

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

Material transmitted:

Instruction 595-1, Physicians' Comparability Allowance

Material superseded:

Instruction 595-1, Physicians' Comparability Allowance (all), dated November 1, 1999

Background

This transmits the new Physicians' Comparability Allowance (PCA) plan that has been approved by the U. S. Office of Management and Budget. This plan is revised to incorporate changes made by Public Law 106-571. While no major policy changes have been made, the entire instruction has been reorganized to simplify it, make it more user friendly and eliminate redundancy and unnecessary historical information.

Filing Instructions

Remove superseded material and file new material. Post receipt of this transmittal to the HHS Check List of Transmittals and file this transmittal in sequential order after the check list.

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Principal Deputy Assistant Secretary
for Administration and Management

INSTRUCTION 595-1

DISTRIBUTION: MS (PERS): HRFC-001

Subject: PHYSICIANS' COMPARABILITY ALLOWANCE

595-1-00	Purpose and Legal Authorities
595-1-10	Coverage and Exclusions
595-1-20	Definitions
595-1-30	Roles and Responsibilities
595-1-40	Policy
595-1-50	Annual Review Requirements and Reporting Procedures

Exhibit A:	Tables for Computing PCA Allowance
Exhibit B:	Appointment and Pay Authorities for Which PCA May Be Paid
Exhibit C:	Appointment/Pay Authorities for Which PCA May Not Be Paid
Exhibit D:	Creditable Service as a Government Physician
Exhibit E:	Service That is Not Creditable Service as a Government Physician
Exhibit F:	Categories and Subcategories of Work
Exhibit G:	Format for Documenting Recruitment and Retention Problems
Exhibit H:	Service Agreement
Exhibit I:	Privacy Act Notification Statement
Exhibit J:	Approval of PCA Agreement

595-1-00 PURPOSE AND LEGAL AUTHORITIES

This instruction provides policy and guidance for implementing the Physicians' Comparability Allowance Program (PCA) within the Department of Health and Human Services (HITS), under authority of Title 5, U. S. Code, section 5948 and Title 5, Code of Federal Regulations, part 595.

595-1-10 COVERAGE AND EXCLUSIONS

- A. Coverage. This plan covers eligible physicians assigned to all Operating Divisions (OPDIVs) of the Department of Health and Human Services (HHS).
1. *Positions* eligible for coverage. To be eligible for PCA, the position must:
 - a. Be classified in the Medical Officer, GS-0602 occupational series; and
 - b. Be filled under one of the appointment/pay authorities specified in Exhibit B.
 2. *Individuals* eligible for coverage. To be eligible for PCA, a physician must:
 - a. Be serving under a permanent appointment or a temporary appointment of at least one year's duration; and
 - b. Must be employed on a full-time basis or a part-time work schedule of at least 40 hours per pay period. NOTE: Loan repayment obligees are eligible to receive PCA; however, the amount of PCA must be reduced by the amount of the loan obligation that falls within the time period of the PCA agreement.

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

B. Exclusions.

1. *Positions* excluded from coverage include:
 - a. Positions which do not require the services of physicians who fully meet the U. S. Office of Personnel Management qualification standards for Medical Officer, GS-0602;
 - b. Positions classified as interdisciplinary;
 - c. Resident or intern positions; and
 - d. Positions established under any appointment/pay authority identified in Exhibit C.
2. *Individuals* not eligible for coverage include:
 - a. Physicians in the Executive Schedule (pay plan EX);
 - b. Reemployed annuitants;
 - c. Employees fulfilling scholarship obligations;
 - d. Members of the PHS Commissioned Corps;
 - e. Employees receiving Physicians' Special Pay under Title 38, U. S. Code; and
 - f. Physician members of the Senior Biomedical Research Service.

595-1-20 DEFINITIONS

- A. Board certification. The certification conferred upon a physician who has one or more current specialty or subspecialty certificates from the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialists.
- B. Demonstrated recruitment and retention problem. A recruitment and retention problem that can be measured objectively and shown to impact adversely upon the agency's ability to accomplish its mission.
- C. Loan repayment oblige. A physician who is receiving loan repayment assistance under 5 U.S.C. 5379.
- D. Mission-specific factor. A job-related factor that may be used to provide up to \$10,000 additional allowance as authorized by Public Law 105-266. These factors are targeted to address the most critical agency needs, and must be explicitly linked to OPDIV missions and programs.
- E. Scholarship service obligation. A defined period of paid service a physician must satisfy to repay an academic scholarship under a specified government program. An example is the National Health Services Corps Scholarship Program, authorized by the Health Professions Educational Assistance Act of 1976 (P.L. 94-484).
- F. Uniformed Services. The U. S. Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, and the Commissioned Corps of the U. S. Public Health Service (see 37 U.S.C. subsection 101).

