

2000 Presidential Report on the Physicians Comparability Allowance

Introduction

Public Law 103-114 requires the President to report to the Congress on the operation of the Physicians Comparability Allowance (PCA), including information on:

- which agencies use the allowance;
- the nature and extent of recruiting and retention problems justifying the use of the allowance by each agency;
- the number of physicians entering into PCA agreements by agency;
- size of the allowances and duration of the agreements; and
- the degree to which the allowance alleviates recruiting and retention problems.

To prepare this 2000 report, including 1999 actual data, the Office of Management and Budget (OMB) asked all agencies with PCA-eligible physicians to provide data on:

- the number of physicians, including the type of work they do (clinical, research, occupational health, disability, or administration); the numbers of physicians eligible for the allowance; and how many actually receive it.
- average compensation (excluding PCA) for eligible physicians receiving and not receiving the allowance, the amount of the average PCA overall, by category of work and length of PCA agreement;
- physician recruiting and retention information including: average number of years of continuous service per physician, number of accessions and separations the agency experienced, number of unfilled physician positions and average length of time positions were vacant; descriptions of the physicians' work; and
- organizational components of PCA-reporting agencies that employ greater than 100 physicians who receive PCA allowances.

Background

The material presented below provides background information and trends on the usage of PCA by Federal agencies and presents FY 1996-FY 2000 PCA data. It also includes physician compensation comparisons to other Federal systems and the private sector.

Title 5 Physicians Comparability Allowance (PCA). The PCA statute authorizes agencies documenting severe recruitment and retention problems to pay annual bonuses to physicians, of up to \$14,000 per year for physicians with less than two years Federal service and up to \$30,000 for physicians with more than two years Federal service. PCA was originally authorized by P.L. 95-603 in 1978 (5 U.S.C. 5948) and has been reauthorized most recently in 1997. Most of the reauthorizations were simple extensions of the PCA authority. The maximum allowable PCA was raised from \$20,000 to \$30,000 per year in October 1998 by P.L. 105-226, the Federal Employees Health Care Protection Act of 1998.

The statute authorizes PCA payments only to solve significant physician recruitment and retention problems. For purposes of this allowance, severe recruitment and retention problems are considered to exist if all of the following conditions exist: long-lasting position vacancies; high turnover rates in positions requiring well-qualified physicians; applicants lacking the superior qualifications necessary for the position; and difficulties in filling existing vacancies with well-qualified candidates without PCA.

PCA Is One Type of Special Pay. A small portion of Federal physicians receive PCA payments. Of an estimated 27,500 full-time physicians employed by the Federal Government, 2,929 or 11 percent are eligible for PCA, and 1,523 or 6 percent are actually paid PCA. These eligible PCA physicians are generally covered under title 5 of the U.S. Code as General Schedule or Senior Executive Service employees. Most of the remaining Federal physicians are under the military and Public Health Service (PHS) Commissioned Corps systems (authorized under title 37 of the U.S. Code) and under the VA system (authorized under title 38), about which some basic contextual information is provided later in this report.

Compensation for PCA Recipients. The average compensation for PCA physicians (before receiving PCA bonuses) was \$93,800 in FY 1999, and the PCA represents a supplement of 17 percent to a physician's base compensation. In FY 2000, this supplement is projected to grow to 19 percent of base compensation due primarily to the phase-in of higher maximum PCA rates authorized by P.L. 105-226.

Summary of PCA Usage Throughout the Federal Government

The recruiting and retention needs that justify use of the physicians comparability allowance vary widely across the government. Some agencies require physicians with special expertise in areas such as biomedical research or oversight of medical disability program criteria. Other agencies require physicians to live and work in remote areas. Still other agencies face challenges because local non-Federal competition for physicians has pushed compensation requirements above the standard government pay scale.

