



# Department of Defense INSTRUCTION

NUMBER 1400.25, Volume 543  
August 18, 2010

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USD(P&R)

SUBJECT: DoD Civilian Personnel Management System: Pay Plan for DoD Civilian Physicians and Dentists Covered by the General Schedule

References: See Enclosure 1

## 1. PURPOSE

a. Instruction. This Instruction is composed of several volumes, each containing its own purpose. The purpose of the overall Instruction, in accordance with the authority in DoD Directive 5124.02 (Reference (a)), is to establish and implement policy, establish procedures, provide guidelines and model programs, delegate authority, and assign responsibilities regarding civilian personnel management within the Department of Defense.

b. Volume. This Volume:

(1) Reissues Volume 543 of DoD Instruction (DoDI) 1400.25 (Reference (b)) to establish policy, assign responsibilities, and provide procedural guidance for setting the pay of DoD civilian physicians and dentists consistent with sections 1104 and 5371 of title 5, United States Code (U.S.C.), and section 7431(c), (e)(2)-(4), (f), and (h) of title 38, U.S.C. (References (c) and (d)), as authorized by Reference (a), section 1599c of title 10, U.S.C. (Reference (e)), and the Delegation Agreement between the Office of Personnel Management and the Department of Defense (Reference (f)).

(2) Establishes the Health Professions Civilian Compensation Standing Committee (HPCCSC), which is chartered to determine the composition of and operating guidelines for compensation panels under the provisions of DoDI 5105.18 (Reference (g)) and as mandated by References (d) and (f) and this Volume. The HPCCSC will ensure that composition of the panels will prevent conflicts of interest and promote merit system principles.

## 2. APPLICABILITY

a. This Volume applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the “DoD Components”).

(2) DoD civilian physicians and dentists (full-time or part-time with tours of at least 20 hours per pay period) at General Schedule (GS)-15 or below and equivalent, who provide direct patient care services or services incident to direct patient care, and who would be covered by sections 5304, 5305, and 5307 of Reference (c), were it not for the provisions of Reference (e) and (f).

b. The provisions of this Volume do not apply to employees who are:

(1) Serving in an internship or residency training program.

(2) Employed on less than a quarter-time basis or on an intermittent basis.

(3) Covered by the National Security Personnel System.

(4) Reemployed annuitants.

(5) In the Senior Executive Service (SES).

(6) In senior level or scientific or professional positions paid pursuant to section 5376 of Reference (c) or hired as highly qualified experts paid pursuant to section 9903 of Reference (c).

(7) Foreign nationals paid consistent with local nation pay schedules.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy that:

a. Heads of DoD Components that employ civilian physicians and dentists implement a pay plan for eligible physicians and dentists as prescribed by References (e) and (f) and this Volume. This authority may be delegated, in writing, for use in accordance with References (e) and (f) and this Volume. The only exception is the authority to determine the structure and location of compensation panels, which shall be retained by the HPCSC, operating under the direction of the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

b. The authority to implement the Physicians and Dentists Pay Plan (PDPP) may be delegated in writing through DoD Component and command channels only to officials who exercise personnel appointing authority (normally the head of a military treatment facility or equivalent).

c. DoD physicians and dentists holding a position to which Reference (c) applies shall be paid pursuant to rules established by this Volume as authorized by References (e) and (f).

d. DoD use of the provisions contained in References (e) and (f) constitutes a waiver of the comparable provisions in Reference (d).

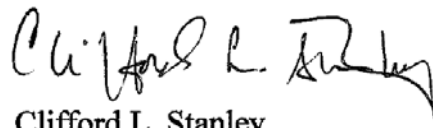
e. Physicians and dentists will be compensated at levels that are reasonably comparable with the total pay of physicians and dentists employed in similar positions in other Federal healthcare facilities and in the private and non-Federal sectors.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. Enclosure 3 provides the overarching procedures and requirements for implementing the PDPP and approving the annual pay of civilian physicians and dentists covered by the PDPP and this Volume.

7. RELEASABILITY. UNLIMITED. This Volume is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This Volume is effective immediately.



