U.S. Government Accountability Office

Veterans Affairs: Information on Protected Research Time for Clinician-Scientists

GAO-25-107360
Q&A
Report to Congressional Committees
March 2025

Why This Matters

For nearly 100 years, the Department of Veterans Affairs' (VA) research program has focused on enhancing the well-being of veterans and the nation through scientific discovery. According to VA, its research efforts have been foundational to medical advances such as the first implantable pacemaker, the first liver transplant, the clinical trial that led to the Food and Drug Administration's approval of the shingles vaccine, and findings that support the use of therapies within VA for post-traumatic stress disorder. The overarching goal of VA research is to achieve broad and meaningful positive outcomes on the health of veterans.

However, leaders of VA medical centers and their clinical departments face difficult resource decisions in finding a balance between supporting research and providing patient care. Clinicians who conduct research and provide care to patients are known as clinician-scientists. At VA medical centers, the high demand for patient care may compete with providing time to clinician-scientists that they can dedicate solely to research (protected research time), particularly if they are working in a VA medical center that has staffing constraints. Without adequate protected time, however, clinician-scientists may find it challenging to make progress on their research.

The Consolidated Appropriations Act, 2023 includes a provision for us to review the amount of time dedicated for research by VA clinician-scientists (Pub. L. No. 117-328, § 181-84). This report provides information on VA's policies and practices for research time and how research time relates to clinician-scientist recruitment, retention, resource use, and productivity at selected VA medical centers.

Key Takeaways

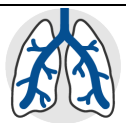
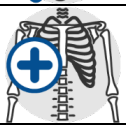
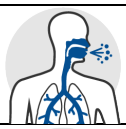
- Protected research time helps VA recruit and retain top clinician-scientists.
- To support protected research time at VA medical centers, leaders may have to direct resources away from immediate patient care needs, which may be difficult to do, particularly for medical centers that are short staffed.
- Varying patient care needs, leadership priorities, and characteristics of the academic affiliate contribute to differences in support for protected research time across VA medical centers.
- VA medical centers located in rural areas, away from affiliated academic institutions, may have a more difficult time covering the centers' patient care needs in order to provide protected research time for clinician-scientists.

What is the role of clinician-scientists in VA research?

According to VA, more than 60 percent of the nearly 4,000 VA researchers are clinician-scientists who also provide direct patient care. The dual role of clinician-scientists in VA's health system allows them to identify the needs of veteran patients and then make discoveries that can move from the research setting to the patient care setting. According to VA, most medical centers with research programs are affiliated with academic institutions such as a university or medical school. VA partners with its affiliates to provide education and training to health professionals. In turn, these academic affiliates are a crucial source of talent for VA. Most of VA's clinician-scientists also work at one of these institutions. The number of hours clinician-scientists work at the VA can vary from just a few hours a week to up to a full-time position.[1] For this report, we interviewed 36 clinician-scientists from seven medical centers across a variety of disciplines.

VA clinician-scientists also have a role in securing funding for research. Specifically, they generally develop and submit research proposals for (1) research awards funded through and managed by VA's Office of Research and Development (intramural research) or (2) grants from sponsors external to VA, including federal agencies, state governments, nonprofit organizations, and companies sponsoring clinical trials (extramural research).[2] Table 1 shows example funding sources and projects. Extramural grants are administered by VA's affiliated academic institutions or nonprofit research and education corporations, which are established to receive and administer these funds for VA research.[3]

Table 1: Examples of Funding Sources and Projects for VA Clinician-Scientists

Funding source	Funding source description	Example project	
Intramural research (awards funded through and managed by VA's Office of Research and Development)			
Career Development Award	Provides salary for early career researchers		Research identifying clinical markers and developing treatments for lung diseases related to military deployment
Centers of Innovation Award	Supports groups of researchers in focused areas related to Veterans Affairs policies, healthcare practices, and health outcomes for veterans		Research to improve veterans' access to mental health and substance use care
Cooperative Studies Program	Supports large-scale, multisite clinical trials and observational studies		Study to compare effectiveness of colorectal cancer screening methods in 46 locations, with over 50,000 patients
Merit Review Award	Supports researcher-initiated research of disorders and diseases, health systems, and rehabilitative needs of importance to the health of veterans		Research evaluating a treatment program for musculoskeletal health and function
Extramural research (grants from sponsors external to VA)			
Grants from federal agencies such as National Institutes of Health and Department of Defense (DOD)	Provide funds for specific research proposals to be administered by the affiliated university or nonprofit research and education corporation		Study funded by DOD to improve deployment-related asthma possibly due to exposure to diesel, burn pits, and sandstorms
Industry sponsors such as drug companies	Provide funds and often study protocols for clinical trials of medications, prosthetic devices, and other therapeutics		Clinical trial to test a new medication for post-traumatic stress disorder with over 300 patients