Table 1. Number and Compensation of Federal Physicians Receiving PCA

**Federal Physicians Receiving the Physicians Comparability Allowance
Fiscal Years 1996 to 2000**

	FY 1996 (Actual)	FY 1997 (Actual)	FY 1998 (Actual)	FY 1999 (Actual)	FY 2000 (Est.)
Physicians Eligible	2,410	2,184	2,912	2,929	3,083
Physicians Receiving	1,841	1,616	1,648	1,523	1,530
% of Eligible Receiving	76%	74%	57%	52%	50%
Average Salary of PCA physicians (PCA excluded)	\$88,773	\$90,136	\$93,354	\$93,822	\$99,285
Average PCA	\$15,759	\$15,929	\$15,809	\$16,028	\$19,257
Average Total Compensation	\$104,532	\$106,065	\$109,063	\$109,850	\$118,542
Total PCA Spending (\$ in millions)	\$29.0	\$25.7	\$26.1	\$24.4	\$29.5

Source: OMB data collection from Federal agencies using PCA.

Data for FY 2000 are estimated. Some agencies did not provide all of the requested data.

Physicians Eligible for PCA, Physicians Receiving PCA. As of FY 1999, the last year for which we have complete data, 1,523 physicians in Federal employment received PCA, out of 2,929 who were eligible. This means that 52 percent of all eligible physicians received PCA. The average compensation in FY 1999 (excluding PCA) of those federal physicians receiving PCA totaled \$93,822, while the average PCA paid was \$16,028. The largest users of PCA were five sub-agency components of the Departments of Defense, Justice, and Health and Human Services as follows: Army (337), National Institutes of Health (238), Food and Drug Administration (203), the Bureau of Prisons (185), and the Indian Health Service (161). These five sub-components account for 70 percent of all PCA recipients. (See Table 4).

The number of physicians eligible for PCA dropped below 2,200 in FY 1997, but increased to more than 2,900 physicians in FY 1998 and FY 1999. Physicians eligible in Table 1 include physicians at HHS who do not actually receive PCA because they receive title 38 special pay.

The overall increase in eligibles relates to greater hiring of physicians, yet the percentage of these physicians receiving PCA declined from 57 percent to 52 percent between FY 1998 and FY 1999.

Average Compensation (excluding PCA). The average compensation (excluding PCA) for physicians receiving PCA has increased moderately over the years, from \$88,800 in FY 1996 to \$93,822 in FY 1999. On average, PCA represents about 15 percent of the overall compensation of physicians receiving PCA.

Table 2. Data on Number and Compensation of Federal Physicians by Length of Agreement

**Physicians Signing One-Year and Two-Year PCA Agreements
Fiscal Years 1996 to 2000**

		FY 1996 (Actual)	FY 1997 (Actual)	FY 1998 (Actual)	FY 1999 (Actual)	FY 2000 (Est.)
Signing One- Year Agreements	Physicians	219	218	105	91	165
	Average PCA	\$11,905	\$14,448	\$11,431	\$10,535	\$15,341
Signing Two- Year Agreements	Physicians	1,609	1,391	1,542	1,420	1,306
	Average PCA	\$16,981	\$16,228	\$15,968	\$17,045	\$19,767

Source: OMB data collection from Federal agencies using PCA.
Data from FY 2000 are estimated. Some agencies did not provide all of the requested data.

In order for physicians to receive PCA, they are required to sign a one- or a two-year agreement with their agencies. Most PCA physicians sign two-year agreements. In any given year, two-year agreements represent from 86 percent to 94 percent of the total number of agreements for FY 1996-1999. In FY 1999, two-year agreements were 94 percent of total agreements. This is an increase in two-year contracts compared with the FY 1996-1997 period. During FY 1996-97, HHS (the largest user of PCA authorities) converted some of its physicians to other non-PCA special pay authorities and this shift reduced the percentage share of two-year PCA contracts. It should also be noted that the average PCA amount for a two-year contract in FY 1999 was \$17,000, considerably above the \$10,500 average for a one-year contract. Agencies offer a two-year contract to secure a longer work agreement in exchange for a higher PCA supplement.

