

MS 261 MEDICAL OFFICES AND PEACE CORPS MEDICAL OFFICERS

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Responsible Office: Volunteer Support

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1.0 PURPOSE

- (a) This Manual Section prescribes the establishment of a medical office and the selection of one or more Peace Corps Medical Officers (PCMOs) by the Associate Director of the Office of Volunteer Support (AD/VS) for each Peace Corps post, and summarizes the responsibilities and working relationships of PCMOs. Although the term PCMO includes the word “officer,” this designation does not grant employee status or employee benefits to a PCMO. As used in this Manual Section, the term Volunteers includes Trainees and, where appropriate, minor dependants and pregnant spouses of Volunteers and Trainees.
- (b) The responsibilities of the AD/VS under this Manual Section may be delegated to other employees in the Office of Volunteer Support. Procedures implementing this Manual Section are contained in the Medical Technical Guidelines.

2.0 MEDICAL OFFICE

Each overseas Peace Corps post will have a medical office consistent in size and scope with the needs of the Peace Corps program at the post unless the AD/VS, after consultation with the relevant Country Director, decides to adopt a different arrangement (see Medical Technical Guidelines). Volunteers will receive care at the medical office from a PCMO whenever possible.

3.0 PEACE CORPS MEDICAL OFFICERS

3.1 Staffing of Medical Offices

Each medical office will have at least one PCMO, who may be a physician, nurse practitioner, registered nurse, or physician's assistant. The professional qualifications required of a PCMO staffing a particular medical office will be determined by the AD/VS. A Volunteer may not serve as a PCMO.

3.2 Volunteer Medical Care Needs

The AD/VS, in consultation with the Country Director, will determine the medical care needs of Volunteers at the post and, in making this determination, will consider the following:

- (a) The medical delivery system available to Volunteers in the country.
- (b) Past experience in that country with regard to endemic diseases, serious illnesses, medical evacuations, and environmental hazards.
- (c) Transportation infrastructure in the country.
- (d) Medical profiles of Volunteers in the country.

3.3 Selection Criteria

After consideration of the medical care needs of Volunteers at the post, the AD/VS will, in consultation with the Country Director, determine the number and professional qualifications of PCMOs required to staff the medical office and the selection criteria for those PCMOs. The selection criteria for PCMOs may include, but need not be limited to, the following criteria:

- (a) Medical training and experience.
- (b) Administrative capabilities.
- (c) Understanding of the local language and culture.
- (d) Ability to work in the English language.
- (e) Interpersonal skills.
- (f) Record of past performance.
- (g) Cost, including compensation and other benefits.
- (h) Such other factors deemed appropriate by the AD/VS.

The AD/VS will, in consultation with the Country Director, determine the relative importance to be assigned to each of the selection criteria.

3.4 Selection Process

- (a) The AD/VS will seek to select a PCMO who is a citizen or legal resident of the host country unless the AD/VS, after consultation with the Country Director, determines that suitable

candidates are not available locally or that, because of other circumstances, it is desirable to select a U.S. national or third country national.

- (b) The AD/VS may, in consultation with the relevant Country Directors, the Regional Director(s) and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer, transfer a PCMO from another Peace Corps post if (1) the PCMO consents to the transfer, and (2) the AD/VS determines that such a transfer will be the most effective means of securing the needed professional skills or will otherwise promote the efficiency and effectiveness of the Peace Corps medical service.
- (c) If a PCMO is not being transferred from another Peace Corps post and the PCMO position is to be filled with a personal services contractor, the following procedure will be used for selecting the PCMO:
 - (1) The Office of Acquisitions and Contract Management (OACM) and the cognizant Contracting Officer will assist the AD/VS in preparing an advertisement that complies with host country standards. The cognizant Contracting Officer will place the advertisement in the appropriate media both overseas and in the United States.
 - (2) The Contracting Officer will (1) arrange for all applicants who are resident in the host country to be interviewed in person for the purpose of determining whether their English language skills and interpersonal skills meet minimum standards required for the position and (2) screen all applicants for any other factors that would, under Peace Corps policies, disqualify them from consideration. The Contracting Officer will make a notation of the disqualifying factor in the file of any applicant who is disqualified on the basis of such interview or screening and forward the files of all other applicants to the AD/VS.
 - (3) The AD/VS will review the applicant files and prepare a shortlist of candidates.
 - (4) The Country Director will interview the candidates on the shortlist and may ask others at post to also interview those candidates. Following the interviews, the Country Director will rate each candidate as “desirable,” “acceptable,” or “unacceptable” based on the selection criteria (other than medical training and experience and cost) and provide those ratings, along with any other comments on the candidates, to the AD/VS. For any candidate rated as “unacceptable,” the Country Director will make a detailed notation in the candidate’s file of the reasons for such rating.
 - (5) The AD/VS will interview the candidates on the shortlist, consider those candidates based on the selection criteria and the comments (if any) received from the Country Director and recommend the selection of the preferred candidate; provided that the AD/VS will not recommend for selection as the preferred candidate any candidate rated as “unacceptable” by the Country Director. Once the preferred candidate is recommended for selection, the AD/VS will prepare a Summary Evaluation/Competition Sheet of all the candidates and the selection recommendations.
 - (6) The AD/VS will forward all documentation to the cognizant Contracting Officer in order to initiate negotiations with the preferred candidate. The Contracting Officer will conduct negotiations within the parameters determined by the AD/VS with the preferred candidate recommended for selection by the AD/VS.

