

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

PERSONNEL POLICY MEMORANDUM



PPM 09-004
EFFECTIVE DATE: 11 February 2009

By Order of the Acting Assistant Secretary for Health:

RADM Steven K. Galson, USPHS

TO: All Regular Corps and Reserve Corps Medical Officers on Extended Active Duty

SUBJECT: Medical Officer Pay Plan 2009

1. Incentive Special Pay (ISP) for medical officers is authorized in [37 USC 302\(b\)](#) and implemented through Federal regulation (Directive) [CC42.2.1](#), "Medical Officer Special Pays." ISP may be paid to medical officers based on clinical specialty skills training and to meet special staffing requirements such as those in certain isolated or hardship duty stations and priority programs for the Department of Health and Human Services (HHS) and the Commissioned Corps of the U.S. Public Health Service (Corps) ([CC42.2.1](#) and [CC22.2.10](#), "Incentive Special Pay").
2. In addition to ISP, a Multiyear Retention Bonus (MRB) for medical officers is authorized in [37 USC 301d](#) and [CC42.2.1](#). The rate of MRB is based on clinical specialty and is used by the Corps as an additional recruitment and retention tool for highly trained medical officers.
3. The following policies that were outlined in PPM 08-014 continue in effect:
 - a. Officers assigned to the Research Officer Group (ROG) who are under an ISP-ROG contract may enter into a new ISP contract for the ISP rates authorized by this PPM (See Section D.4 of [CC22.2.10](#)).
 - b. The 112 clinical hour and billet addendum requirement listed at Section D.8 of [CC22.2.10](#) are eliminated for medical officers who are Board certified in the specialty for which ISP is being paid. Likewise, tenured and non-tenured ROG officers are not required to complete the 112 clinical hour requirement to receive ISP as permitted under Section 4.
 - c. The ISP rate for Hardship Sites A or B are contained in Appendix A in the Common Tier A and Common Tier B rows, respectively.

- d. The rates of ISP authorized in Section F, “Rate of Incentive Special Pay,” and contained in Exhibits III and IV and types of authorized medical specialties are no longer effective. Henceforth, ISP rates shall be established annually through a Medical Officers Pay Plan and made available to all officers through the electronic Commissioned Corps Issuance System (eCCIS).
 - e. The reference to Exhibit IV in Section F.9 of CC22.2.10 is rescinded.
 - f. Since there is no distinction between ISP for non-tenured (Tenure Track) ROG officers and tenured ROG officers, Section G.6 of CC22.2.10 is hereby rescinded, and the ISP contracts for medical officers assigned to a ROG billet shall be subject to the same terms and conditions as other medical officers.
4. Officers with an ISP contract for service in Hardship Sites A or B must renegotiate their contract to the lower ISP rate when no longer assigned to such sites.
5. Multiyear Retention Bonus (MRB).
- a. The 112 clinical hour and billet addendum requirements for medical officers listed at Section D of [CC22.2.9](#) are eliminated for medical officers who are Board certified in the specialty for which MRB are being paid. Likewise, non-tenured (Fellows and Tenured Track) and tenured ROG officers are not required to complete the 112 clinical hour requirement to receive MRB.
 - b. Medical officers under an MRB-ROG contract may terminate their agreements and enter into new agreements in accordance with this PPM.
6. Research Officer Group (ROG).
- a. Section H.2 of [CC23.6.1](#), “Research Officer Group,” is hereby revised so that medical officers who are designated Fellows are eligible for selected special pays, including Variable Special Pay (VSP), Board Certified Pay (BCP), Retention Special Pay (RSP), and MRB, but not ISP. Fellows are eligible to receive MRB under 2-year, 3-year, or 4-year MRB contracts at the Common Tier rates listed in Appendix A.
 - b. Section H.3 of CC23.6.1 is hereby revised so that medical officers, who are designated as Tenure Track, are eligible for selected special pays, including VSP, BCP, RSP, ISP and MRB. Tenure Track officers are eligible to receive ISP at the Common Tier rate listed in Appendix A. These officers are also eligible to receive MRB under 2-year, 3-year, or 4-year MRB contracts at the Common Tier rates listed in Appendix A.
 - c. Section H.4 of CC23.6.1 is hereby revised so that medical officers, who are designated as tenured, are eligible for selected special pays, including VSP, BCP, RSP, ISP and MRB. Tenured officers are eligible to receive ISP at the Common Tier rate or medical specialty rate listed in Appendix A, whichever is higher. These officers are also eligible receive MRB under 2-year, 3-year, or 4-year MRB contracts at the Common Tier rates or medical specialty rate listed in Appendix A, whichever is higher.
7. Common Tier. The medical specialties paid at the Common Tier rate for purposes of ISP and MRB are listed in Appendix B. These specialties may change over time based on the needs of the Corps as determined by the Assistant Secretary for Health, in consultation with the Surgeon General.