Retention Information. Agencies which provide PCA to physicians report that the number of accessions has decreased from FY 1996 to FY 1999 from 327 (18 percent of the PCA workforce) to 228 (15 percent of the PCA workforce). Accessions tend to be higher in the aggregate category of all physicians eligible (which includes both physicians receiving and not receiving PCA) than in the category for physicians receiving PCA. In FY 1999, for example, the accession rate for all eligible physicians was 18 percent, compared to 15 percent for PCA recipients.

Table 3. Data on Accessions and, Separations in Positions Eligible for or Receiving PCA

**Federal Physicians Accessions and Separations
Fiscal Years 1996 to 2000**

		FY 1996 (Actual)	FY 1997 (Actual)	FY 1998 (Actual)	FY 1999 (Actual)	FY 2000 (Est.)
Number of Physicians Eligible		2,410	2,184	2,912	2,929	3,083
Number of Physicians Receiving PCA		1,841	1,616	1,648	1,523	1,530
% of Eligible That Receive PCA		76%	74%	57%	52%	50%
Accessions	Among Eligible Physicians	569	322	482	516	553
	% of Eligible Physicians	24%	15%	17%	18%	18%
	Among PCA Physicians	327	174	189	228	200
	% of Receiving Physicians	18%	11%	11%	15%	13%
Separations	Among Eligible Physicians	668	204	256	175	215
	% of Eligible Physicians	28%	9%	9%	6%	7%
	Among PCA Physicians	360	158	220	171	144
	% of Receiving Physicians	20%	10%	13%	11%	9%

Source: OMB data collection from Federal agencies using PCA.
Data for FY 2000 are estimated. Some agencies did not provide all of the requested data.

The separation rate among physicians receiving PCA has generally been lower since FY 1996, when it reached 19 percent. In FY 1999, the separation rate was 11 percent, down from a rate of 13 percent in FY 1998. In FY 2000, it is estimated based on agency reports that separation rates decline further to a 9 percent level. We observe that in the FY 1997 to FY 1999 period the separation rates for all PCA-eligible physicians are reported by agencies to be lower than those receiving PCA. This difference is likely due to the fact that physicians not receiving PCA's have different characteristics from those receiving PCA's. For example, agencies provide PCA's to certain categories of physicians recognizing that it is harder to retain them in the workforce. If these agencies had not provided these PCA's, it is probable that the separation rates for the harder-to-retain categories would have risen even higher.

New Reporting Data for the Largest PCA Users. Beginning last year, we have gathered additional information on departments and agencies with organizational components employing

more than 100 PCA bonuses. Table 4 below summarizes this information on the primary users of the PCA incentive.

Table 4. Comparative Data on Five Largest Users of Physicians Comparability Allowance for Physicians Receiving PCA, FY 1996 vs. FY 1999

(Dollars in Thousands)

	FY 1996					FY 1999				
	Receiving PCA	Avg. PCA	Avg. Comp. (PCA+ Salary)	Accession Rate	Separation Rate	Receiving PCA	Avg. PCA	Avg. Comp. (PCA+ Salary)	Accession Rate	Separation Rate
Army	386	\$12.8	\$88.4	9%	12%	337	\$12.0	\$94.5	6%	10%
IHS	351	\$15.7	\$99.3	14%	13%	161	\$18.9	\$98.6	17%	27%
NIH	255	\$16.9	\$122.6	2%	4%	238	\$17.6	\$117.9	9%	5%
FDA	247	\$18.0	\$119.0	19%	11%	203	\$17.5	\$112.4	23%	10%
BOP	183	\$16.2	\$108.9	16%	20%	185	\$17.2	\$120.4	12%	12%
Total	1,422	\$15.6	\$105.2	12%	11%	1,124	\$16.0	\$107.5	12.0%	12%

An examination of the five sub-component agencies shows that between FY 1996 and FY 1999, they employed about 70 percent of the Federal physicians receiving PCA bonuses. The primary trend in the five sub-component agencies is that PCA recipients decreased from 1,422 in FY 1996 to 1,124 in FY 1999, a drop of 21 percent. The decline is primarily attributable to greater use by HHS agencies of other physician special pay authorities, such as the VA title 38 authorities, compared to previous years, as well as reduced use of physicians under title 5 who are eligible to receive PCA's. Another feature that stands out in the comparison is the volatility of the accession/separation rate data, both by years and by agency. Annual separation rates, for example, in the Indian Health Service (IHS) and the Bureau of Prisons (BOP) fluctuated by 14 percent in the IHS and by 8 percent in BOP during this period. At the same time, the separation rates for PCA recipients at the National Institutes of Health have been much lower in both FY 1996 and FY 1999 at 4 percent and 5 percent, respectively.