595-1-30 ROLES AND RESPONSIBILITIES

- A. OPDIV heads have the authority to establish programs for the payment of PCA to physicians within their organizations. OPDIVs must develop a plan for administering PCA before making PCA payments. The Assistant Secretary for Administration and Management performs this function for the Office of the Secretary.
- B. The Deputy Assistant Secretary for Human Resources is responsible for establishing and disseminating Department PCA policies and guidance, and for coordinating the collection, analysis, and dissemination of information to OPDIVs and interested organizations outside the Department.
- C. Physicians receiving PCA are responsible for notifying the servicing personnel office when circumstances occur that may affect the terms and conditions of their service agreements.

595-1-40 POLICY

- A. Basis for PCA.
 - 1. PCA is authorized only to address demonstrated recruitment and retention problems. Objective measures of these problems should be quantifiable and may include such indicators as: vacancy rates, average length of time to fill positions, turnover rates, cost of turnover, and cost of contracting because of inability to staff positions. These measures must be part of a written recruitment and retention analysis when establishing new PCA payment classes. Recruitment and retention problems must be fully documented, following the guidelines in Exhibit G. Total PCA amounts payable to a position may be reduced when it is determined that total compensation exceeds the maximum needed to address existing recruitment or retention problems. For the purpose of this instruction, recruitment and retention problems are considered to exist if all of the following conditions are documented:
 - a. A history of long-lasting vacancies;
 - b. High turnover rates in physician positions;
 - c. Applicants lack superior qualifications required for the position; and
 - d. Existing vacancies cannot be filled with well-qualified candidates without the use of PCA.
- B. Payment of PCA
 - 1. Physicians' comparability allowances must be based on the minimum amount required to prevent recruitment and retention problems. This amount should be based on considerations such as relative earnings, responsibilities, workload, working conditions, and benefits for comparable physician positions within and outside the Federal

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

government. The factors used for this purpose are: Category and subcategory of work, length of service, board certification, grade of the physician, length of contract, and mission-specific factors.

- a. Categories and Subcategories of Work. The categories and subcategories of work are listed below. OPDIV heads may authorize additional subcategories as needed to cover unique work situations. Detailed descriptions are in Exhibit F.

Category	Subcategory
I. Clinical	a. Shortage specialty b. Locale c. Duties
II. Research	a. Research b. Research in specific health problems related to food, drugs, and devices c. Epidemiology and occupational research
III. Occupational Health	a. Shortage Specialty b. Locale
IV. Disability Evaluation and Administration of Health and Medical Programs	a. Disability Evaluation b. Administration

- 2. Length of Service as a Government Physician. The employee's length of service as a government physician is used to determine the amount he or she earns under this factor as shown in Exhibit A. Physicians having 24 or fewer months may be paid no more than \$14,000 in PCA annually; those with more than 24 months may be paid no more than \$30,000 annually. Periods of leave without pay, absence without leave, suspension, or other non-paid absences do not count toward the length of service as a government physician. Exhibit D summarizes appointment and pay authorities that are qualifying for determining the length of service as a Government physician.
- 3. The use of board certification, grade and length of service agreement in determining PCA amounts are summarized in Exhibit A.
- 4. Mission-Specific Factors are criteria structured to alleviate severe retention problems and to enable OPDIVs to target additional payments to address their most critical program needs. Mission-specific allowances are used to retain expertise in areas such as scientific research, science administration, or public health administration. Illustrative examples include:
 - a. The prevention and alleviation of illness, disease, and the most intractable threats to the nation's health;
 - b. Assuring the health care security and improving health outcomes for the nation's beneficiaries under the Medicare, Medicaid, and related programs.

OPDIVs may target funds to positions determined to be most essential or urgent to these needs. OPDIVs must develop explicit, written criteria for these factors, linked to the mission of the employing organization. The criteria should reflect considerations such as critical, mission, special legislative mandate, or highly visible or controversial approaches to public health problems. To be considered for mission-specific pay, a physician must meet these criteria *and* must sign at least a two-year service agreement.

C. Determining Amount of PCA.

1. PCA is a position-based pay authority. Once positions have been approved for payment of PCA and are assigned to a PCA payment class, any physician occupying a position in that payment class must be offered the opportunity to receive PCA. Payments are paid each pay period only for the hours the employee is in a pay status. No PCA will be paid for any pay period in which the number of hours in a pay status falls below 40.
2. Exhibit A reflects the maximum amounts that may be paid for various combinations of factors. OPDIV heads may further specify payment amounts for newly established subcategories which do not exceed existing maximums.
3. PCA may not be withheld from a physician for reasons of performance, misconduct, or other reasons unrelated to the position. Other personnel actions (e.g., performance-based action) should be used to address these matters. However, this does not preclude the use of exemplary performance as a factor in awarding mission-specific pay as provided in Exhibit A.

D. Relationship of PCA to Basic Pay. PCA is not basic pay for purposes of premium pay, payment for accumulated and accrued leave, severance pay, compensation for work injuries, or life insurance. It *is* basic pay for retirement purposes, including participation in the Thrift Savings Plan, subject to the limitations in Public Law 106-57 1.

E. Other Discretionary Pay Under Title 5. Physicians who receive PCA may also receive other forms of discretionary pay under Title 5, such as recruitment and relocation bonuses and retention allowances. The OPDIV head must determine when additional compensation is required to meet critical mission requirements.