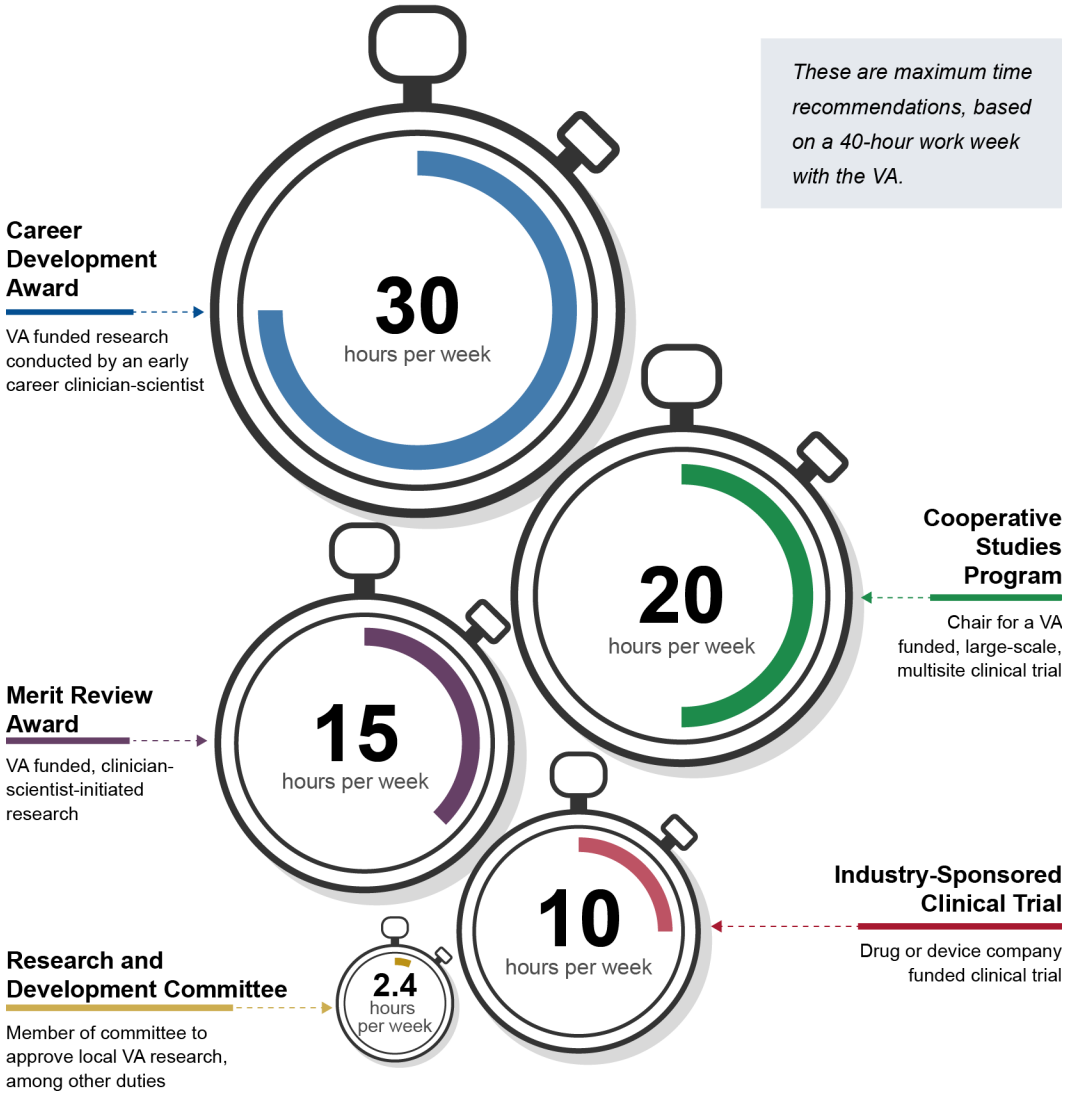
Source: GAO illustration and analysis of Department of Veterans Affairs (VA) data and documents and publicly accessible project information. | GAO-25-107360

What VA guidance exists for awarding protected research time?

VA's Office of Research and Development (ORD) provides VA medical centers with recommendations for the amount of protected research time to provide to clinician-scientists. In addition, some of the seven selected medical centers included in our review have developed additional policies that designate site-specific procedures.[4] According to VA, recommendations were initially developed

in 2010 and most recently revised in 2020. The recommendations to VA medical centers list the recommended hours per week to be protected for research, determined by the type of research or research-related activities (see fig. 1).