Comparisons with Other Federal and Non-Federal Pay System

As noted above, PCA is one of several pay authorities applicable to Federal physicians. Background information for the other two main systems, as well as compensation trends in the private sector is provided below and on the following page for reference:

Military and PHS Commissioned Corps. Military or PHS Commissioned Corps physicians under title 37 receive additional compensation through special pays based on factors such as board certification, clinical specialty skills, and retention needs. In addition to these special pays, title 37 physicians also receive housing and subsistence allowances, and related tax advantages. Accounting for these factors, GAO estimates that the average compensation package in 1997 was \$93,000 for military physicians and more than \$115,000 for PHS Commissioned Corps physicians. Average compensation for Corps physicians is higher because their average length of service is significantly greater than military physicians.

Title 38 Physician Special Pay. Under the title 38 pay authorities, physicians are eligible to receive other types of special pay in addition to their base salary. For example, physicians may qualify for special pays based on factors such as: full-time status, length of service, scarce medical specialty, and geographic location. The total compensation (base pay plus special pay) of a title 38 physician averaged more than \$136,000 in 1999.

Non-Federal Physicians' Compensation. In 1997, there were more than 645,000 active non-Federal physicians employed in the United States, with about 35 percent working as primary care physicians and the remainder in a wide variety of specialties such as neurology, urology, and cardiovascular diseases.¹ Physician compensation in the non-Federal sector has traditionally been and continues to be at the high end of the compensation spectrum compared to other professional occupations. In recent years, though the trends are mixed for some physician specialties, physician pay overall has tended to be flat. Based on 1998 data from a 1999 Medical Group Management Association (MGMA) survey, annual pay for generalist physicians (family practice, internal medicine, and pediatrics) averaged about \$139,000 in 1998 and about \$232,000 for specialists.² Compensation for primary care physicians increased by about 2.5 percent in 1998 compared to 1997, based on physician compensation data in the MGMA survey.³ In addition, as reported last year, American Medical Association surveys show that physician pay has increased by about 2.1 percent per year from 1993-1996.⁴

The trend for non-Federal physician compensation, after accounting for inflation, is essentially flat and is likely related to the growing presence of managed care in the health delivery system, where greater emphasis is placed on containing operating costs, including salaries. Another contributing factor may be that a higher proportion of physicians are converting to salaried staff

1. Health United States, 1999, With Health and Aging Chartbook. National Center for Health Statistics, pg. 268-269.

2. 1999 Medical Group Management Association Physician Compensation and Production Survey: 1999 Report on 1998 Data, Sponsored by Cejka & Company.

3. Ibid.

4. American Medical Association (AMA) as cited by Edward Martin in the American College of Physicians and American Society of Internal Medicine (ACP-ASIM) Observer, November 1998.

for managed care organizations and other health care providers.⁵ Approximately 80 percent of medical school graduates are now opting for salaried positions upon entering the job market.⁶ Finally, the growing demand for primary care physicians may have peaked in the 1990's, with the result that the relatively generous supply of those physicians is now holding down their compensation.⁷

It is clear from the pay surveys that private sector physician pay is generally higher than that of Federal physicians, and considerably more in some medical specialties. At the same time the bulk of the Federal physician workforce is composed of primary care generalists, and therefore may be compared to the generalist physicians in the private sector compensated in the \$135,000 to \$145,000 range. It should be noted that precise compensation comparisons between the two sectors are difficult to gauge since many factors also need to be considered. These factors include retirement, health, and life insurance benefits, as well as hours worked, workload demands, job security, the difference in exposure to medical liability lawsuits, special skills, and work location

Summary

The Physicians Comparability Allowance (PCA) is an incentive payment that is provided to a relatively small portion of the Federal physician workforce. From FY 1996 - FY 1999, the number of physicians receiving PCA's has declined by about 17 percent, while eligibility for the allowance has increased by 22 percent. During the past three years, the average amount of the PCA across all agencies has remained essentially flat at the \$15,800 to \$16,000 level.

