	4.79%	4.19%
Regrettable Loss Rate	6.45%	5.81%	5.23%	6.00%	6.16%	5.07%
Total Loss Rate	7.79%	7.58%	8.31%	9.92%	11.63%	9.91%

Age Trends of the Orthopedic Surgery Workforce

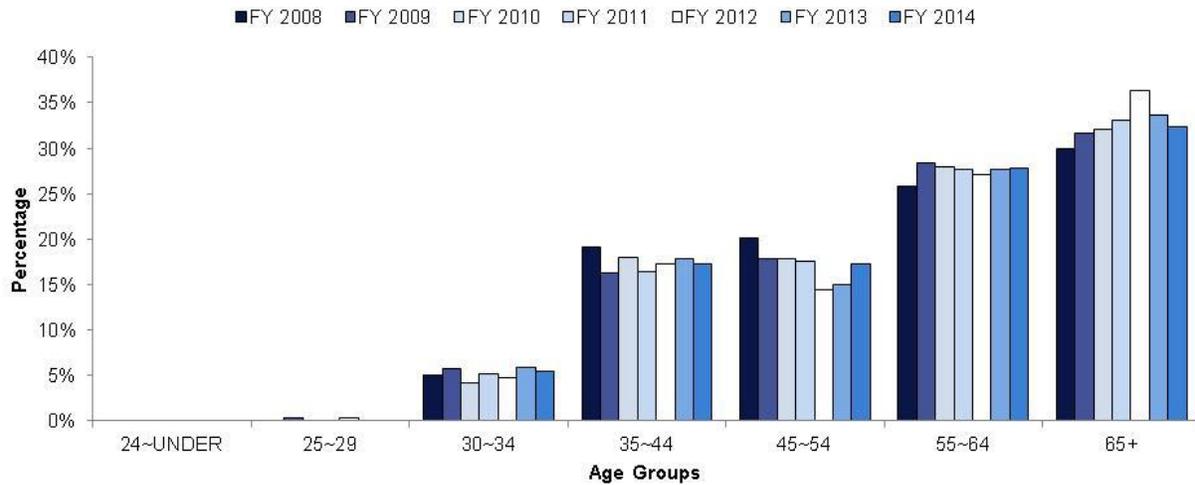


Figure C 150: Age Trends of the Orthopedic Surgery Workforce

Projected Workforce Data

Table C 103: Orthopedic Surgery - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	464	--	--	--	--	--	--	--
% Change from Previous Year	--	184	165	153	148	159	156	146
Eligible for Retirement	--	49	47	50	55	65	72	75

Diversity and Inclusion**Table C104: Orthopedic Surgery - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	77.8%	78.8%	78.2%	79.5%	78.1%	77.4%	48.8%	28.5%	1.58
WF	6.2%	5.7%	5.6%	5.1%	6.8%	7.3%	20.1%	-12.8%	0.36
BM	3.1%	3.2%	3.1%	3.0%	2.7%	2.2%	2.7%	-0.5%	0.81
BF	0.3%	0.2%	0.2%	0.2%	0.2%	0.4%	2.3%	-1.9%	0.18
HM	4.1%	3.5%	3.3%	3.5%	2.9%	3.0%	3.9%	-0.9%	0.77
HF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	-1.9%	0.00
AM	7.0%	6.9%	7.5%	7.0%	7.7%	7.5%	11.5%	-3.9%	0.66
AF	0.5%	0.2%	0.7%	0.7%	1.1%	1.3%	7.6%	-6.3%	0.17
NHPIM	0.3%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
NHPIF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
AIM	0.8%	0.7%	0.5%	0.2%	0.5%	0.9%	0.2%	0.7%	4.11
AIF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	-0.1%	0.00
OM	0.0%	0.5%	0.7%	0.7%	0.0%	0.0%	0.4%	-0.4%	0.00
OF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	-0.3%	0.00

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Medical Officer Specialties uses the Medical Officer occupation as a whole.

Table C105: Orthopedic Surgery - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	6.96%	6.42%	7.04%	7.23%	7.01%	7.33%
Targeted Disability	1.03%	0.99%	0.70%	0.70%	0.90%	0.86%
Veteran	28.35%	26.91%	34.04%	31.93%	29.41%	27.59%