F. Payment of PCA to Retired Members of the Uniformed Services.

1. PCA will not be paid to retired members of the uniformed services except when retirement was under one of the following conditions:
 - a. After completion of 30 years of service;
 - b. Upon reaching age 64;
 - c. Under disability retirement;

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

- d. After completing at least 20 but fewer than 30 years of service and with a break in service of at least one calendar year from the date of separation; or
 - e. When the retired member is the only qualified candidate for the position, or is eminently qualified (written justification must be attached to the service agreement).
2. Exceptions to the above criteria may be granted on a case-by-case basis by the OPDIV head or designee. Written justification must be attached explaining why the services of the individual are required, the probable consequences if PCA is not authorized, and attempts made to recruit other candidates for the position.
- G. Employee Service Agreements. Service agreements of at least one and not more than four years are required for physicians who receive PCA. Service agreements will normally be in one-year increments. An exception may be made to allow agreements to coincide with a planned retirement or other separation; in these cases the agreement must be for a minimum of one year. A model agreement is at Exhibit H OPDIVs may adapt the model to document PCA authorizations. The following provisions govern the approval of service agreements:
1. Acceptance of the agreement does not alter the conditions or terms of employment, and the agreement does not limit management's right to take corrective or disciplinary actions as otherwise appropriate.
 2. Entitlement to the allowance must be based solely on the position to which the physician is assigned.
 3. A service agreement may be renegotiated at any time it is mutually agreeable to both the physician and management. A new period of obligated service is incurred each time an agreement is renegotiated; the duration of the new agreement will not be less than the time remaining under the old agreement, and in any case cannot be less than one year.
 4. Service agreements must be renegotiated when the physician moves from one position to another as outlined in paragraph L, Position Changes, below.
 5. Service agreements may be renegotiated at the option of management when the physician becomes board certified and the duties of the position require the skills and knowledge associated with the physician's board certification.
 6. Service agreements may be renegotiated at the option of management when the physician acquires more than 24 months of service as a government physician.

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

H. Failure to Complete a Service Period.

1. Physicians who, voluntarily or because of misconduct, fail to complete at least one full year of service (26 pay periods) in a position entitling them to receive PCA will refund the entire amount of the allowance received.
2. Physicians who voluntarily leave their positions or are terminated because of misconduct after one year of service in a multi-year contract must refund the portion of the allowance received for the 26 weeks of service immediately preceding separation.
3. The OPDIV head may waive repayment if the individual's failure to complete the period of service is because of circumstances beyond the employee's control.
4. Requests for waivers of overpayment may be initiated in writing by the physician concerned or a management official. Requests will outline the circumstances leading to the termination of the service agreement and must be forwarded through management channels to the OPDIV head.

I. Automatic Waiver of Repayment.

1. A physician who retires under a disability retirement is not obligated to repay any portion of PCA received prior to retirement.
2. Physicians in organizations undergoing a reduction-in-force (RIF) may terminate their PCA agreements without penalty of repayment under either of the following conditions: the physician receives a general notice of RIF and it is known that all medical officer positions in the same competitive area are being abolished; or the physician receives a specific RIF notice which results in his or her separation from Federal service prior to completion of the service period.
3. Physicians receiving PCA who are reassigned or moved to non-PCA positions may retain the portion of the allowance already received.
4. Physicians who, as a result of RIF procedures, are assigned to another PCA covered position that is lower in grade or in a lower PCA payment class may continue to receive the allowance to which they were entitled prior to reassignment. The original agreement will remain in effect, and the allowance amount continued through the original period, of the agreement. Upon expiration of that agreement, any new agreement must reflect the approved allowance for the PCA payment class of the new position.
5. In situations when it is known that all medical officer positions in a competitive area are being abolished, no new agreements may be entered into in that competitive area.

- J. Effective Dates. A service agreement will become effective on the first day of the first pay period following approval unless another future date is specified in the agreement. All agreements shall be made effective on the first day of a pay period unless the employee enters on duty other than the first day of the pay period. In such cases the agreement may be made effective on the EOD date.

K. Administrative Errors.

1. If a physician occupies a position in an approved payment class but because of administrative error was not offered PCA, the error will be corrected. The effective date of the service agreement will be the date the agreement would have been effective had the error not occurred. The personnel officer will prepare and sign a statement outlining the nature of the error; this statement will be made a part of the service agreement record.
2. If because of administrative error, a physician received a PCA amount less than the amount that should have been offered, the agreement must be terminated and a new service agreement with the correct amount executed. The effective date and termination date of the new agreement will be the same as the dates on the erroneous agreement. If a physician's PCA amount is greater than the amount to which he or she is entitled under this instruction, the agreement must be terminated and a new agreement with the correct amount executed. The effective date and the termination date of the new agreement will be the same as the dates on the erroneous agreement. The physician will be required to refund the overpayment; however he or she may request waiver of this requirement under 5 U.S.C. 5584.