Figure 1: Examples of VA Guidance for Protected Research Time Provided to Clinician-Scientists



Source: GAO illustration and analysis of Department of Veterans Affairs (VA) documents and interviews. | GAO-25-107360

According to VA's guidance on the amount of protected time recommended for research activities, individual medical centers may implement ORD's research time recommendations in the way that best meets their needs and in accordance with local policies and practices. Some medical centers we interviewed developed local research time policies that included details such as additional recommendations for protected research time, general timelines for awarding time, the responsibilities of decision-makers, and maximum amounts of protected research time that differed from the ORD recommendations. For example, one local policy included additional research time recommendations for specific activities and an example form to document research time decisions. Another policy detailed the timeline and procedures for requesting protected research time and directed decision-makers to reference the ORD recommendations.

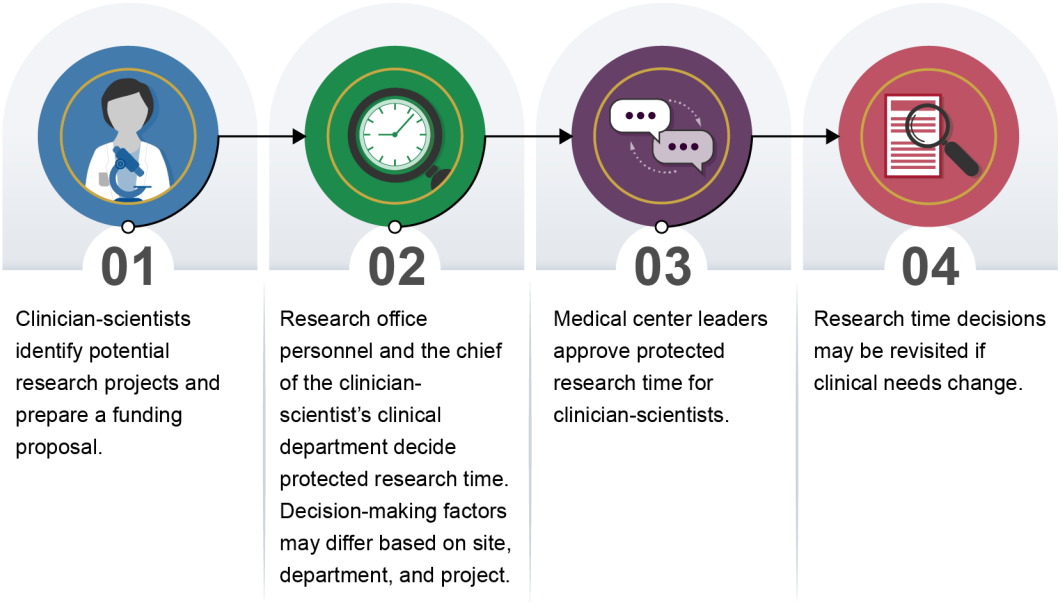
Career Development Awards are an exception to medical centers' ability to adapt ORD's research time recommendations. ORD requires medical centers to allow Career Development awardees to spend 75 percent of their time on research as a condition of funding the award.[5] According to VA medical center officials,

Career Development Awards require more protected research time because without sufficient time to develop their research, clinician-scientists will not have a successful research career. ORD officials said they ensure research time is protected for Career Development awardees by requiring clinical department leaders to commit to protecting the time in writing and through regular check-ins between awardees and local research offices to assess whether awardees have the time, resources, and support they need. In contrast, Merit Review Awards are awarded to more experienced clinician-scientists who may already have established their research and relationships with collaborators. Career Development Awards are the only awards for which ORD provides funding for clinician-scientists' salaries. Medical centers, on the other hand, provide the funding for salaries when clinician-scientists conduct research funded by other ORD awards, including Merit Review Awards. VA officials also note that most non-VA funding, such as NIH funding, can be budgeted to support clinician-scientists' research efforts.

How do medical center leaders determine the amount of protected research time to provide?

VA medical center leaders determine the amount of protected research time to provide clinician-scientists by considering ORD's recommendations, local policies, and other factors such as the type of research, project funding source, and patient care needs. Figure 2 depicts a generalized process by which VA medical centers determine protected research time.

Figure 2: Generalized Process to Determine Protected Research Time at VA Medical Centers



Source: GAO illustration and analysis of Department of Veterans Affairs (VA) documents and interviews. | GAO-25-107360

Note: Clinician-scientists are clinicians who conduct research and provide care to patients. Protected research time is time clinician-scientists can dedicate solely to research.