- (7) Upon successful negotiation of the contract terms, the Contracting Officer will award the contract to the preferred candidate. If negotiations are not successful, the AD/VS will be so advised and will have the option of offering alternative terms to the preferred candidate or considering an alternate candidate.
 - (8) At any point in the selection process, the AD/VS may, in consultation with the Contracting Officer, reevaluate the candidates, declare a failed search and reinitiate the selection process or consider other alternatives.
 - (9) If a candidate requests a debriefing, the AD/VS may, in consultation with the Country Director and the Contracting Officer, provide a debriefing to each candidate who was not selected, including the reasons that the candidate was not selected.
- (d) If the PCMO is to be engaged other than as a personal services contractor, a personnel selection process involving the AD/VS and the Country Director equivalent to that set out in (c) above will be used.

3.5 Responsibilities of the PCMO

- (a) The PCMO will perform all of the functions and duties set forth in the statement of work in the PCMO's personal services contract (or, in the case of a PCMO who is not a personal services contractor, the PCMO's position description) and such other functions and duties as may be specified from time to time by the AD/VS. The Country Director may ask the PCMO to perform other functions and duties from time to time if those duties are within the parameters of the PCMO's statement of work (or position description).
- (b) The primary responsibility of the PCMO is to provide the medical and administrative services described in MS 262 and in the Medical Technical Guidelines. Except as otherwise provided by the AD/VS, all medical activities of the PCMO must conform to the Peace Corps Manual and the Medical Technical Guidelines for Overseas Medical Staff.
- (c) The PCMO serves as a regular member of the post staff and medical advisor to the Country Director. In this capacity, the PCMO will, among other duties:
 - (1) participate in staff meetings and Volunteer conferences;
 - (2) visit Volunteers on site;
 - (3) to the extent consistent with the policy on medical confidentiality (MS 268), share with the Country Director and other staff members information and ideas gained through travel and visits with Volunteers and inform the Country Director on a regular basis of medical information which affects programs in-country;
 - (4) provide advice to the AD/VS and the Country Director regarding matters relating to Volunteer health in-country, including site selection and assignment; and
 - (5) to the extent consistent with the policy on medical confidentiality (MS 268), keep the Country Director informed during medical emergencies so that the Country Director may assist in providing administrative and logistical support.

3.6 Supervision of PCMOs

- (a) The AD/VS has overall responsibility for managing and supervising each PCMO. The AD/VS will evaluate the performance of each PCMO in accordance with the requirements of the statement of work or position description of the PCMO and relevant professional standards.
- (b) The Country Director has responsibility for the day-to-day management and supervision of each PCMO based at the post on non-clinical issues, including all routine administrative matters such as time and attendance, scheduling of leave and customer service. The Country Director will keep the AD/VS and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer informed regarding the performance of each PCMO based at the post.
- (c) The AD/VS may, in consultation with the Country Director of the post where the PCMO is based, the Regional Director and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer, (1) recommend that a PCMO's contract be terminated by the Contracting Officer (or, in the case of a PCMO who is not a personal services contractor, request that the PCMO's appointment be terminated) or (2) transfer a PCMO to another post. If the transfer involves an inter-regional transfer, the Associate Director of Global Operations should be informed.
- (d) If the Country Director advises the AD/VS that a PCMO is no longer acceptable at the post, the AD/VS will either (1) request that the cognizant Contracting Officer terminate the contract or that the appointment of the PCMO be terminated or (2) in consultation with the Regional Director, the Associate Director of the Office of Global Operations and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer, transfer the PCMO to another post. Any transfer of a PCMO requires the consent of the person to be transferred as well as negotiation of a new contract, if a host country national is to be transferred, to reflect the person's change in status to a third country national.

3.7 Limitations on Providing Medical Care

3.7.1 Medical Care Provided to Volunteers without their Consent

- (a) Ordinarily medical care may not be provided to Volunteers without their consent. However, when the PCMO determines that failure to provide such care could result in serious harm to the Volunteer or others, the PCMO may dispense treatment without the Volunteer's or Trainee's consent, provided that such care is in accordance with local law. In making such a decision, the PCMO should consult, when appropriate, with the best available host country medical professionals and with the AD/VS.
- (b) If questions arise concerning proper procedures in this matter, the PCMO should seek advice from the AD/VS and the Office of the General Counsel.

3.7.2 Non-Volunteer Care

- (a) PCMOs are not responsible, except in emergency situations or except where an agreement with the Department of State otherwise provides, for the medical care of former Volunteers, Peace Corps staff or dependents, other U.S. government employees or their dependents, Peace Corps contractors, or any other persons who are not Volunteers.

- (b) At Posts where adequate alternative medical resources are not otherwise available and where appropriate written agreements have been entered into with the Department of State or relevant Embassy, PCMOs may be required as part of their contract to provide care to U.S. government employees (including U.S. Direct Hire Peace Corps staff) and their dependents as set forth in such agreements. Any such agreement with the Department of State (including reciprocal arrangements with Department of State medical personnel for emergency back-up support or coverage during short term absences) may be entered into only with the approval of the AD/VS, the Regional Director, and the Office of the General Counsel.

4.0 EFFECTIVE DATE

This Manual Section shall take effect on the date of issue.