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Under Secretary of Defense for  
Personnel and Readiness

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (b) Volume 543 of DoD Instruction 1400.25, “Pay Plan for DoD Civilian Physicians and Dentists Covered by the General Schedule,” December 8, 2008 (hereby cancelled)
- (c) Title 5, United States Code
- (d) Sections 7421, 7422, 7431(c), 7431(e)(2)-(4), 7431(f), 7431(h), and 7455 of title 38, United States Code
- (e) Section 1599c of title 10, United States Code
- (f) Delegation Agreement Between the Office of Personnel Management and the Department of Defense, “Concerning the Use of Certain Personnel Authorities for Healthcare Occupations,” July 31, 2006<sup>1</sup>
- (g) DoD Instruction 5105.18, “DoD Intergovernment and Intragovernmental Committee Management Program,” July 10, 2009
- (h) Pages 39734-39736 of Volume 74, Number 151, Federal Register, August 7, 2009
- (i) Parts 511, 530, and 531, of title 5, Code of Federal Regulations

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<sup>1</sup> Available on the Civilian Personnel Management Service web site at [www.cpms.osd.mil/fas/classification/pay\\_policy\\_memos.aspx](http://www.cpms.osd.mil/fas/classification/pay_policy_memos.aspx).

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) shall have overall responsibility for the PDPP as authorized by References (a), (e), and (f).
  
2. DEPUTY UNDER SECRETARY OF DEFENSE FOR CIVILIAN PERSONNEL POLICY (DUSD(CPP)). The DUSD(CPP), under the authority, direction, and control of the USD(P&R), shall:
  - a. Develop the policy governing the implementation of the PDPP set forth in this Volume.
  - b. Exercise final approval authority on HPCSC recommendations concerning the structure, function, and location of compensation panels.
  - c. Oversee the appropriate and effective use of the pay authorities established in the PDPP.
  
3. ASD(HA). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall:
  - a. Oversee the HPCSC, which is chartered to determine the composition of, and implementing guidelines for, compensation panels mandated by References (d) and (f) and this Volume.
  - b. Ensure joint DoD Component compensation panels are established in geographic areas where DoD Component co-located military treatment facilities are established.
  
4. HEADS OF THE DoD COMPONENTS. The Heads of the DoD Components shall:
  - a. Implement and oversee the use of the PDPP pay authorities within their areas of responsibility. This authority may be delegated, in writing, to the DoD Component Surgeons General or further to officials who exercise personnel appointing authority.
  - b. Serve as the authorized management official in all determinations of market pay amounts for civilian physicians and dentists covered by this Volume. The Head of the DoD Component or an official who is authorized to act for the Component Head may, in writing, delegate this authority to the Component's Surgeon General. This authority may be further delegated, in writing, to the command or activity level but no lower than the Executive Officer or Deputy Commander (or equivalent) of the command or activity. The authorized management officials shall:

(1) Establish market pay amounts for individual physicians and dentists within the rate ranges of the applicable pay tables and tiers and consistent with the guidelines established by the HPCCSC.

(2) Determine the geographic area and healthcare labor market for the specialty or assignment.

(3) Approve tier assignments.

(4) Ensure consistent and equitable treatment of similarly situated physicians and dentists.

5. DoD COMPONENT MILITARY TREATMENT FACILITY COMMANDERS. The Commanders of the DoD Component military treatment facilities (or their equivalents) shall:

a. Operate local compensation panels according to the guidelines established by the HPCCSC and this Volume.

b. Provide supplemental policy, direction, and resources as necessary to ensure the effective operation of compensation panels under their jurisdiction.

c. Monitor compensation panel reviews and pay administration practices to ensure equity and consistency in compensation panel operations.

d. Ensure that collective bargaining obligations, as appropriate, are satisfied in accordance with Chapter 71 of Reference (c), sections 7421 and 7422 of Reference (d), and Reference (e).