Veteran New Hire

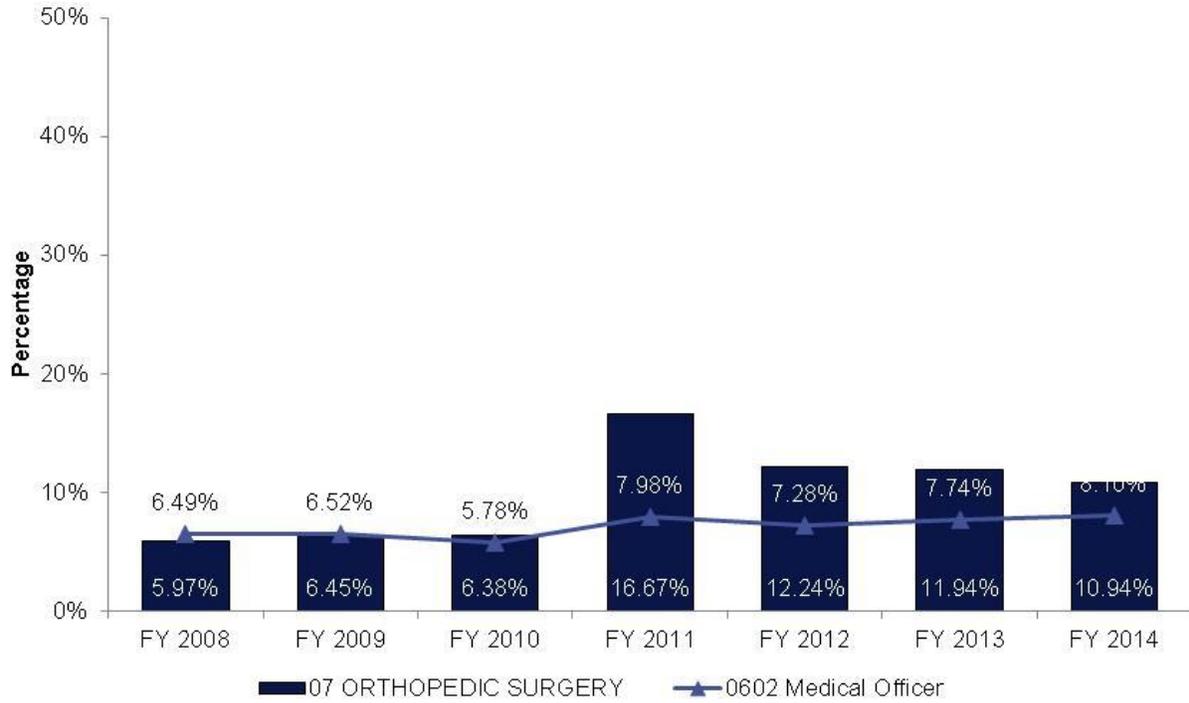


Figure C151: Orthopedic Surgery Veteran Representation Among New Hires

2015 VHA Top Nurse Specialties

*88 Staff Nurse*Workforce Trend Data**Table C106: Staff Nurse Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	20,595	21,655	20,959	21,745	23,199	24,911
Onboard percent change at end of FY	-43.87%	5.15%	-3.21%	3.75%	6.69%	7.38%
Average Onboard	23,476.33	21,074.67	21,647.58	21,298.75	22,431.92	24,061.67
FTE at end of FY	19,883.08	20,943.90	20,302.31	21,110.69	22,574.18	24,250.74
Voluntary Retirements	354	402	409	428	489	504
Disability retirements	33	44	36	40	21	32
Special (early out) retirements	1	0	1	3	1	0
Resignations	945	937	1045	1082	1060	1197
Transfers (352G)	23	23	25	22	24	20
Terminations, Removals, & Separations	172	146	113	103	117	124
Deaths	21	30	15	32	22	23
Total losses	1,549	1,582	1,644	1,710	1,734	1,900
Total gains (computed)	-14,547	2,642	948	2,496	3,188	3,612
Voluntary Retirement Rate	1.51%	1.91%	1.89%	2.01%	2.18%	2.09%
Regrettable Loss Rate	4.12%	4.56%	4.94%	5.18%	4.83%	5.06%
Total Loss Rate	6.60%	7.51%	7.59%	8.03%	7.73%	7.90%

Age Trends of the Staff Nurse Workforce

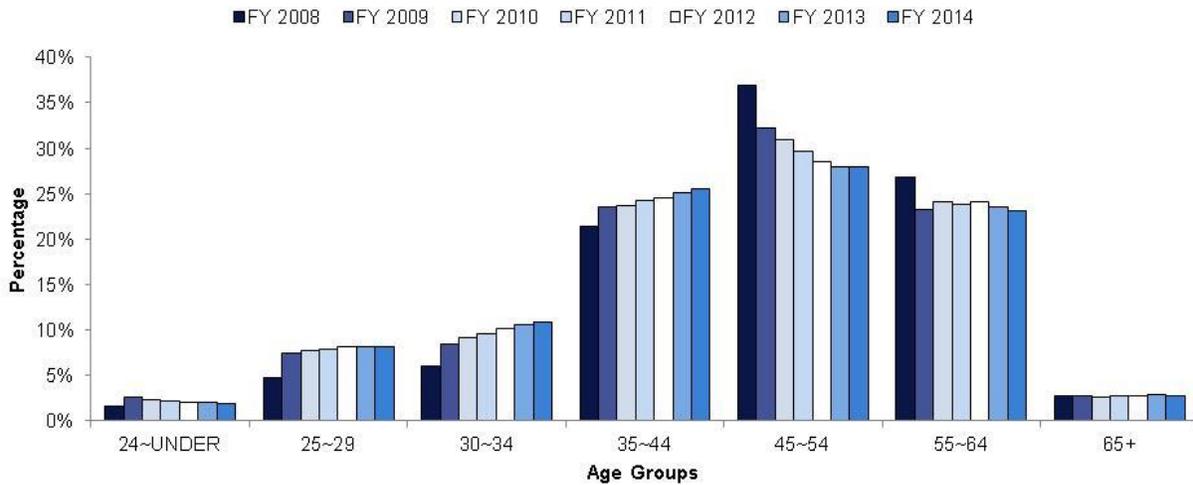


Figure C152: Age Trends of the Staff Nurse Workforce

Projected Workforce Data

Table C107: Staff Nurse - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	24,911	--	--	--	--	--	--	--
% Change from Previous Year	--	2,618	2,800	3,060	3,304	3,594	3,677	3,731
Eligible for Retirement	--	457	500	563	618	688	716	734

Diversity and Inclusion**Table C108: Staff Nurse - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	12.5%	12.5%	12.8%	13.0%	13.3%	13.5%	6.3%	7.3%	2.17
WF	48.2%	48.3%	46.8%	46.3%	45.1%	44.6%	69.8%	-25.3%	0.64
BM	2.0%	2.1%	2.3%	2.3%	2.4%	2.6%	0.9%	1.7%	2.88
BF	15.8%	15.6%	16.2%	16.2%	16.7%	16.5%	9.0%	7.5%	1.84
HM	1.4%	1.5%	1.6%	1.6%	1.6%	1.6%	0.6%	1.0%	2.52
HF	4.5%	4.5%	4.5%	4.5%	4.4%	4.3%	4.0%	0.3%	1.08
AM	1.9%	2.0%	2.2%	2.3%	2.6%	2.8%	1.1%	1.7%	2.52
AF	11.7%	11.4%	11.6%	11.5%	11.9%	11.8%	7.1%	4.8%	1.68
NHPIM	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	5.62
NHPIF	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	3.27
AIM	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.1%	0.3%	5.56
AIF	1.1%	1.0%	0.9%	1.0%	1.3%	1.3%	0.6%	0.7%	2.07
OM	0.1%	0.1%	0.2%	0.2%	0.0%	0.0%	0.1%	0.0%	0.72
OF	0.3%	0.4%	0.5%	0.5%	0.2%	0.2%	0.4%	-0.2%	0.58

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Nurse Specialties uses the Nurse occupation as a whole.