In terms of effectiveness measures, more PCA physicians now sign two-year agreements: up from 88 percent in FY 1996 to 94 percent in FY 1999. This trend helps retain and stabilize the PCA physician workforce. In addition, the overall separation rate for PCA physicians has been reduced since 1996, from 20 percent to 11 percent in 1999. Holding down the outflow of physician talent is a critical purpose of the PCA, and the PCA incentive plays an important role in achieving that objective. As a result, the Administration recommends an additional three-year reauthorization of the PCA program through September 30, 2003, with no change in the currently authorized PCA dollar levels. In addition, the Administration recommends that the current statutory requirement for a PCA report be changed from annually to every third year.

5. Medical Group Management Association (MGMA) as cited by Edward Martin in the American College of Physicians and American Society of Internal Medicine (ACP-ASIM) Observer, November 1998.

6. Serafini, Marilyn Werber, "Physicians, Unite!," National Journal, June 5, 1999, p. 1524-1528.

7. Merritt, Hawkins & Associates as cited by *Managed Care Magazine*, Compensation Monitor, March 1998.

This revision would be both cost efficient and timely, while retaining all relevant data for review and analysis.

Attached to this report is an Appendix that contains more detailed descriptions of the status and use of PCA on an agency-by-agency basis.

Appendix A: Summary of Agency PCA Reports

Agencies with PCA Eligible Physicians

Executive Order No. 12109, signed on December 28, 1978, delegates PCA authority granted to the President under 5 U.S.C. 5948 to the Directors of the Office of Personnel Management (OPM) and the Office of Management and Budget (OMB). The following agencies employ physicians eligible for PCA (listed in descending order of number of physicians receiving PCA in FY 1999):

Department of Health and Human Services
Department of Defense
Department of Justice
Department of State
Department of Transportation
Central Intelligence Agency
Environmental Protection Agency
Armed Forces Retirement Home
Department of Labor
Social Security Administration
U.S. Agency for International Development
Peace Corps
Department of Veterans Affairs
Department of Agriculture
Department of Energy
NASA
Department of the Treasury
Tennessee Valley Authority

Summary descriptions of each agency's use of PCA:

Department of Health and Human Services (HHS)

HHS employs the largest number of physicians eligible for and receiving PCA. Physicians perform a variety of tasks and possess skills of considerable value outside Federal employment. For example, the National Institutes of Health as a worldwide leader in biomedical research must compete with the academic community to recruit physicians with outstanding research competence. Similarly, the Food and Drug Administration must compete with pharmaceutical companies for physicians qualified to support its mission of regulating food, prescription and over-the-counter drugs, and medical devices. Additionally, the Indian Health Service provides clinical care to a large population, much of which is in remote areas.

In FY 1999, the Department of Health and Human Services (HHS) provided PCA to 759 out of 1,988 eligible physicians. HHS attributes the decline in the number of physicians receiving PCA since FY 1996 to the increased use of other pay authorities, such as Physicians Special Pay

under Title 38. The average PCA allowance was \$17,295, and the average compensation (not including the allowance) of physicians receiving PCA was \$92,024. Among physicians receiving PCA, HHS had 169 accessions, 83 separations, and 266 unfilled positions. The average length of vacancy was six months.

Department of Defense

In FY 1999, the Department of Defense provided PCA to 428 physicians out of 545 eligible physicians. The average allowance was \$12,781 and the average compensation (not including the allowance) of physicians receiving PCA was \$83,153. In the same year, the Department had 30 accessions and 45 separations. While the Department of Defense did not report the average length of vacancy, this time varied from 3 months to 2 years.