L. Position Changes

1. When a physician receiving PCA moves by reassignment, promotion, or other personnel action from one PCA-covered position to another covered position within HHS, the original service agreement must be terminated and a new agreement established. The physician may retain the portion of PCA received before the position change was effected.
2. When a physician receiving PCA moves from a PCA-covered position to a non-covered position within HHS, the service agreement must be terminated. The physician may retain that portion of the PCA already received.
3. When a physician receiving PCA transfers to a position in another Federal agency outside of HHS, the service agreement must be terminated. The physician is responsible for repayment of PCA as described in paragraph 595-1-40-H.
4. When a physician is detailed from a PCA-covered position to another covered position, PCA payments may continue. If detailed to a non-covered position, the PCA will be suspended for the duration of the detail.
 - a. If detailed to unclassified duties, PCA may be continued only if those duties fully meet the criteria in this instruction. OPDIVs must examine these duties on a case-by-case basis to determine whether the criteria are met.
5. When a physician receiving PCA moves from a PCA-covered position requiring board certification to another PCA-covered position for which board certification is not required, a new agreement must be negotiated. The physician may no longer receive the portion of

the allowance granted for board certification, but may retain any portion properly paid under the original agreement.

M. Effect of Intergovernmental Personnel Act Assignments

1. There is no legal authority to pay PCA to physicians who are assigned out of HHS under an IPA, except as stated in paragraph 4 below. Performing long-term assignments outside the agency negates the physician's agreement which provides for a specified period of service in return for an allowance. A physician who goes on an IPA assignment may retain the allowance already received; a waiver of repayment is not required.
2. Individuals on IPA assignments who are appointed to HHS positions and paid by the Federal government may receive an allowance if assigned to positions approved for PCA. The service period under the PCA agreement must be consistent with the length of the IPA assignment and the requirements in this Instruction.
3. Employees detailed into HHS under an IPA are not eligible to receive PCA.
4. For IHS physicians who are assigned under special purpose IPAs to perform work for tribal organizations under the Indian Self-Determination Act, P.L. 93-638, there is no legal objection to payment of PCA.

595-1-50 ANNUAL REVIEW REQUIREMENTS AND REPORTING PROCEDURES

Each OPDIV must review all approved positions and categories annually to determine if recruitment and retention problems continue to exist, like OPDIV head determines that PCA is no longer required to address the recruitment or retention needs of a position or group of positions, the allowance must be discontinued. Existing PCA agreements for discontinued positions will remain in effect until scheduled expiration dates.

Exhibit A:

TABLES FOR COMPUTING PCA ALLOWANCE

Categories and subcategories of work

TABLE Ia - For physicians with 24 months or less service

Category	GS-11	GS-12	GS-13	GS-14	GS-15/SES
I. Clinical	Up to:	Up to:	Up to:	Up to:	Up to:
a. Shortage Specialty	\$1500	\$2000	\$2500	\$3000	\$3500
b. Locale	\$1500	\$2000	\$2500	\$3000	\$3500
c. Duties	---	---	\$2000	\$3500	\$5000
II. Research	Up to:	Up to:	Up to:	Up to:	Up to:
a. All subcategories	\$2000	\$3000	\$5000	\$6000	\$8000
III. Occupational Health	Up to:	Up to:	Up to:	Up to:	Up to:
a. Shortage Specialty	\$1500	\$2000	\$2500	\$3000	\$3500
b. Locale	\$1000	\$1500	\$2000	\$2500	\$3000
IV. Disability Evaluation and Administration			Up to:	Up to:	Up to:
a. Disability Evaluation			\$2000	\$3000	\$4000
b. Administration			\$8000	\$9000	\$10,000

The maximum PCA for Categories I, II, and IV-b is \$10,000 for one-year agreements and \$14,000 for multi-year agreements. The maximum PCA for Categories III and IV-a is \$5000 for one-year agreements and \$7000 for multi-year agreements. Amounts shown are the *maximum* allowable; individual allowances may be fixed at any level up to that amount.

TABLE Ib – For physicians with more than 24 months of service

Category	GS-11	GS-12	GS-13	GS-14	GS-15/SES
I. Clinical	Up to:	Up to:	Up to:	Up to:	Up to:
a. Shortage Specialty	\$3000	\$4000	\$5000	\$6000	\$7000
b. Locale	\$5000	\$6000	\$8000	\$10,000	\$11,000
c. Duties	---	---	\$3000	\$6000	\$10,000
II. Research	Up to:	Up to:	Up to:	Up to:	Up to:
a. All subcategories	\$3000	\$4000	\$6000	\$12,000	\$16,000
III. Occupational Health	Up to:	Up to:	Up to:	Up to:	Up to:
a. Shortage Specialty	\$1500	\$2000	\$2500	\$3000	\$3500
b. Locale	\$1500	\$2000	\$2500	\$3000	\$3500
IV. Disability Evaluation and Administration			Up to:	Up to:	Up to:
a. Disability Evaluation			\$2000	\$4000	\$6000
b. Administration			\$8000	\$12,000	\$16,000

The maximum PCA for Categories I, II, and IV-b is \$24,000 for one year agreements and \$30,000 for multi-year agreements. The maximum PCA for Categories III and IV-a is \$12,000 for one-year agreements and \$15,000 for multi-year agreements. Amounts shown are the maximum allowable; individual allowances may be fixed at any level up to that amount.