Table C109: Staff Nurse - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.57%	4.67%	4.88%	5.33%	5.66%	6.06%
Targeted Disability	0.56%	0.58%	0.61%	0.62%	0.55%	0.50%
Veteran	13.08%	12.81%	15.63%	15.01%	14.81%	14.78%

Veteran New Hire**Figure C153: Staff Nurse Veteran Representation Among New Hires**

*87 RN, Manager (Mgr)/Head Nurse*Workforce Trend Data**Table C110: RN, Mgr/Head Nurse Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	2,315	2,427	2,515	2,574	2,711	2,838
Onboard percent change at end of FY	4.75%	4.84%	3.63%	2.35%	5.32%	4.68%
Average Onboard	2,262.50	2,365.17	2,491.42	2,548.08	2,633.17	2,776.08
FTE at end of FY	2,313.90	2,425.80	2,514.28	2,571.90	2,709.50	2,836.70
Voluntary Retirements	48	68	90	98	85	99
Disability retirements	3	3	0	2	1	6
Special (early out) retirements	0	0	0	0	0	0
Resignations	25	39	65	57	75	54
Transfers (352G)	3	1	2	6	2	1
Terminations, Removals, & Separations	6	1	4	3	2	3
Deaths	3	2	6	2	5	0
Total losses	88	114	167	168	170	163
Total gains (computed)	193	226	255	227	307	290
Voluntary Retirement Rate	2.12%	2.88%	3.61%	3.85%	3.23%	3.57%
Regrettable Loss Rate	1.24%	1.69%	2.69%	2.47%	2.92%	1.98%
Total Loss Rate	3.89%	4.82%	6.70%	6.59%	6.46%	5.87%

Age Trends of the RN, Mgr/Head Nurse Workforce

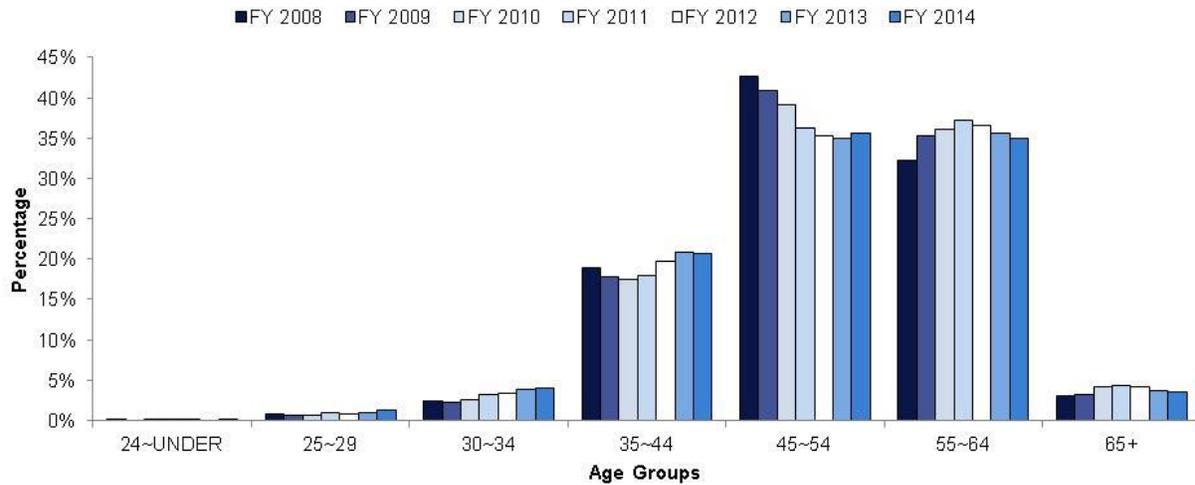


Figure C154: Age Trends of the RN, Mgr/Head Nurse Workforce

Projected Workforce Data

Table C111: RN, Mgr/Head Nurse - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	2,838	--	--	--	--	--	--	--
% Change from Previous Year	--	548	582	627	638	639	652	645
Eligible for Retirement	--	91	97	109	114	118	125	126

Diversity and Inclusion**Table C112: RN, Mgr/Head Nurse - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	10.5%	10.5%	10.1%	10.3%	10.4%	10.7%	6.3%	4.5%	1.71
WF	58.5%	57.5%	57.6%	57.1%	56.1%	55.4%	69.8%	-14.4%	0.79
BM	2.0%	1.8%	1.7%	1.7%	2.1%	2.0%	0.9%	1.2%	2.30
BF	17.0%	17.3%	17.9%	18.5%	19.4%	20.0%	9.0%	11.0%	2.22
HM	1.0%	1.2%	1.4%	1.3%	1.1%	1.5%	0.6%	0.8%	2.31
HF	5.0%	5.3%	4.7%	4.7%	4.2%	4.0%	4.0%	0.0%	1.00
AM	0.7%	0.7%	0.8%	0.8%	0.7%	0.7%	1.1%	-0.4%	0.61
AF	3.8%	4.3%	4.3%	4.2%	4.4%	4.3%	7.1%	-2.7%	0.61
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00
NHPIF	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	2.01
AIM	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%	0.1%	0.2%	4.03
AIF	0.6%	0.7%	0.8%	0.8%	0.9%	0.8%	0.6%	0.2%	1.27
OM	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	-0.1%	0.00
OF	0.3%	0.2%	0.3%	0.3%	0.2%	0.1%	0.4%	-0.3%	0.34

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Nurse Specialties uses the Nurse occupation as a whole.

Table C 113: RN, Mgr/Head Nurse - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.62%	4.57%	4.81%	5.94%	5.39%	5.53%
Targeted Disability	0.30%	0.29%	0.44%	0.35%	0.44%	0.46%
Veteran	16.29%	16.03%	18.21%	17.79%	17.67%	17.86%