Some key factors for determining the amount of protected research time include:

- **Type of research being conducted**. Different types of research require different amounts of time from the clinician-scientist. According to clinician-scientists at some medical centers we spoke with, research they initiate may require extra time to develop the study procedures. In contrast, a Cooperative Studies Program trial begun at another medical center or an industry-sponsored study may already have an established methodology. Additionally, certain research activities are more easily incorporated into other routines and therefore require less time to complete. For example, clinician-scientists may be able to complete some clinical trial research tasks during patient visits since clinical trials may also involve activities—such as providing

medication or tracking measurements like blood pressure—required for patient care.

- **Project funding source**. Officials at some medical centers we interviewed said their research programs prioritized intramural research over externally funded grants because intramural research can generate more funding for the medical center. VA uses a funding model called the Veterans Equitable Resource Allocation system (VERA) to allocate funds to regional health networks that are then allocated to medical centers within those regions.[6] VERA funding amounts are based on a number of factors, including a component for research support based on the volume and types of research. VERA funding provided for extramural research projects not administered by VA is 25 to 75 percent of the amount for intramural research. According to ORD guidance to medical center research offices, research funds allocated to medical centers through VERA may be used to cover the salary of clinician-scientists for their protected research time.[7] VA officials stated that, similar to protected research time policies, allocation of VERA is determined locally by medical centers and is variable in its implementation.
- **Patient care needs.** The need to balance resources with patient care is another factor leaders consider in determining the amount of protected research time to provide. See question, "What accounts for differences in medical center support for protected research time?" for more information.

What information does VA maintain on the amount of protected research time provided to clinician-scientists?

VA does not maintain a centralized information source on the amount of protected research time provided to clinician-scientists. ORD officials said this is because research time decisions are made at the medical centers. VA medical centers maintain that information locally using a process referred to as labor mapping. According to VA documents and officials, once protected time is provided to a clinician-scientist, the amount of time is recorded by the clinician-scientist's clinical department. The protected research time is part of the clinician-scientist's overall labor mapping, which details the amount of time they are expected to spend on patient care and, if applicable, administrative, teaching, and research duties.

We requested information on the amount of protected research time provided to clinician-scientists at the seven VA medical centers we selected. All selected medical centers provided us with data, but for several of the medical centers, officials in the research offices told us that the data sent to us included information for individuals that either were not clinician-scientists or who did not work at that facility. Because of this, we found that the data we were provided could not be readily used for the purpose of reporting aggregate totals and averages of protected research time for clinician-scientists across the selected medical centers.

While the data cannot be aggregated, officials in selected medical center research offices and clinical departments described that they have processes to obtain the information they need related to individuals' protected research time. These officials said they communicate with each other as needed about clinician-scientists' research time and how it is being used. As a result of these discussions, the clinical chiefs may assess whether a clinician-scientist's protected research time is appropriate or should be revised. Also, as noted above, ORD has processes to keep track of protected time provided to clinician-scientists that receive Career Development Awards.

What accounts for differences in medical center support for protected research time?

Clinician-scientists and officials at most medical centers we interviewed said that patient care needs, leadership priorities, and characteristics of the academic affiliate contribute to differences in support for protected research time.

- **Patient care needs.** To support protected research time, medical center leaders may have to allow clinician-scientists to shift some time away from their patient care duties. According to VA officials, patient care duties can often be redistributed to other clinicians to minimize the effect on quality of care. However, for leaders operating in funding or staffing-scarce environments, it may be difficult to commit resources to research when there are immediate patient care needs and many of the benefits of research, including making discoveries to improve the overall quality of care, can take years to realize.

  Certain clinical departments may be particularly affected by staffing or patient care challenges. Clinician-scientists in mental health departments at several medical centers reported that their departments faced patient care demands and staffing challenges that limited the availability of protected research time. The clinical chief of the mental health division at one medical center said their department prioritizes patient care work over research due to staffing challenges, and as a result, they gave less protected time for research than at comparably sized medical centers.

- **Leadership priorities.** Medical center leaders' overall emphasis on and support for research can affect clinician-scientists' ability to obtain and keep protected research time. Clinician-scientists at medical centers with well-supported research programs said they were generally able to spend their protected time on research—aside from emergency situations such as the COVID-19 pandemic that heightened patient care needs. At medical centers where support focused on patient care needs rather than research, clinician-scientists reported more regularly having to forgo protected research time to address patient care needs.