Department of Justice

The Bureau of Prisons employs physicians to provide health care services to inmates. These physicians work under difficult conditions including close contact with a potentially dangerous and violent population, more potential exposure to infectious disease, and rigid work schedules.

In FY 1999, Justice provided PCA to 185 physicians out of 199 eligible. The average allowance was \$17,200 and the average compensation (not including the allowance) of physicians receiving PCA was \$103,233.

Department of State

State Department physicians working overseas advise diplomatic staff on foreign policy questions having medical importance, provide medical care for American employees and their dependents, provide emergency medical support to foreign posts, monitor quality of care in embassy health units, and maintain liaison with local physicians, hospitals and public health officials. Physicians working at headquarters oversee the State Department's Medical Program, determine medical clearances, coordinate and oversee medical evacuations, and provide occupational health services to headquarters employees. According to the State Department, recruiting and retaining physicians is difficult because "government service overseas, with its disruptive elements, threats of personal security, separation from family, reduction in income, and intellectual and professional isolation, is an unattractive option for most experienced physicians."

In FY 1999, the Department of State provided PCA to all 48 of its eligible physicians. The average allowance was \$17,600 and average compensation (not including the allowance) of physicians receiving PCA was \$106,538. In the same year, the Department had no accessions, six separations, and seven unfilled positions. The average length of a vacancy was five months.

Department of Transportation

The Federal Aviation Administration (FAA) provides a wide range of medical, research, and safety programs to support safety in civil aviation. According to FAA, experienced physicians are extremely valuable because the agency has focused its resources on fewer, highly qualified physicians. Even with the PCA, compensation continues to be the principal source of physician

dissatisfaction. FAA states that the success it has had in retaining physicians is primarily due to their personal interest in aviation and a sense of public service, but without PCA, the difference in salary rates could negate these other considerations.

In FY 1999, the Department of Transportation provided PCA to all of the 37 eligible physicians. The average allowance was \$18,359 and the average compensation of physicians (not including the allowance) was \$92,853. During April 2000, the FAA ceased using PCA authorities and is now paying its 36 physicians under an independent FAA compensation system.

Central Intelligence Agency (CIA)

CIA reports that it requires PCA pay to attract and retain physicians because of specialized security and travel requirements. In FY 1999, CIA paid PCA to all of its eligible physicians. The average PCA compensation was \$18,714 and the average non-PCA compensation of the physicians receiving it was \$102,190.

Environmental Protection Agency (EPA)

In FY 1999, the Environmental Protection Agency provided PCA to all eight of its eligible physicians. The average allowance was \$12,812 and the average compensation (not including the allowance) of physicians receiving PCA was \$91,863. EPA reported two accessions and no separations in FY 1999.

Armed Forces Retirement Homes

The Armed Forces Retirement Homes (AFRH) consist of the United States Naval Home (USNH) and the U.S. Soldiers' and Airmen's Home (USSAH). In FY 1999, the Armed Forces Retirement Homes paid the PCA to seven of its eight eligible physicians. The USSAH reports that it must offer PCA to attract specialists in the competitive and expensive Washington area. AFRH had no separations or accessions in FY 1999.

Department of Labor (DOL)

The Department of Labor uses PCA in hiring physicians for the Office of Worker's Compensation Programs (OWCP) and the Occupational Health and Safety Administration (OSHA). Because of OWCP's unique requirements e.g., developing medical standards by which disabilities will be judged, treatment delivered, and costs contained, it has been difficult to retain physicians who are qualified and interested in this type of work. OSHA uses PCA agreements to attract and retain physicians needed to provide medical and epidemiological expertise in clinical investigations. There continues to be a huge demand for occupational physicians in the United States, and unfortunately because of this high demand, private industry recruits most graduates by offering salaries above the Government rate.

In its efforts to obtain qualified physicians, DOL has contacted such organizations as the American Academy of Orthopedic Surgeons, local chapters of the American Medical Association, and medical schools. Most physicians contacted through these means have declined employment consideration, citing low salary as the main reason for their disinterest.