Veteran New Hire

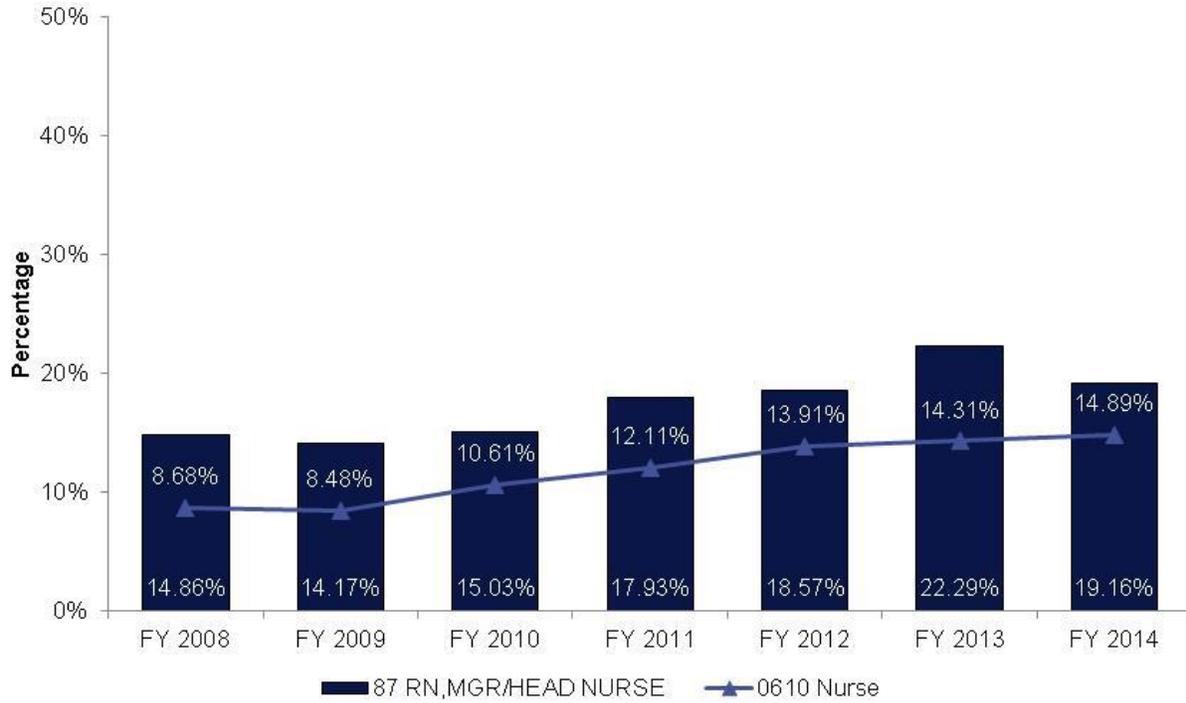


Figure C155: RN, Mgr/Head Nurse Veteran Representation Among New Hires

*75 Nurse Practitioner*Workforce Trend Data**Table C114: Nurse Practitioner Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	1,978	2,158	2,180	2,272	2,391	2,598
Onboard percent change at end of FY	-44.75%	9.10%	1.02%	4.22%	5.24%	8.66%
Average Onboard	2,194.00	2,073.92	2,204.92	2,220.33	2,351.67	2,492.33
FTE at end of FY	1,915.14	2,093.75	2,118.90	2,214.95	2,336.59	2,539.75
Voluntary Retirements	34	41	40	56	79	100
Disability retirements	5	3	2	0	8	3
Special (early out) retirements	0	0	0	0	0	0
Resignations	71	76	71	110	128	99
Transfers (352G)	3	2	5	1	3	7
Terminations, Removals, & Separations	7	3	8	9	8	5
Deaths	3	6	2	0	3	1
Total losses	123	131	128	176	229	215
Total gains (computed)	-1,479	311	150	268	348	422
Voluntary Retirement Rate	1.55%	1.98%	1.81%	2.52%	3.36%	4.01%
Regrettable Loss Rate	3.37%	3.76%	3.45%	5.00%	5.57%	4.25%
Total Loss Rate	5.61%	6.32%	5.81%	7.93%	9.74%	8.63%

Age Trends of the Nurse Practitioner Workforce

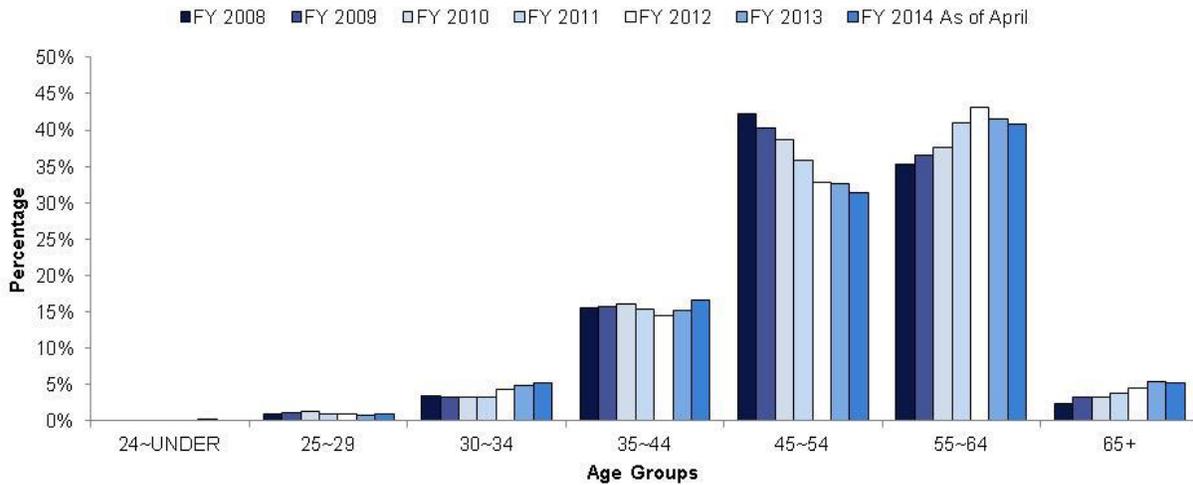


Figure C156: Age Trends of the Nurse Practitioner Workforce

Projected Workforce Data

Table C 115: Nurse Practitioner - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	2,598	--	--	--	--	--	--	--
% Change from Previous Year	--	513	545	570	629	658	651	628
Eligible for Retirement	--	90	97	104	116	122	124	120

Diversity and Inclusion**Table C116: Nurse Practitioner - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	8.6%	8.6%	8.7%	9.1%	9.5%	9.4%	6.3%	3.1%	1.50
WF	72.0%	71.1%	70.1%	69.1%	68.1%	67.4%	69.8%	-2.4%	0.97
BM	0.4%	0.6%	0.6%	0.5%	0.5%	0.6%	0.9%	-0.3%	0.65
BF	9.0%	9.6%	10.2%	11.0%	10.9%	11.3%	9.0%	2.3%	1.26
HM	0.7%	0.6%	0.6%	0.7%	0.7%	0.7%	0.6%	0.0%	1.02
HF	2.5%	2.6%	2.9%	3.0%	3.0%	2.8%	4.0%	-1.2%	0.69
AM	0.6%	0.6%	0.6%	0.5%	0.5%	0.6%	1.1%	-0.5%	0.56
AF	4.8%	4.7%	4.5%	4.8%	5.6%	6.0%	7.1%	-1.0%	0.86
NHPIM	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	7.70
NHPIF	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	1.65
AIM	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	0.1%	0.1%	2.75
AIF	0.9%	0.8%	0.8%	0.7%	0.8%	0.7%	0.6%	0.1%	1.14
OM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	-0.1%	0.00
OF	0.3%	0.4%	0.5%	0.4%	0.1%	0.2%	0.4%	-0.3%	0.37

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Nurse Specialties uses the Nurse occupation as a whole.