  Leaders of VA medical centers face different incentives for prioritizing patient care and research. For patient care, incentives include performance evaluations that assess the quality of patient care at medical centers and identify opportunities for improvement. According to leaders we interviewed at some medical centers, incentives for prioritizing research include raising the medical center's level of care and reputation, and the additional VERA funds medical centers may receive as a result of their research activities.

- **Characteristics of the academic affiliate.** The proximity and relationship between a medical center and its academic affiliate may also affect the ability of a medical center clinical department to support research. For example, ORD officials described a medical center with five specialist clinicians in one department due to their strong affiliation with a local university. The clinical department was able to draw on the affiliate's staffing support to provide patient care coverage when clinician-scientists used protected time for research. By contrast, rural medical centers may be located hundreds of miles from their academic affiliate and not have any local agreements about sharing staff. ORD officials also said that staff and resource limitations may especially affect smaller VA medical centers with fewer staff or less equipment and space.

Does the amount of protected research time meet clinician-scientists' expectations and needs?

Clinician-scientists and officials described variability in how expectations and needs were met at their medical centers and clinical departments. Clinician-scientists told us that in some scenarios the amount of protected research time met their expectations, but in other scenarios they did not always know how much protected time to expect. Clinician-scientists also varied in the extent to which they felt that they were able to fully complete their research activities within the allotted protected research time. For example:

- **Multiple projects.** Clinician-scientists with multiple projects did not always know how much protected time they should expect to receive. Several clinician-scientists who had been awarded funding for more than one project said the protected time they received matched their expectations. However, clinician-scientists and officials at three medical centers we interviewed said multiple projects could be more complicated and required discussion to determine how much protected time was appropriate to balance patient care and research needs. According to ORD guidance, in cases of multiple projects, the protected research time allotted is not additive, and medical centers have discretion to determine the total protected time.
- **Scheduling.** Medical centers and their clinical departments may vary in their ability to set aside blocks of time for clinician-scientists to perform research. Clinician-scientists and officials at most medical centers said they tried to dedicate part or full days to research responsibilities, but some noted patient care needs may change and require flexibility.
- **Types of activity.** Certain types of research activities may require more time than is generally provided as protected research time. Clinician-scientists at some medical centers noted that their protected research time was sufficient to complete routine research activities, but they needed to perform tasks such as background research or writing papers on their own time.
- **Committee time.** Medical centers may vary in the time they provide clinician-scientists to serve on local research committees. ORD officials and clinician-scientists and officials at some medical centers said medical centers do not consistently protect time for activities such as service on research committees even though they provide essential functions to the research program.

How does protected research time affect recruitment and retention of clinician-scientists?

Providing protected research time helps the VA recruit and retain top clinician-scientists.

- **Recruitment.** Officials at all VA medical centers we interviewed said research time helps attract top talent, and clinician-scientists from several medical centers told us the opportunity to conduct research is an important reason clinicians join the VA. Specifically, officials and clinician-scientists said VA's Career Development Award attracts young clinician-scientists to the VA. For example, one clinician-scientist said they chose a VA Career Development Award over a National Institutes of Health Mentored Clinical Scientist Development Award because it would provide more protected research time for a longer duration. Clinician-scientists at several medical centers that received a VA Career Development Award said they chose to work at the VA over higher-paying opportunities elsewhere because of the opportunities to conduct research.
- **Retention.** Officials at most VA medical centers we interviewed said research time also helps with retention, and clinician-scientists at several medical centers said research opportunities are an important part of why they have stayed at the VA. However, at some medical centers, clinician-scientists said they either considered leaving the VA or knew of clinician-scientists who left the VA due to a lack of protected research time or support for research at their medical centers. This has led officials at some medical centers to develop strategies to expand research opportunities. For example, one medical center drafted a strategic research plan that proposed budgeting for protected research time to provide mid-career clinician-scientists so they could prepare applications for Merit Review Awards. According to the plan, doing so would help retain experienced clinician-scientists and preserve a

core of potential mentors to help attract new clinician-scientists. Leaders at another medical center said research creates collaborations and keeps clinician-scientists at the medical center.

How does protected research time relate to resource use?

Clinician-scientists and VA officials identified a range of resources used to complete research, which affect how efficiently clinician-scientists can use research time. These resources include physical resources, staff support, and resources available through VA's research partners (see table 2).