In many instances, the expected salaries of these physicians are as much as one and one-half to two times higher than the rate for GS-14, step 1.

In FY 1999, the Department of Labor provided PCA bonuses to 6 out of 8 eligible DOL physicians. The average allowance paid was \$16,067, and the average compensation (not including the allowance) was \$92,428. In FY 1999, the Department had one separation and no accessions.

Social Security Administration (SSA)

Social Security Administration physicians receiving PCA are medical specialists who establish the medical criteria used to evaluate the severity of medical impairments of applicants for and beneficiaries of payments under the disability program administered by SSA. The specialists conduct studies, keep abreast of modern medicine and interface with the medical community to ensure that the medical criteria of the SSA disability program reflect the latest advances in medicine. Without PCA, SSA would not be able to recruit and retain qualified physicians (who must be American Board Certified and experienced in their specialties) since many physicians are not attracted to administrative medicine, especially in SSA where doctors are not integrated into academic, research or clinical fields.

In FY 1999, SSA provided PCA to all five of its eligible physicians. The average allowance was \$20,000, and the average compensation (not including the allowance) for physicians receiving PCA was \$104,403. SSA had no separations or accessions, and one unfilled position in FY 1999.

U.S. Agency for International Development (USAID)

According to AID, one of the reasons for its difficulty in recruiting physicians is the agency's need for physicians with highly specialized skills. Specific expertise is required in areas such as epidemiology, preventive medicine, international health, tropical medicine, and infectious disease. These technical skills are often combined with management/administrative skills and a knowledge of international development, as well as interpersonal skills and stature to interact with developing-country colleagues. According to AID, the agency is at a serious financial disadvantage in competing for such physicians compared to international agencies such as the World Health Organization.

With only a few physicians working for AID, the workload is especially demanding and difficulty in retaining staff is directly related to demands made on AID physicians.

In FY 1999, AID provided PCA bonuses to five of its eight eligible physicians. The average allowance was \$19,000, and the average compensation (not including the allowance) of physicians receiving PCA was \$101,028.

Peace Corps

In FY 1999, the Peace Corps provided PCA to three of five physicians eligible for the bonus. From FY 1996 to FY 1998, no eligible physicians received PCA. There was one separation and no accessions in FY 1999.

Department of Veterans Affairs

While physicians working in Veterans hospitals are paid under a separate pay system, the Department does employ some physicians who are paid according to the General Schedule. These physicians may be eligible for PCA. In FY 1999, the Department of Veterans Affairs provided PCA to both of its eligible physicians. The average allowance was \$20,000, and the average compensation (not including the allowance) was \$114,402. In FY 1999, the Department had no separations or accessions.

Department of Agriculture (USDA)

USDA employs one physician in the Agricultural Research Service. According to USDA, the Department has had difficulty filling this post in the past because it requires a physician who is also a human nutrition researcher. Qualified applicants often are not willing to relocate to the USDA facility in North Dakota. In addition, the University of North Dakota, the chief competitor for physicians and researchers in this area, pays salaries considerably higher than the GS - GM 15 salary for this position.

In FY 1999, USDA paid an allowance of \$20,000 to the physician, whose other compensation was \$102,104. USDA had no separations and no unfilled positions in FY 1999.

Department of Energy

The Department of Energy provided PCA to one of its four eligible physicians in FY 1999. The PCA compensation was \$20,000 and the compensation (not including the allowance) for the physician receiving PCA was \$97,201. The Department had no accessions or separations in FY 1999.

NASA

NASA is not currently participating in the PCA program. In FY 1999, NASA employed 29 physicians eligible for PCA. NASA did not provide PCA to any of its physicians.

Department of the Treasury

In FY 1999, the Department of the Treasury employed one physician eligible for PCA, but did not provide PCA to that individual

Tennessee Valley Authority (TVA)

In FY 1999, the TVA employed three PCA-eligible physicians, but did not provide PCA to those physicians.