Table C117: Nurse Practitioner - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	4.85%	5.61%	6.19%	6.65%	6.90%	7.39%
Targeted Disability	0.66%	0.60%	0.50%	0.57%	0.50%	0.62%
Veteran	13.85%	13.39%	15.78%	15.05%	14.35%	14.32%

Veteran New Hire

Figure C157: Nurse Practitioner Veteran Representation Among New Hires

*Q6 RN/Staff Inpatient CLC*Workforce Trend Data**Table C118: RN/Staff Inpatient CLC Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees						
Onboard at end of FY	2,955	2,907	2,943	2,845	2,820	2,817
Onboard percent change at end of FY		-1.62%	1.24%	-3.33%	-0.88%	-0.11%
Average Onboard	2,519.27	2,933.50	2,889.83	2,885.67	2,839.50	2,824.58
FTE at end of FY	2,865.15	2,833.83	2,865.16	2,775.14	2,756.74	2,754.76
Voluntary Retirements	40	114	115	136	138	98
Disability retirements	2	5	2	7	5	4
Special (early out) retirements	0	0	0	0	0	2
Resignations	89	114	101	107	117	110
Transfers (352G)	0	2	2	3	0	0
Terminations, Removals, & Separations	18	23	18	16	18	7
Deaths	5	4	3	1	2	4
Total losses	154	262	241	270	280	225
Total gains (computed)	3,109	214	277	172	255	222
Voluntary Retirement Rate	1.59%	3.89%	3.98%	4.71%	4.86%	3.47%
Regrettable Loss Rate	3.53%	3.95%	3.56%	3.81%	4.12%	3.89%
Total Loss Rate	6.11%	8.93%	8.34%	9.36%	9.86%	7.97%

Age Trends of the RN/Staff Inpatient CLC Workforce

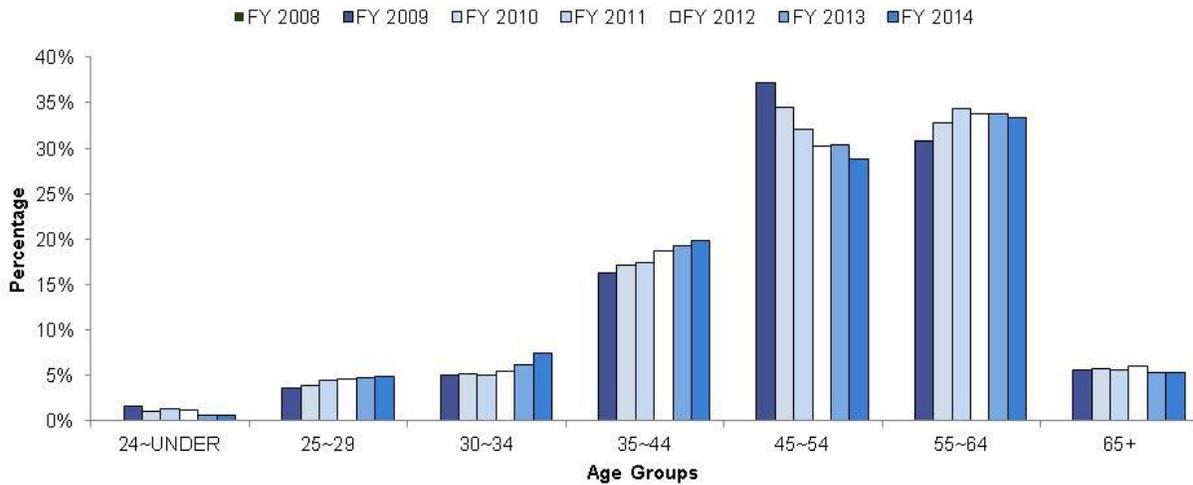


Figure C 158: Age Trends of the RN/Staff Inpatient CLC Workforce

Projected Workforce Data

Table C119: RN/Staff Inpatient CLC - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	2,817	--	--	--	--	--	--	--
% Change from Previous Year	--	520	545	581	586	613	599	606
Eligible for Retirement	--	92	98	107	108	115	115	118

Diversity and Inclusion**Table C120: RN/Staff Inpatient CLC - Race/Gender Summary Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	8.8%	9.0%	9.3%	9.7%	9.7%	9.7%	6.3%	3.4%	1.54
WF	51.6%	50.9%	50.2%	48.8%	48.3%	47.3%	69.8%	-22.5%	0.68
BM	1.4%	1.8%	1.7%	1.8%	1.8%	1.9%	0.9%	1.0%	2.11
BF	15.0%	15.6%	15.3%	15.7%	16.8%	17.4%	9.0%	8.4%	1.93
HM	1.4%	1.2%	1.2%	1.3%	1.3%	1.3%	0.6%	0.7%	2.11
HF	4.9%	4.8%	4.8%	4.8%	4.6%	4.8%	4.0%	0.8%	1.19
AM	1.3%	1.2%	1.7%	1.8%	2.0%	2.2%	1.1%	1.1%	2.00
AF	14.2%	14.1%	14.3%	14.3%	13.8%	13.7%	7.1%	6.6%	1.94
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.55
NHPIF	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	3.55
AIM	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	3.04
AIF	1.0%	0.9%	0.9%	1.2%	1.2%	1.2%	0.6%	0.5%	1.83
OM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.71
OF	0.3%	0.2%	0.2%	0.2%	0.0%	0.1%	0.4%	-0.3%	0.25

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF – Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Nurse Specialties uses the Nurse occupation as a whole.