Table 2: Examples of VA Medical Center Resources Used by Clinician-Scientists to Conduct Research

Resource		Resource Description
Information technology support		A project may use information or data systems such as the VA Informatics and Computing Infrastructure system, which enables clinician-scientists to access VA data for research.
Equipment		A project may use a magnetic resonance imaging machine or other specialized equipment purchased by VA.
Laboratory and research space		A project may require space reserved for research use at a VA medical center.
Pharmacies		A clinical trial study may require pharmacy and pharmaceutical staff support.
Study coordinators		Industry sponsors may provide study coordinators for clinical trials paid directly by research funds.
Support staff		A project may require the support of other staff such as a nurse practitioner to support a clinical trial or statistician to analyze project data.
Academic affiliate		May facilitate access to external funding, staff, and facilities as a VA medical center research partner.
Nonprofit research and education corporations		May facilitate access to external funding and research support staff such as study coordinators and statisticians.

Source: GAO illustrations and analysis of Department of Veterans Affairs (VA) documents and interviews. | GAO-25-107360

Clinician-scientists at several VA medical centers said that the availability of protected research time generally does not affect their use of resources, but officials at some medical centers said the availability of resources can affect how efficiently clinician-scientists are able to use their research time. For example, when the research time of support staff is limited, it may affect the ability of clinician-scientists to enlist the staff for their research projects. We found an example of this at one medical center where the research pharmacist—hired to support research projects—had been assigned clinical pharmaceutical duties 2 days per week to help cover patient needs. One official said that taking the pharmacist away from research duties could slow the progress of clinical trial studies that depend on the pharmacy to provide participants medication within study protocols.

How does protected research time relate to research productivity?

Officials and clinician-scientists at several VA medical centers said that more time to devote to research enables greater research productivity—i.e., progress toward developing research products and making discoveries to inform clinical practice. In particular, clinician-scientists and VA medical center officials described two ways that protected research time improves productivity:

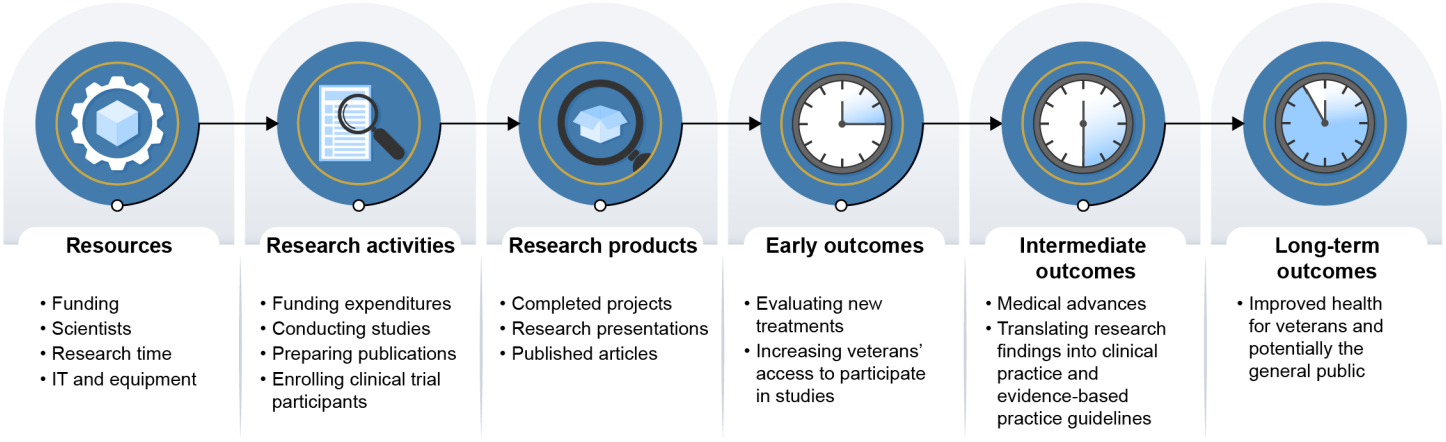
- **Increased ability to initiate research.** One clinician-scientist said protected research time is crucial to productivity and allows them to carry out tasks necessary to start a project such as obtaining funding and preparing a proposal for approval. Another clinician-scientist said protected time allows them to devote attention to grant writing and enrolling patients in studies.
- **Dedicated blocks of time to focus on research.** The Associate Chief of Staff of one medical center research office said clinician-scientists need uninterrupted periods of time to conduct analyses to be productive. Some clinician-scientists we interviewed said this was made easier when they received protected research time. At some VA medical centers, clinician-scientists said they were able to set aside time to devote to research on specific days and had the support of their clinical leadership to not schedule patient appointments on those days. This arrangement allowed them to make progress on their research initiatives. At other VA medical centers, clinician-scientists said they were not provided with dedicated blocks of time, which made it more difficult to advance their research.

How does VA assess research productivity?

ORD assesses research productivity by reviewing resources and research activities and evaluating how VA research is contributing to ORD's mission to improve veterans' health.

