

## **Instructions for the Physicians Comparability Allowance (PCA) Report and Worksheets**

### Authority.

5 U.S.C. 5948 authorizes payment of the physicians comparability allowance to eligible individuals paid as physicians under the following pay systems: General Schedule; Senior Executive Service; administratively determined pay for certain specially qualified scientific or professional personnel; Tennessee Valley Authority Act; Foreign Service Act; CIA Act; section 121 of title 2 of the Canal Zone Code; or section 2 of the Act of May 29, 1959, relating to the National Security Agency.

P.L. 100-140, the Federal Physicians Comparability Allowance Amendments of 1987, amended 5 U.S.C. 5948 to provide a maximum PCA of \$14,000 per year for physicians with less than 24 months=Federal service, and \$20,000 per year for physicians with 24 or more months=Federal service. P.L.100-140 also allows physician service in the Department of Veterans Affairs and the Public Health Service Commissioned Corps to be creditable toward 24 months Federal civilian service when calculating maximum PCA allowance eligibility. P.L. 105-61 reauthorized PCA until September 30, 2000. P.L. 105-266, the Federal Employees Health Care Protection Act of 1998, authorized an increase in the maximum annual amount of the Physicians Comparability Allowance from \$20,000 to \$30,000 for physicians with 24 or more months of service. P.L. 106-571 made permanent the authority to make PCA payments and provided that such payments be treated as part of basic pay for retirement purposes.

Executive Order No. 12109 delegates authority granted the President under 5 U.S.C. 5948 to the Directors of the Office of Personnel Management and the Office of Management and Budget.

5 CFR 595 sets additional requirements for agency implementation of 5 U.S.C. 5948, including agency reporting requirements.

OMB Circular A-11, Section 32.2 (b)(12), requires agencies to reflect approved plans to pay bonuses in annual budget estimates in accordance with P.L.100-140 and P.L.105-266.

Coverage. These instructions cover all agencies that employ physicians eligible for PCA. This includes both agencies with currently approved PCA plans that are eligible to pay PCA bonuses, whether or not they actually do pay the bonuses, and agencies without approved plans that employ physicians eligible for PCA.

Submission Requirements. (1) Each agency should review and update last year's 2000 PCA reporting worksheet submitted by that agency. (Copies of the 2000 PCA worksheets have been given to their OMB examiners and agencies should contact them if they need a copy of the 2000 data.) Please verify that all FY 1997 - FY 2000 figures in the worksheet are correct. The latest corrected data for 1997 - 2000, along with estimates for 2001, should be included in the PCA reporting worksheet (Attachment B of this year's bulletin). Electronic versions of the PCA

worksheets are available from your OMB examiner. More detailed instructions on how to complete these worksheets follow this page.

(2) Review the 2000 Presidential Report on the PCA posted on OMB's website at: <http://www.whitehouse.gov/omb/bulletins/phycomp-rpt.html>. Verify and update the text for your agency that appears in the section entitled "Summary of Agency PCA Reports," pp. 10-14.

(3) Submit the revisions to the 2000 Presidential Report and the updated PCA worksheets to the OMB examiner responsible for your agency by May 25, 2001.

Information Contact: Inquiries should be addressed to Frank Seidl, telephone (202) 395-5146.

## PCA Worksheet Preparation

### **General guidance**

The data requested should be supplied for all Federal physicians eligible for PCA, and as a subset, all Federal physicians actually receiving PCA. Eligibility for PCA is defined in 5 U.S.C. 5948 and 5 CFR 595.

Data for the budget year should be the estimates included in budget formulation where applicable (e.g., average PCA per physician, average compensation, etc.) or the agency's best estimate (e.g., number of accessions anticipated). Agency estimates may simply be the average of the previous fiscal years. All dollars should be on an obligational basis, and all employment numbers should be on a full-time equivalent (FTE) basis unless otherwise noted.

Several sections of the worksheet call for data by physician category. Some agencies may not employ physicians in all categories, but complete data should be provided for those physician categories applicable to the agency.

### **Definitions-General**

Government Physician. 5 U.S.C. 5948(g)(1) defines Government physician as any individual paid as a physician under the following pay systems: General Schedule; Senior Executive Service; administratively determined pay for certain specially qualified scientific or professional personnel; Tennessee Valley Authority Act; Foreign Service Act; CIA Act; section 121 of title 2 of the Canal Zone Code; section 2 of the Act of May 29, 1959, relating to the National Security Agency; section 5376 of title 5 relating to certain senior-level positions; section 5377 of title 5 relating to critical positions; or subchapter IX of chapter 53 of title 5 relating to special occupational pay systems.

Creditable Federal Service. For purposes of PCA bonus calculations under 5 U.S.C 5948, as amended by P.L. 100-140, creditable federal service includes service as a Government physician in any of the personnel systems established under authorities listed immediately above, as well as service as a physician in the Department of Veterans Affairs and the Public Health Service Commissioned Corps.

### **Definitions-Physician Categories**

Category I-Clinical Positions: Positions primarily involving the practice of medicine as a direct service to patients, including the performance of diagnostic, preventive, or therapeutic services to patients in hospitals, clinics, public health programs, diagnostic centers, and similar settings.