Table C 121: RN/Staff Inpatient CLC - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	5.96%	5.54%	5.47%	6.01%	6.21%	5.93%
Targeted Disability	0.58%	0.55%	0.54%	0.70%	0.82%	0.64%
Veteran	9.68%	10.70%	13.18%	11.92%	12.02%	12.25%

Veteran New Hire**Figure C159: RN/Staff Inpatient CLC Veteran Representation Among New Hires**

*N4 Nurse Practitioner (NP) Medical Health Substance Use Disorder (SUD)*Workforce Trend Data**Table C122: NP Medical Health SUD Workforce Trend Data**

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Employees Onboard at end of FY	432	410	423	428	448	410
Onboard percent change at end of FY	1100.00%	-5.09%	3.17%	1.18%	4.67%	-8.48%
Average Onboard	365.00	424.33	415.00	420.42	445.58	425.50
FTE at end of FY	422.01	401.82	414.20	418.28	437.97	401.00
Voluntary Retirements	7	11	15	20	17	31
Disability retirements	1	2	1	1	3	2
Special (early out) retirements	0	0	0	0	0	0
Resignations	10	15	7	11	17	24
Transfers (352G)	1	1	0	1	1	0
Terminations, Removals, & Separations	0	2	2	1	3	0
Deaths	0	0	0	0	1	0
Total losses	19	31	25	34	42	57
Total gains (computed)	415	9	38	39	62	19
Voluntary Retirement Rate	1.92%	2.59%	3.61%	4.76%	3.82%	7.29%
Regrettable Loss Rate	3.01%	3.77%	1.69%	2.85%	4.04%	5.64%
Total Loss Rate	5.21%	7.31%	6.02%	8.09%	9.43%	13.40%

Age Trends of the NP Medical Health SUD Workforce

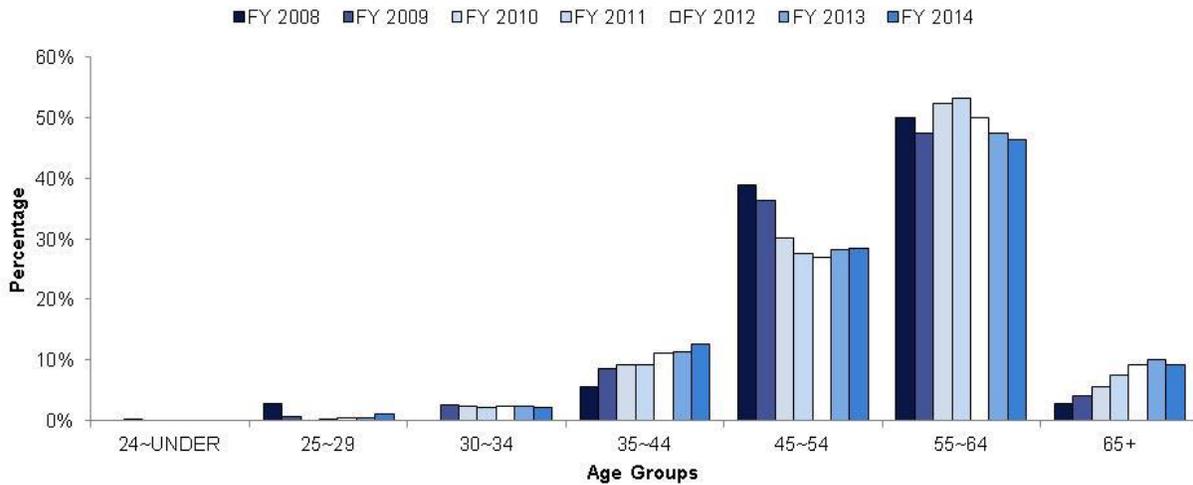


Figure C160: Age Trends of the NP Medical Health SUD Workforce

Projected Workforce Data

Table C 123: NP Medical Health SUD - Projected Workforce Data

	FY 2014 (Actual)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Employees Onboard End of FY	410	--	--	--	--	--	--	--
% Change from Previous Year	--	121	120	127	127	119	119	117
Eligible for Retirement	--	21	21	23	23	22	22	23

Diversity and Inclusion**Table C124: NP Medical Health SUD - Race/Gender Summary Data**

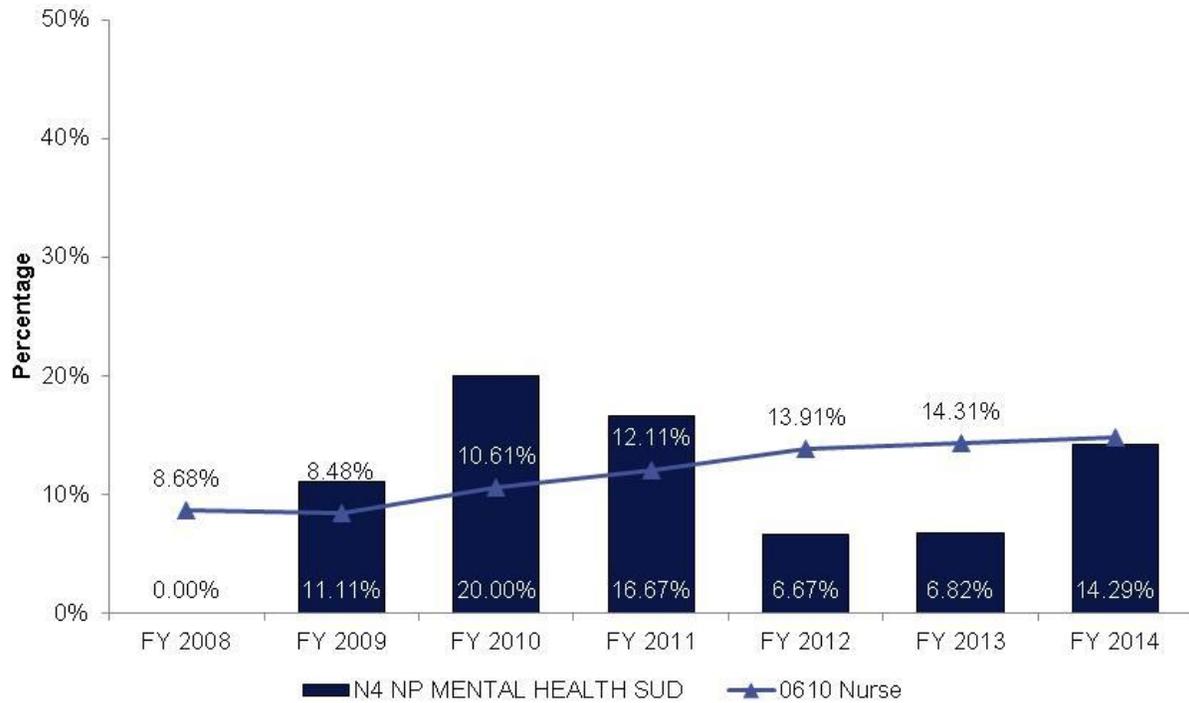
	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	RCLF	% Difference	Ratio
WM	9.5%	9.8%	10.2%	10.7%	10.3%	10.2%	6.3%	4.0%	9.5%
WF	74.5%	73.7%	73.5%	72.4%	71.0%	70.7%	69.8%	0.9%	74.5%
BM	0.9%	1.0%	0.9%	0.7%	0.9%	0.5%	0.9%	-0.4%	0.9%
BF	8.1%	8.8%	9.2%	9.6%	10.9%	11.2%	9.0%	2.2%	8.1%
HM	0.7%	0.7%	0.7%	1.2%	1.3%	1.2%	0.6%	0.6%	0.7%
HF	1.2%	0.7%	0.9%	0.9%	1.1%	1.5%	4.0%	-2.5%	1.2%
AM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	-1.1%	0.0%
AF	4.2%	4.1%	3.3%	2.8%	2.9%	3.2%	7.1%	-3.9%	4.2%
NHPIM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NHPIF	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.1%	0.2%	0.0%
AIM	0.2%	0.2%	0.2%	0.0%	0.2%	0.2%	0.1%	0.2%	0.2%
AIF	0.5%	0.7%	0.5%	1.2%	0.9%	0.7%	0.6%	0.1%	0.5%
OM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	-0.1%	0.0%
OF	0.2%	0.2%	0.5%	0.2%	0.2%	0.2%	0.4%	-0.2%	0.2%