8. Pay policies as outlined in CC22.2.10 remain in effect to the extent that they are consistent with this PPM. Where inconsistent, this PPM supersedes all previously issued policies on special and incentive pays, and this PPM supersedes PPM 08-014 dated 25 March 2008.
9. The payment rates for the Medical Officer Pay Plan 2009 are contained at Appendix A. This PPM shall remain in effect until further notice.

/s/

Steven K. Galson, M.D., M.P.H.
RADM, USPHS
Acting Assistant Secretary for Health

Appendix A
2009 Medical Special Pays (ISP and MRB)

SPECIALTY	ISP	MRB 2 year	MRB 3 year	MRB 4 year
Common Tier	35,380	8,120	15,660	22,620
Common Tier A	52,380	8,120	15,660	22,620
Common Tier B	46,380	8,120	15,660	22,620
Psychiatry	38,430	8,820	17,010	24,570
Obstetrics & Gynecology	40,260	9,240	17,820	25,740
Otolaryngology	41,480	9,520	18,360	26,520
Emergency Medicine	42,700	9,800	18,900	27,300
Critical Care Medicine	43,310	9,940	19,170	27,690
Pulmonary Disease	43,310	9,940	19,170	27,690
Urology	44,530	10,220	19,710	28,470
Gastroenterology	48,190	11,060	21,330	30,810
Ob/Gyn Fellowship	52,460	12,040	23,220	33,540
Otolaryngology Fellowship	52,460	12,040	23,220	33,540
Urology Fellowship	52,460	12,040	23,220	33,540
Cardiovascular Disease	56,120	12,880	24,840	35,880
Diagnostic Radiology	62,220	14,280	27,540	39,780
Radiation Oncology	62,220	14,280	27,540	39,780
Anesthesia	67,100	15,400	29,700	42,900
General Surgery	67,100	15,400	29,700	42,900
Colon and Rectal Surgery	68,320	15,680	30,240	43,680
Orthopedic Surgery	68,320	15,680	30,240	43,680
Orthopedics Fellowship	68,320	15,680	30,240	43,680
Pediatric Surgery	68,320	15,680	30,240	43,680
Plastic Surgery	68,320	15,680	30,240	43,680
Thoracic Surgery	68,320	15,680	30,240	43,680
Vascular Surgery	68,320	15,680	30,240	43,680
Neurosurgery	73,200	16,800	32,400	46,800

Appendix B
Common Tier of Medical Specialties

Specialty (Board)
Addiction Med (ABPN)
Aerospace Medicine (ABPM)
Allergy and Immunology (ABAI)
Blood Banking/Transfusion Medicine (ABPath)
Dermatology (ABD)
Endocrinology, Diabetes, Metabolism (ABIM)
Family Medicine (ABFM)
Geriatric Medicine (ABIM, ABFM)
Hematology (ABIM)
Hospice Palliative Med (ABIM ABPN)
Infectious Disease (ABIM)
Internal Medicine (ABIM)
Medical Genetics (ABMG)
Medical Microbiology (ABPathol)
Medicine/Pediatrics (ABIM/ABPed)
Medical Toxicology (ABPM, ABEM)
Neonatology/Perinatal Med (ABPed)
Neurology (ABPN)
Nephrology (ABIM)
Nuclear Medicine (ABNM)
Occupational Medicine (ABPM)
Oncology (ABIM)
Ophthalmology (ABO)
Pain Medicine (ABPMR, ABPN)
Pathology (ABPathol)
Pediatric Cardiology (ABPed)
Pediatric Critical Care (ABPed)
Pediatric Emergency Medicine (ABPed)
Pediatric Endocrine (ABPed)
Pediatric Gastroenterology (ABPed)
Pediatric Hematology-Oncology (ABPed)
Pediatric Immunology (ABPed)
Pediatric Infectious Disease (ABPed)
Pediatric Nephrology (ABPed)
Pediatric Rheumatology (ABPed)
Pediatrics (ABPed)
Public Health & Preventive Medicine (ABPM)
Physical & Rehabilitation Medicine (ABPMR)
Research Officer Group, tenured (no board)
Rheumatology (ABIM)