Figure 3 shows the potential progression of VA research from resources and activities to long-term patient outcomes. Beneath the figure, we discuss how VA assesses productivity along this progression.

Figure 3: Selected Resources, Activities, Products, and Outcomes in Veterans Affairs Research



Source: GAO illustration and analysis of Department of Veterans Affairs (VA) documents and interviews. | GAO-25-107360

Tracking resources, research activities, and research products

ORD officials told us they assess productivity by reviewing medical centers' project funding and the number of research projects and scientists. These assessments measure success in obtaining awards and grants at those medical centers, according to ORD. ORD also requires clinician-scientists to submit annual progress reports on each VA-funded project for which they are principal

investigator. ORD uses the information to assess whether sufficient progress has been made to warrant continued project funding.

In addition to ORD's assessments, VA medical centers maintain data on allocated research time, and some assess their own research productivity by tracking research expenditures, the number of funded projects, the number of research publications, and the number of participants enrolled in clinical trials. Although medical centers maintain data on the amount of protected research time allotted to clinician-scientists, VA officials told us that the actual amount of time clinician-scientists spend on research is difficult to track because they may work beyond 40-hours in a work week, and the amount of time spent on research may vary week to week depending on patient care and other needs.

Tracking early, intermediate, and long-term outcomes

ORD conducts studies to evaluate the connection between research findings and improved health outcomes for veterans. VA's Health Systems Research is an ORD program that conducts research on a range of veterans' health issues to identify new interventions and evaluate new treatments to improve the quality and safety of care. VA maintains a searchable database of research that has contributed to such outcomes. As part of this program, VA also assesses research findings to implement evidence-based practices into routine care through its Quality Enhancement Research Initiative. In addition, VA documents describe ongoing efforts to evaluate improvements in health outcomes in areas such as mental health and suicide prevention. VA collaborates with clinicians and experts in health services research on these evaluation initiatives.

Agency Comments

We provided a draft of this report to VA for review and comment. VA provided written comments, which are reproduced in appendix I, and technical comments, which we incorporated as appropriate.

How GAO Did This Study

The Consolidated Appropriations Act, 2023 includes a provision for GAO to review the amount of time dedicated for research by VA clinician-scientists.[8] To conduct our work, we selected a non-generalizable sample of VA medical centers based on a variety of characteristics. We selected our sample from the 105 VA medical centers nationwide that conducted research in fiscal year 2023. The selected medical centers provide diversity in research program size, geographic location, and program features such as areas of specialty. Program size was determined based on total research project funding amounts (see table 3). To assess reliability of project funding data, we traced selected data to source documents and asked agency officials about the accuracy and completeness of the data. We found these data to be sufficiently reliable for our reporting purposes.

Table 3: Research Project Funding Amounts at Selected VA Medical Centers, Fiscal Year 2023

Location	Total intramural and extramural	Intramural project awards	Extramural project grants	Total number of awards and grants
Reno, NV	$495,255	$318,564	$176,691	23
Salem, VA	$2,449,538	$1,948,518	$501,020	66
Buffalo, NY	$5,806,739	$2,897,014	$2,909,725	74
Milwaukee, WI	$10,093,770	$3,526,605	$6,567,165	135
Philadelphia, PA	$15,638,622	$10,407,293	$5,231,329	225
Aurora, CO	$25,784,969	$18,718,869	$7,066,100	379
San Diego, CA	$49,317,020	$26,955,028	$22,361,992	424

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-25-107360

We requested data from VA that would allow us to assess observed relationships between protected research time and clinician-scientist recruitment, retention,

and research productivity. In response to our request, VA provided research time data for fiscal years 2019-2023 from each of the seven medical centers included in our review. VA also provided data on the number of researchers, projects, and publications. However, we found that the data on the amount of protected research time provided to clinician-scientists was not reliable for the purpose of aggregating data from each medical center. Furthermore, data were not available on the actual amount of time clinician-scientists spend on research or how they use their research time. We therefore focused on interviews to obtain multiple perspectives from officials and clinician-scientists at each medical center to inform our understanding of how, if at all, protected research time relates to recruitment, retention, and research productivity.

To assess the reliability of protected research time data, we asked agency officials about the accuracy and completeness of each data set we received. Officials from some medical centers identified inaccuracies in their data. For example, officials in some research offices identified discrepancies such as missing data or data that should not have been included because it pertained to clinician-scientists who did not work at the medical center. Additionally, officials at ORD told us they could not verify the accuracy of time allocated for research at the selected VA medical centers since those decisions are made locally and they did not have a central mechanism to assess research time.