Note: WM-White Male, WF – White Female, BM – Black Male, BF – Black Female, HM – Hispanic Male, HF – Hispanic Female, AM – Asian Male, AF – Asian Female, NHPIM – Native Hawaiian/Pacific Islander Male, NHPIF - Native Hawaiian/Pacific Islander Female, AIM – American Indian Male, AIF – American Indian Female, OM – Other Male, OF – Other

Note: RCLF comparison for Nurse Specialties uses the Nurse occupation as a whole.

Table C125: NP Medical Health SUD - Disability & Veteran Summary Data

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Non-Targeted Disability	7.64%	8.54%	9.46%	9.58%	9.60%	8.29%
Targeted Disability	1.39%	1.46%	1.18%	1.64%	1.12%	0.98%
Veteran	13.43%	13.17%	16.08%	13.32%	13.39%	12.93%

Veteran New Hire**Figure C 161: NP Medical Health SUD Veteran Representation Among New Hires**

Appendix D: Data Definitions

Age Trends Data

Data exclude medical residents, trainees with assignment codes To through T9 & intermittent employees. Data include permanent & temporary, full-time & part-time employees in a Pay status. Loss data are based on the date the loss was effective. Data Source: ProClarity HR Turnover Cube.

EEO Analysis (Disability & Veteran)

Workforce distribution data are provided as one element to be reviewed to determine if there are any barriers to meeting department hiring goals. This information is not, under any circumstances, to be used to establish hiring quotas or as the basis for any ultimate hiring decision. Data exclude medical residents, trainees with assignment codes To through T9 & intermittent employees. Data include permanent & temporary, full-time & part-time employees in a Pay status. Loss data are based on the date the loss was effective. Targeted disabilities are blindness, deafness, missing extremities, partial paralysis, total paralysis, epilepsy, severe intellectual disability, psychiatric disability, and dwarfism. Veterans are identified from the Veteran Preference dimension and include Veterans with no preference, 5 point, 10 point disability, 10 point less than 30% disability, 10 point more than 30% disability. Data Source: ProClarity HR Employee Cube.

EEO Analysis (Race/Gender)

Workforce distribution data are provided as one element to be reviewed to determine if there are any barriers to full participation. This information is not, under any circumstances, to be used to establish hiring quotas or as the basis for any ultimate hiring decision. Integration of EEO in the Workforce Strategic Plan does not replace MD 715 requirements (Affirmative Employment Planning). Native Hawaiian/Pacific Islander became a new category for reporting in FY 2009. VHA Combined Occupations RCLF is computed from all census occupations used by VHA. Data Source for RCLF percentages is the VSSC RCLF report. All EEO onboard data exclude medical residents, trainees with assignment codes To through T9, and intermittent employees. Data include permanent & temporary, full-time & part-time employees in Pay status. Data source for onboard data: ProClarity HR Employee Cube.

Entrance Survey

The VA entrance survey provides a means of assessing newly hired employees' reasons for choosing VA, and provides insight into ways VA can improve recruitment and marketing efforts. Like the exit survey, the completion of the entrance survey is completely voluntary and confidential. Data includes VHA employees. The denominator data (total number of hires or gains) excludes temporary gains, medical residents, trainees with assignment codes To through T9 & intermittent employees, but includes permanent & temporary, full-time & part-time employees in a Pay status. Data Sources: Entrance Survey Cube and HR NOA Cube.

Exit Survey Data

The VA exit survey is a means for employees who voluntarily separate to communicate their reasons for leaving. To be most effective and to ensure the highest response rates, the opportunity to complete the survey should be provided during the clearance process. The completion of the exit survey is completely voluntary and confidential. The survey results are useful because they provide supervisors, managers, human resources officers, and senior leadership with valuable information to help improve employee retention and morale. Data includes VHA employees. The denominator data (total number of voluntary losses) excludes medical residents, trainees with assignment codes TO through T9 & intermittent employees, but includes permanent & temporary, full-time & part-time employees in a Pay status, and those that left on a voluntary basis (NOA codes Voluntary Retirements, 317 Resignations, and 352G Transfers to Other Government Agencies). Data Sources: Exit Survey Cube and HR NOA Cube.