Exhibit A: (continued)

Table 2 - Board Certification and Multi-year Agreements

Factor	GS-11	GS-12	GS-13	GS-14	GS-15/SES
Board Certification			\$3000	\$3000	\$3000
2 yr contract	\$2000	\$2000	\$4000	\$4000	\$4000
3 yr contract	\$2000	\$2000	\$5000	\$5000	\$5000
4 yr contract	\$2000	\$2000	\$6000	\$6000	\$6000

NOTE: The amounts shown in table 2 are mandatory, fixed amounts for physicians meeting the board certification and length of agreement criteria.

Table 3 - Mission-Specific Factors

Physicians who meet the criteria for mission-specific pay may be awarded an additional PCA amount based on grade mid length-of-service as a government physician. The following matrix reflects the maximum amount payable for the criteria indicated. A physician must sign a multi-year agreement to be eligible for a mission-specific allowance.

Length of Service			
Grade	2-5 years	5-8 years	More than 8 years
GS-13	Up to \$1000	Up to \$3000	Up to \$5000
GS-14	Up to \$2000	Up to \$5000	Up to \$8000
GS-15/SES	Up to \$4000	Up to \$7000	Up to \$10,000

NOTE 1. Amounts shown in the table are the *maximum* amounts payable for the grade and years of service shown. These amounts are not mandatory; OPDIVs may authorize lesser amounts within the limits stated, or may extend waiting periods beyond the minimum. Further, an amount initially awarded is not guaranteed for subsequent agreements; when the agreement is renegotiated, it may be reduced if the original amount is no longer essential to retention of an adequate physician staff. In no case may the PCA exceed the statutory maximum of \$30,000.

NOTE 2. In *unusual* circumstances, a physician may be authorized a mission-specific allowance higher than those shown in Table 3, up to a maximum of \$10,000, to acknowledge special circumstances outlined below. Reasons for the exception must be fully documented, and must show how retention will be hampered if not approved, in no case may the PCA exceed the statutory maximum of \$30,000; for physicians with two years service or less, it cannot exceed \$14,000. These exceptions must be approved by the OPDIV head on a case-by-case basis, and the total number of such exceptions shall not exceed 15 percent of an OPDIV's physicians receiving PCA, unless the OPDIV has fewer than 25 physicians receiving PCA; in that case, no more than 4 physicians may be placed in this category. Under this exception mechanism, up to \$5000 may be authorized for a physician who meets *one* of the following criteria; up to \$10,000 may be authorized for a physician who meets more than one:

- Work that has materially and measurably improved the health outcomes of the target population;
- Work that has substantially improved policy development or made a significant scientific or regulatory advancement;
- Achieving substantial, documented efficiencies in the design or implementation of projects to maximize health care quality and better see beneficiary needs;
- Exemplary performance in the approved mission-specific areas, as evidenced by two or more consecutive years of "outstanding" performance ratings or equivalent evidence of exceptional performance.

Exhibit B:

APPOINTMENT AND PAY AUTHORITIES FOR WHICH PCA MAY BE PAID

Pay Authority	Legal Authority
General Schedule (GS), including former members of the Performance Management Recognition System (GM)	5 U.S.C. 5332
Senior Executive Service (SES), including both career and non-career	5 U.S.C. Chapter 53, subchapter VIII
Senior level positions (SL and ST)	5 U.S.C. 5376
Former members of the Commissioned Corps of the U. S. Public Health Service ⁴	Pay authorities cited in U.S.C. 5948
Former members of the uniformed services (other than PHS Commissioned Corps)	5 U.S.C. 5948
Appointed PHS Service Fellows	42 U.S.C. 209(f) and (g)
210(g) Appointments	42 U.S.C. 210(g)
NIH Special Expert Appointments	42 U.S.C. 282(d)(1) 42 U.S. C. 285a-2(b)(5) 42 U.S.C. 285b-3(b)(l)
AHRQ Special Experts	42 U.S.C. 925(f)
SAMHSA Special Experts	42 U.S.C. 290aa(g)
Appointed Intergovernmental Personnel Act participants	Pay authorities cited in 5 U.S.C. 5948
IHS employees detailed out of HHS to perform work for tribal organizations	P.L. 93-638 contracts
Critical positions	5 U.S.C. 5377
Special Occupational Pay Systems	Subchapter IX of chapter 53, 5 U.S.C.