We interviewed officials from ORD, the Office of the Chief Operating Officer, the selected VA medical centers, and leaders from VA's regional health networks, known as Veterans Integrated Service Networks, which manage the day-to-day functions of medical centers. For each selected VA medical center, we interviewed or obtained written responses from clinician-scientists, medical center leaders, clinical department service chiefs, research office officials, and nonprofit research and education corporation officials. Across all medical centers, we interviewed 36 clinician-scientists. We interviewed 23 clinical chiefs from a variety of disciplines including cardiology, infectious diseases, neurology, psychiatry, and surgery, among others. We also interviewed officials from the National Association of Veterans' Research and Education Foundation, which is the national membership organization for nonprofit research and education corporations.

We conducted this performance audit from February 2024 to March 2025 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

List of Addressees

The Honorable Jerry Moran
Chairman
The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

We are sending copies of this report to the appropriate congressional committees, the U.S. Senate Committee on Veterans' Affairs, House Committee on Veterans' Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

GAO Contact Information

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Appendix I: Comments from Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

February 24, 2025

Ms. Candice N. Wright
Director
Science, Technology, Assessment, and Analytics
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Wright:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***Veterans Affairs: Information on Protected Research Time for Clinician-Scientists*** (GAO-25-107360).

The enclosure contains general and technical comments to address the draft report. VA appreciates the opportunity to comment on the draft report.

Sincerely,

Christopher D. Syrek
Chief of Staff

Enclosure

Enclosure

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
VETERANS AFFAIRS: Information on Protected Research Time for Clinician-Scientists
(GAO-25-107360)

General Comment:

The report provides a comprehensive overview of research operations related to protected time for clinician-scientists, and it is commendable for its balanced approach.

Endnotes

[1]For the purposes of this report, a full-time position is 40-hours per week, though staff may work more than 40 hours per week. Work at the VA for clinician-scientists may include duties related to patient care or research at the VA medical center.

[2]VA supports its intramural research program through its research appropriation and other VA appropriations and reimbursements. Total appropriations for VA's medical and prosthetics research were $918 million in fiscal year 2023. Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, 136 Stat. 4459, 4953 and 4957. Total grants and funds from other federal and non-federal sources were estimated by VA to be $496.8 million in fiscal year 2025. Department of Veterans Affairs, *U.S. Department of Veterans Affairs FY 2025 Budget Submission*, (March 2024).

[3]Affiliated academic institutions are medical schools or universities that collaborate with a VA medical center on research. Nonprofit research and education corporations are private, state-incorporated nonprofit entities initially authorized by the Veterans' Benefits and Services Act of 1988 to provide a flexible funding mechanism for conducting research and education at VA medical centers. Veterans' Benefits and Services Act of 1988, Pub. L. No. 100–322, § 204(a), 102 Stat. 487, 510 (codified as amended at 38 U.S.C. §§ 7361-66).

[4]For the purposes of this report, we define 'some' to be two, 'several' to be three to five, and 'most' to be six of the seven medical centers included in our review.
[5]According to VA, exceptions can be made for less protected time if warranted and approved.
[6]VERA was first implemented in response to requirements to improve equity of access to veterans' health care services in the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997, Pub. L. No. 104-204, § 429(a), 110 Stat. 2874, 2929-30 (1996). VERA funds are distributed to VA's regional health care networks, known as Veterans Integrated Service Networks (VISN), and allocated by VISNs to medical centers based on activities from 2 years prior. VISNs manage and provide oversight of the day-to-day functions of medical centers.
[7]Department of Veterans Affairs, Office of Research and Development, *Manual for Administrative Officers and Associate Chiefs of Staff, Version 3.5*, (June, 2023). In addition, according to VA's documentation on VERA, VERA research support dollars are intended to address the additional facility expenses associated with supporting a research mission. Research support from the medical care appropriations includes personal services costs for individuals on the medical care rolls who spend a portion of their VA time working on research projects. It also includes administrative and indirect support provided to the research program by Fiscal, Engineering, Acquisition and Material Management, Bio Medical Maintenance, various Research and Development (R&D) Committees and subcommittees, etc. These costs are generally for types of resources that are not directly related to the specific aims of a particular merit or grant and enable the research mission to exist at a particular facility. Department of Veterans Affairs, Veterans Health Administration, *Veterans Equitable Resource Allocations, Twenty-Seventh Ed.*, (Washington, D.C.: Sept. 2023).
[8]The Consolidated Appropriations Act, 2023, included the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, as part of div. U, subtit. G, and it included the provision for this study by the Comptroller General. Pub. L. No. 117-328, § 184, 136 Stat. 4459, 5436-37.