Projected Workforce Data

Losses are aggregated into three categories for summary purposes: voluntary retirements, regrettable losses, and other losses. “Regrettable Losses” include resignations and 352G transfers to other government agencies. The majority of “Other Losses” are terminations of appointment, usually due to expiration of a temporary appointment. Other losses also include employees who were removed from their position (fired), deaths, disability retirements, and “early out” retirements (require OPM early-out authority). “Employees Eligible for Retirement” includes only Civil Service Retirement System (CSRS) and Federal Employee Retirement System (FERS) full annuity retirement eligibility. Few FERS Reduced or Deferred Annuity retirement-eligible employees actually retire, therefore, they are not included in computing employees eligible for retirement. “Gains Needed” includes losses plus growth compared to the previous year. Data Sources: HR NOA Cube for current year losses; VSSC Retirement Eligibility Report (for retirement projections).

Quits by Year

Data represent the number of resignations and 352G transfers to other government agencies for each “Gain Year” (i.e., the year the employee was hired) by their year of employment with VHA (Cost Center 7000-8959). Data exclude 901 transfers to other VA Administrations, temporary appointments, medical residents, and trainees with assignment codes TO through T9, but include temporary assignments for Psychology, Social Work, General Health Science, Medical Officer, PA, CRNA, Nurse, Practical Nurse, Dietitian and Nutritionist, Occupational Therapist, Physical Therapist, Corrective Therapist, Rehabilitation Therapist Assistant, Health Aid and Technician, Medical Technologist, DRT, Therapeutic Radiologic Technologist, Medical Instrument Technologist, Pharmacist, Pharmacy Technician, Speech Pathology and Audiology, Orthotist and Prosthetist, Medical Records Administration, Prosthetic Representative, MRT, Dental Assistant, and Dental Hygiene. Data Source: SQL Query from PAID and historical databases; not available in ProClarity.

Veteran New Hire

Data exclude medical residents, trainees with assignment codes To through T9 & intermittent employees. Data include hires (gains) for permanent & temporary, full-time & part-time employees in a Pay status. Veterans are identified from the Veterans Preference dimension and includes Veterans with no preference, 5 point, 10 point disability, 10 point less than 30% disability, 10 point more than 30% disability Data Source: ProClarity HR NOA Cube.

Workforce Trends Data

Data exclude medical residents, trainees with assignment codes To through T9 & intermittent employees. Data include permanent & temporary, full-time & part-time employees in a Pay status. Loss data are based on the date the loss was effective. "Total Gains" are computed as current year losses plus growth over the previous year. *Regrettable Loss Rate includes 317 resignations and 352G transfers; it no longer includes 901 transfers to other VA administrations. Total Loss also does not include 900 transfer to another VA station or 901 transfers to other VA administrations. Data Source: ProClarity HR Employee Cube and HR NOA Cube.

Appendix E: Acronyms

Acronym	Title
AD	Assistant/Associate Director
ADPCS	Associate Directors for Patient Care Services
AES	All Employee Survey
AF	Asian Female
AIF	American Indian Female
AIM	American Indian Male
AM	Asian Male
BF	Black Female
BLS	Bureau of Labor Statistics
BM	Black Male
CBOC	Community Based Outpatient Clinics
CEDB	Corporate Employee Development Board
CMO	Chief Medical Officers
CNL	Clinical Nurse Leader
COS	Chief of Staff
CRNA	Nurse Anesthetist
DND	Deputy Network Director
DoD	Department of Defense
DRT	Diagnostic Radiologic Technologist
ECF	Executive Career Fellowship
EDRP	Education Debt Reduction Program
EEO	Equal Employment Opportunity
EES	Employee Education Service
EISP	Employee Incentive Scholarship Program
FEI	Federal Executive Institute
FEVS	Federal Employee Viewpoint Survey
FY	Fiscal Year
GS	General Schedule

HCEF	Health Care Executive Fellowship
HCLDP	Health Care Leadership Development Program
HF	Hispanic Female
HM	Hispanic Male
HPDM	High Performance Development Model
HR	Human Resources
HRMO	Healthcare Recruitment and Marketing Office
HTM	Healthcare Talent Management
ICD	International Classification of Diseases
JOLTS	Job Openings and Labor Turnover Survey
LEAD	Leadership, Effectiveness, Accountability and Development
LPN	Licensed Practical Nurse
Mgmt	Management
Mgr	Manager
MIT	Medical Instrument Technician
MRT	Medical Records Technician
NCA	National Cemetery Administration
NCOD	National Center for Organization Development
NExT	New Executive Training
NHPIF	Native Hawaiian/Pacific Islander Female
NHPIM	Native Hawaiian/Pacific Islander Male
NHR	National Healthcare Recruiter
NNEI	National Nurse Education Initiative
NP	Nurse Practitioner
OAA	Office of Academic Affiliations
ODI	Office of Diversity and Inclusion
OEF	Operation Enduring Freedom
OF	Other Female
OIF	Operation Iraqi Freedom
OM	Other Male
OND	Operation New Dawn

OPM	Office of Personnel Management
ORH	Office of Rural Health
OT	Occupational Therapy/Occupational Therapist
PA	Physician Assistant
PACT	Patient Aligned Care Team
PBI	Performance Based Interviewing
PBM	Pharmacy Benefits Management
PCP	Primary Care Provider
PGY	Post-Graduate Year
PM&RS	Physical Medicine and Rehabilitation Services
PP	Percentage Points
PPBE	Planning, Programming, Budgeting, and Execution
RCLF	Relevant Civilian Labor Force
RHTI	Rural Health Training Initiative
RN	Registered Nurse
RPSTI	Rural Provider and Staff Training Initiative
SCAN-ECHO	Specialty Care Access Network and Extension for Community Healthcare
SEO	Senior Executive Orientation
SES	Senior Executive Service
SESCDP	Senior Executive Service Candidate Development Program
SLRP	Student Loan Repayment Program
SUD	Substance Use Disorder
SWDMS	Succession and Workforce Development Management Subcommittee
TIME	The Institute for Management Excellence
TMS	Talent Management System
VA	Veterans Affairs
VACO	VA Central Office's
VALU	VA Learning University
VBA	Veterans Benefits Administration's
VHA	Veterans Health Administration
VHACO	Veterans Health Administration Central Office

VISN	Veteran Integrated Service Network
VSSC	VHA Support Service Center
WF	White Female
WHS	Office of Women's Health Services
WM	White Male

Appendix F: References

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