⁴ Limitations apply to the payment of PCA to retired members of the Commissioned Corps and other uniformed services (see HHS 595-1-40F)

Exhibit C:

APPOINTMENT/PAY AUTHORITIES FOR WHICH PCA MAY NOT BE PAID

Appointment/Pay Authority	Legal Citation
PHS physicians receiving Physicians Special Pay under delegated Title 38 authority NOTE: This does not preclude physicians receiving other forms of pay under Title 38 (e.g., premium pay, special rates) from receiving PCA.	5 U.S.C. 5371
Members of the Commissioned Corps of the U. S. Public Health Service	37 U.S.C.
IPA participants detailed to HHS	No appointment
Guest workers	Not paid
Reemployed annuitants	5 U.S.C. 3323
Executive Level officials (Pay Plan EX)	Subchapter U, Chapter 53, Title 5, U.S.C.
Internship or residency training positions	Various
PHS visiting fellows	Not Federal employees
Other positions specifically excluded by law or regulation	5 U.S.C. 5948; 5 CFR 595

Exhibit D:

CREDITABLE SERVICE AS A GOVERNMENT PHYSICIAN

Appointment/Pay Authority	Legal Authority
General Schedule (GS), including former members of the Performance Management Recognition System (GM)	5 U.S.C. 5332
Senior Executive Service (SES), including both career and non-career	5 U.S.C. Chapter 53, subchapter VIII
Senior Level positions (SL and ST)	5 U.S.C. 5376
Physicians receiving Physicians Special Pay under Title 38 authorities	5 U.S.C. 5371
Service as a medical officer in the Department of Veterans Affairs, Veterans Health Administration	38 U.S.C. 7306 or predecessor authority
Service as a medical officer in the Commissioned Corps of the U. S. Public Health Service	37 U.S.C.
Appointed PHS Service Fellows	42 U.S.C. 209(f) 42U.S.C.209(g)
210(g) appointments	42U.S.C.210(g)
NIH Special Expert Appointments	42 U.S.C. 282(d)(1) 42 O.k. 285a-2(b)(5) 42 U.S.C. 285h-3(b)(1)
AHRQ Special Experts	42 U.S.C. 925(f)
SAMHSA Special Experts	42 U.S.C. 290aa(g)
Former medical officers in the Central Intelligence Agency	50 U.S.C. 403j (Section 10 of the Central Intelligence Agency Act of 1949)
Former medical officers of the Panama Canal Commission	Section 1202 of the Panama Canal Act of 1979
Former medical officers of the National Security Agency	50 U.S.C. 402 note (Section 2 of P.L. 86-36, as amended)
IHS employees detailed outside HHS to work for tribal organizations	P.L. 93-638 contracts
Intergovernmental Personnel Act participants appointed to positions in HHS	5 U.S.C. 5948

Exhibit E:

**SERVICE THAT IS *NOT* CREDITABLE AS SERVICE AS A GOVERNMENT
PHYSICIAN**

Appointment/Pay Authority	Legal Authority
Service in the uniformed services (other than the PHS Commissioned Corps)	37 U.S.C.
Executive Level positions (EX)	5 U.S.C. Chapter 53, subchapter II
PHS visiting fellows	Not Federal employees
Other positions not specifically covered by law or regulation	5 U.S.C. 5948; 5 CFR 595

Exhibit F:

CATEGORIES AND SUBCATEGORIES OF WORK

The categories and subcategories of work established in this Department for which physicians may receive PCA are defined as follows:

- A. Category I – Clinical. Clinical positions primarily involve 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.

The following subcategories will be used to determine individual allowances:

1. Shortage specialties are those recognized by the Department of Health and Human Services, the U. S. Department of Labor, the American Medical Association, or other recognized organizations.
 2. Locale includes special and unusual situations in which the geographical location or physical work environment causes unusual recruitment and retention problems.
 3. Duties include situations in which the physician is assigned duties over and above those normally performed. These may be duties: with administrative, training, and/or supervisory responsibilities, e.g., service chiefs who have these responsibilities. Allowances may also be granted for hazardous duty situations and maximum security settings.
- B. Category II – Research. Research includes positions that involve research and investigative assignments in one of the following subcategories:
1. Research physician positions that primarily involve performing, planning, and evaluating experimental work in the causes, prevention, control, or treatment of diseases or the factors that influence health and disease. Physician positions that primarily involve performing research and experimental work relating to the physical limitations imposed by conditions other than disease, including environmental factors.
 2. Research in Specific Health Problems Related to Food, Drugs and Devices
 - a. Physician positions that are primarily responsible *for* investigating the effects of biological, radiological, toxicological, chemical, nuclear, or other physical agents on the health of specific populations or the general public and for recommending corrective, protective, or therapeutic procedures.
 - b. Physicians involved in the use of epidemiological and biostatistical principles to evaluate the efficacy and the benefit/risk of therapeutic, diagnostic, or prophylactic products or procedures.