Category II-Research Positions: Physician positions primarily involving research and investigative assignments.

Category III-Occupational Health: Physician positions primarily involving the evaluation of physical fitness, the provision of initial treatment of on-the-job illness or injury, or the performance of pre-employment examinations, preventive health screening, or fitness-for-duty examinations.

Category IV-Disability Evaluation and Administration of Health and Medical Programs:

Subcategory IV A: Physician positions primarily involving disability evaluation.

Subcategory IV B: Physician positions primarily involving the administration of health and medical programs, including but not limited to a chief of professional services, senior medical officer, or physician program director position.

### **Definitions - Worksheet Data**

(1) Total Number Employed: The total number of agency physicians eligible for PCA (includes all eligible physicians, whether or not they actually received PCA bonuses) should be supplied for the fiscal years 1997, 1998, 1999, 2000 and 2001 in Part I. The total number of agency physicians actually receiving or expected to receive PCA should be supplied for the fiscal years , 1997, 1998, 1999, 2000, and 2001 in Part II. The same data should be provided by physician category for each of the fiscal years.

(2) Number of Physicians Signing One-Year and Two-Year PCA: Under the PCA program, physicians may elect to sign a one-year or two-year PCA service agreement. For those physicians actually receiving or expected to receive PCA (Part II), the number of physicians signing one-year and two-year agreements should be supplied for each fiscal year.

(3) Average Compensation per Physician: Average annual compensation per physician should exclude the PCA bonus, but include base pay and all other bonuses (such as recruitment and relocation bonuses, and retention allowances) and awards. The average compensation for agency physicians eligible for PCA should be supplied for the fiscal years 1997, 1998, 1999, 2000, and 2001 in Part I. The average compensation for agency physicians actually receiving or expected to receive PCA should be supplied for the fiscal years 1997, 1998, 1999, 2000, and 2001 in Part II. The same data should also be provided by physician category for each fiscal year.

(4) Average PCA Amount per Physician, by Category: The average annual PCA bonus paid per physician for all categories, as well as for each individual category of physician, should be supplied for each fiscal year in Part II.

(5) Average PCA Amount per Physician, by Length of Service Agreement: The average annual PCA bonus paid per physician should be supplied for physicians with a one-year service agreement and two-year service agreement and for each fiscal year in Part II.

(6) Average PCA Amount per Physician, by Length of Federal Service: The average annual PCA bonus paid per physician with (a) less than two years creditable Federal service, and (b) two or more years creditable Federal service, should be supplied for each fiscal year in Part II.

(7) Average Number Years Continuous Service: The average number of years of continuous creditable Federal service as a physician for those eligible (Part I) and actually receiving or expected to receive PCA (Part II) should be supplied for each fiscal year. The average should be calculated as of the end of the fiscal year in question (e.g., an agency with one eligible physician who began Federal service as a physician under the General Schedule on October 1, 1999, would report one-year creditable Federal service for purposes of PCA for fiscal year 2001).

(8) Number and Rate of Accessions: The total number of accessions and accession rates for all physicians (Part I) and for those receiving PCA (Part II) should be supplied for each fiscal year. The number of accessions by category for each fiscal year should also be supplied. Accession rates are expressed in percentages as the total number of accessions divided by the total number of physicians (both those eligible for PCA and those receiving PCA). Accession rates need not be supplied for each physician category.

(9) Number and Rate of Separations: The total number of separations and separation rates for all physicians (Part I) and for those receiving PCA (Part II) should be supplied for each fiscal year. The number of separations by category for each fiscal year should also be supplied. Separation rates are expressed in percentages as the total number of separations divided by the total number of physicians (both those eligible for PCA and those receiving PCA). Separation rates need not be supplied for each physician category.

(10) Number and Rate of Unfilled Full-Time Equivalent Physician Positions: The number should be equivalent to the total number of physician positions for which the agency has budgeted for the fiscal year in question less the number of physicians on-board during the fiscal year. For example, the agency may have budgeted for 12 full-time equivalent physician positions for the prior fiscal year, but had only 9.5 physicians on-board for the entire year (9 physicians on-board the entire year, and one on-board for six-months of the year). The number of unfilled full-time equivalent physician positions in this case is equal to 2.5.

The total number for all physicians (Part I) and for those receiving PCA (Part II) should be supplied for each fiscal year. The number by category for each fiscal year should also be supplied.

The rates of total unfilled physician positions should be furnished. Using the example in the paragraph above, the rate of unfilled positions would be 21 percent (or 2.5 unfilled positions divided by 12 positions). Unfilled rates need not be supplied by physician category.

(11) Average Length of Time Physician Positions Remained Unfilled: The time should be reported in months as of the end of the fiscal year (e.g., as of the end of the prior fiscal year the average length of time vacant physician positions remained unfilled might be 13 months, and for the current fiscal year it may have declined to an average of 8 months). Only the time during which the agency was actively searching for candidates should be counted. The total number for

all physicians (Part I) and for those receiving PCA (Part II) should be supplied for each fiscal year. The number by category for each fiscal year should also be supplied.

(12 - 14) Additional PCA Program Questions. Agency/component responses are to be incorporated at the end of the PCA worksheet.