3. Epidemiology and Occupational Research. This category includes positions that primarily involve the use of epidemiological principles or procedures to investigate the cause, public health significance, and transmission or other causation of disease or health problems and to recommend and carry out control procedures.
- C. Category III – Occupational Health This category includes 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 screenings, or fitness-for-duty examinations. Approved subcategories used for determining individual allowances are Shortage Specialty and Locale (see definitions for Clinical).
- D. Category IV . Disability Evaluation and Administration of Health and Medical Programs
This category includes two subcategories:
 1. Disability Evaluation includes physician positions that primarily involve disability evaluation.
 2. Administration includes physician positions primarily involved in the administration of medical and health programs as illustrated below:
 - a. A chief of professional services or senior medical officer who is immediately responsible for the overall medical care in the hospital, clinic, or center, and for the management and supervision of all clinical aspects of medical care, including its quality and the medical disposition of patients. This involves decisions regarding the medical care given by other senior physicians. Through department heads, the chief manages the physicians on the staff of the facility and evaluates the staff and the quality of medical care given by the staff. Depending on the size of the installation or program and its associated workload, a chief of professional services may require one to three additional medically qualified assistants or deputies who may be included in this category.
 - b. A physician program director who is responsible for the medical aspects of existing or developing health programs for which medical knowledge and expertise are a prerequisite to the development of policies. The term “program” means any functional Federal health program of any size and involves problem identification, planning, administering, and program evaluation. The program director provides overall coordination and continuity and makes day-to-day decisions. The planning, policy, and decisions made by the physician program director have a direct effect on clinical activities or may affect the delivery of health services, at the Federal, state, or local levels. These leadership positions require a combination of clinical knowledge and program expertise for efficient and successful functioning of the program being administered. Depending on the size of the installation or program and its associated workload, a physician program director may require one or more medically qualified assistants or deputies who may be included in this category.

- c. A physician advisor who renders, medical advice and consultation to developmental and operational health programs within agencies and to local, state, Federal, private, or international organizations. The advice and consultation are based on the medical knowledge and experience which a physician possesses. The physician advisor synthesizes the findings, of scientists and other, physicians and renders programmatic advice based on medical considerations relating to patient care, community health programs, health planning, health system design, and health profession staff development. Providing medical advice may be the sole medical function of the physician advisor or it may be combined with other medical functions. The position of physician advisor can exist at any organizational level. The advice given may be generated on the initiative of the physician advisor, in response to observed need or it may be in response to specific requests from within or outside the organization.

Exhibit G:

FORMAT FOR DOCUMENTING RECRUITMENT AND RETENTION PROBLEMS

Date:	Organization:
Location:	Grade Level(s):
Check one category and appropriate subcategories as applicable:	
Categories	Subcategories
I. Clinical <input type="checkbox"/>	Shortage Specialty <input type="checkbox"/>
	Locale <input type="checkbox"/>
	Duties <input type="checkbox"/>
II. Research <input type="checkbox"/>	Research <input type="checkbox"/>
	Research in Specific Health Problems Related to Food, Drugs, and Devices <input type="checkbox"/>
	Epidemiology and Occupational Research <input type="checkbox"/>
III. Occupational Health <input type="checkbox"/>	Shortage Specialty <input type="checkbox"/>
	Locale <input type="checkbox"/>
IV. Disability Evaluation and Administration of Health and Medical Programs <input type="checkbox"/>	Disability Evaluation <input type="checkbox"/>
	Administration <input type="checkbox"/>
You will need to answer some or all of the following questions to document specific recruitment and retention problems pertaining to the position(s) under consideration. Answer in the space provided, after each question, or use separate sheets as needed.	
1. Title, grade, and description of position(s):	
2. Selective factors above the minimum qualifications required by the GS-0602 qualification standard that are used when recruiting for the position(s).	
3. If the <i>Shortage Specialty</i> subcategory is to be used in determining the PCA payment amount, describe the current staffing situation in the specialty. List any factors which affect the ability to recruit and retain physicians in the specialty. When possible, include relevant turnover data as well as current private sector salaries. Also indicate whether the specialty or geographic area has been designated as a shortage area for health professionals by the Department or other Federal entity.	

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

<p>4. If the <i>Locale</i> subcategory is to be used in determining the PCA payment amount, describe how the work location affects your ability to recruit and retain physicians. Discuss any special or unusual circumstances where the location or physical work environment has caused problems beyond the norm.</p>
<p>5. If the <i>Duties</i> subcategory is to be used in, determining the PCA payment amount, describe those duties that are over and above those normally performed, or that are performed under hazardous conditions, and indicate how these duties affect recruitment and retention.</p>
<p>6. Provide the following documentation for the position/subcategory described above:</p> <p>a. <u>Number of current physician positions:</u> Filled: _____ Vacant: _____ Average length of time position(s) have been vacant: _____</p> <p>b. Number of positions filled during the past 12 months by: Scholarship-obligated physicians: _____ Individuals in loan repayment programs: _____ Other means: _____</p>
<p>7. Describe the impact of vacant physician positions on the mission of the organization.</p>
<p>8. Describe your recruitment efforts to fill the position(s).</p>
<p>9. Describe any factors which inhibit your recruitment efforts.</p>

Instruction 595-1: Physicians' Comparability Allowance

Issuance Date: 04/12/2002

<p>10. What is the average number of physician applications which must be screened before well-qualified candidates can be found? _____</p>
<p>11. What is the average number of qualified physicians referred for each position actually filled? _____</p> <p>a. Of those interviewed per position, how many are found unacceptable? _____</p> <p>b. List reasons for finding interviewed physicians unacceptable:</p>
<p>12. What is the average number of qualified physicians who reject valid employment offers for each position filled? _____ List reasons given for rejecting offers:</p>
<p>13. How many physicians in the position/category have resigned during the past 12 months? _____</p> <p>List reasons given for resignation:</p>
<p>14. Describe your efforts to enhance retention of physicians in this position/category.</p>
<p>15. Include any additional information you feel may be helpful in describing your overall recruitment and retention problems.</p>

Exhibit H:

SERVICE AGREEMENT

Name: _____

Agency: _____

In consideration of payment of a Physicians' Comparability Allowance under 5 U.S.C. 5948, 5 CFR 595, and policies of the Department of Health and Human Services, I hereby agree:

1. To serve as a medical officer in _____ for a period of ____ years, for an allowance in the amount of \$_____ per year.
2. That acceptance of this agreement does not alter the conditions or terms of my employment; accordingly, this agreement will not preclude nor limit the agency's right to take corrective or disciplinary actions as may be appropriate.
3. (a) In the event I voluntarily or because of misconduct, fail to complete at least one year of service in a position which entitles me to receive the allowance, I will refund the full amount of the allowance I have received unless it is determined that my failure to complete the agreed period of service is due to circumstances beyond my control;
(b) In the event I voluntarily or because of misconduct fail to complete any service beyond the first year of a multi-year agreement in a position which entitles me to receive the allowance, I will refund the amount of the allowance I received under this agreement for the 26 weeks of service immediately preceding the termination, unless it is determined that my failure to complete the agreed period of service is due to circumstances beyond my control.
4. That any amount which I am obligated to refund under paragraph 3 above will be a debt due to the United States, which I agree to pay in full as directed by the Department of Health and Human Services.
5. That the effective date of this agreement and payments pursuant to it will be _____.
6. That my entitlement to the allowance under this agreement will terminate when any of the following occurs:
 - a. Separation from employment with the Department of Health and Human Services;
 - b. Assignment to a position excluded from PCA coverage or not approved for PCA;
 - c. Completion of the agreed period of service or enactment of superseding law;
 - d. Change of my tour of duty to less than half-time.
7. (*Applicable only to individuals who have served in a health professional shortage area and have signed a contract with the Federal government to service in such an area in return for the government paying all or part of a student loan.*)
 - a. That the amount equivalent to any load repaid under a Federally supported loan repayment program will reduce the allowance for which I would otherwise be eligible under the applicable regulations;
 - b. That failure to report a repayment contract now in effect or which becomes effective during the period of this agreement will result in my obligation to refund the allowance I have received;
 - c. I (am) (am not) participating in a Federally supported loan repayment program. The amount that has been or will be repaid by this loan repayment agreement is \$_____ for the period _____ to _____.
8. I am board certified in the following medical specialty or specialties:

First specialty:	Date of Certification:
Second specialty:	Date of Certification:

I agree to the terms of this contract.

Print Name:

Signature:

Date:

Exhibit I:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Privacy Act Notification Statement**

To accompany service agreement under the Federal Physicians Comparability Allowance Program.

General

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information

P. L. 95-603; Executive Order 93-579.

Purpose and Uses

The principal purpose for collecting the information requested on this form is to establish the terms under which an individual receives an allowance under the Federal Physicians Comparability Allowance Program. The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifying information, including your Social Security number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of the Treasury for payroll action, and the Department of Labor for workers compensation claims. This information may also be disclosed to the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition these records, or information from them, may be used within DHHS for study purposes, such as projection of staffing needs and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Number

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and taxes must be withheld from your salary. The use of the SSN is necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can be distinguished only by the SSN. It is used primarily, to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard it is also used to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN may also be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this information is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive an allowance because the payroll office would be unable to process the necessary actions.

Exhibit J:

APPROVAL OF PCA AGREEMENT

1. Name: _____		Organization: _____	
Title, series, grade and position number: _____		Location: _____	
2. Type of Appointment: Permanent <input type="checkbox"/> Term <input type="checkbox"/> Temporary <input type="checkbox"/> NTE _____		3. Tour of Duty: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regularly scheduled hours per pay period: _____	
4. Does the assignment require board certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Specialty: _____			
5. It has been determined that recruitment and retention problems exist for this position, and it has been approved for PCA coverage under Category _____ SubCategory _____			
6. Employee has served as a Government physician for: <input type="checkbox"/> 24 months or less <input type="checkbox"/> More than 24 months			
7. The amount to be paid under this agreement is \$_____ per year for _____ year(s) based on _____ hours per pay period; this amount is determined as follows:			
Allowance for category and subcategory (specify): \$ _____			
Allowance for board certification: \$ _____			
Allowance for multi-year agreement: \$ _____			
Allowance for mission-specific factors: \$ _____			
Total: \$ _____		Total Payable PCA: \$ _____	
8. This agreement is effective on _____ and expires on _____.			
I certify that this position requires a physician and approve this agreement:			
Authorizing Official (Print):	Authorizing Official (Signature):	Date:	
I certify that this position is one that has been approved for PCA payment and that the information above is accurate:			
Personnel Officer/Designee (Print):	Personnel Officer/Designee (Signature):	Date:	