ENCLOSURE 3

PDPP IMPLEMENTATION PROCEDURES

1. GENERAL INFORMATION

a. Under the provisions of References (e) and (f), the Department of Defense is authorized to use personnel authorities codified in Reference (d) to establish an alternative pay plan for physicians and dentists.

b. The Department of Defense will follow the pay table and tier structure established by the Secretary of the Department of Veterans Affairs (VA) and published in Volume 74, Number 151, Federal Register (Reference (h)) or to any published VA update superseding Reference (h) to the extent appropriate. Where needed, the Department of Defense may establish its own physician and dentist table and tier structure to meet DoD mission requirements.

c. The pay grades of individual physicians and dentists subject to the provisions of this Volume will be determined by the GS classification system as codified in Reference (c). Base pay (excluding locality-based comparability pay or a special salary supplement) will be set at the appropriate GS grade and step as described in section 3 of this enclosure.

d. Physicians and dentists also will be eligible for market pay, which is a supplement to their basic pay and is determined as described in section 4 of this enclosure. The sum of base pay and market pay equals the employee's annual pay as defined in the Glossary.

e. Physicians and dentists covered by this Volume will remain eligible for performance awards under the provisions of chapter 45 of Reference (c).

2. PAY RANGES

a. At least once every 2 years the Secretary of Veterans Affairs establishes pay tables and prescribes minimum and maximum amounts of annual pay (base pay plus market pay). The Department of Defense will use the VA pay tables and adopt the minimum and maximum amounts set by VA for civilian physicians and dentists covered by this Volume to the extent the VA compensation system is considered appropriate. If needed, however, the Department of Defense will tailor the table and tier structure to accommodate unique mission requirements.

b. Pay tables are established based on data from two or more national surveys of pay for physicians and dentists. The national surveys selected include data that describe overall physician and dentist income (inclusive of data on benefits packages) by specialty or assignment covering a broad geographic scope. See Appendix 1 of this enclosure for clinical specialties assigned to each pay table.



c. There may be up to four tiers for each specialty or assignment for which VA has approved a separate range of pay within a pay table. Physicians or dentists are assigned to a tier based on the scope of their responsibilities. See Appendix 2 of this enclosure for a description of each tier level.

d. When the minimum and/or maximum amounts of the pay tables and tiers to which physicians or dentists are assigned are decreased, the downward adjustment may not cause a reduction in market pay while the physician or dentist is in the same position or assignment at the same military treatment facility.

e. Authorized management officials must determine individual market pay for DoD physicians and dentists within the rate ranges of the applicable pay tables and tiers and consistent with the guidelines established by the HPCCSC. The current minimum and maximum amounts for the pay tables, and tiers within the pay tables, are published in Reference (h). The Department of Defense will use the published tables (or pay tables unique to the Department of Defense if established) for civilian physicians and dentists covered by this Volume.

### 3. BASE PAY

a. Each physician and dentist covered by this plan is entitled to a rate of base pay from the GS as defined in section 5332 of Reference (c).

b. The maximum base pay rate for a physician or dentist covered by this plan is the base pay rate for a GS-15, Step 10, exclusive of additional pay of any kind.

c. The base rate is adjusted by the same percentage and on the same effective date as the GS annual adjustments under section 5303 of Reference (c).

d. The authorized management official may not reduce the physician's or dentist's market pay to offset base pay increases.

### 4. MARKET PAY

a. Each physician and dentist covered by this Volume is eligible for market pay in lieu of locality pay established in section 5304 of Reference (c) or a special salary rate supplement established by either section 5305 of Reference (c) or Reference (d). Market pay is an element of annual pay.

b. A compensation panel, comprised primarily of physicians or dentists and human resources compensation specialists, will recommend the appropriate tier and market pay amount for each physician or dentist. The purpose of compensation panels is to ensure the consistency and propriety of market pay decisions.

c. The HPCCSC will provide guidelines for use in determining the composition, location, and operation of the panels. See Appendix 3 of this enclosure for the HPCCSC charter.

d. Compensation panels make recommendations to the appropriate authorized management official on market pay amounts for individual physicians and dentists according to guidelines established by the HPCCSC and the following criteria.

(1) The physician's or dentist's level of experience in the specialty or assignment, whether with the Department of Defense, another government entity, or a private concern.

(2) The need for the specialty at the military treatment facility to which the physician or dentist is assigned.

(3) The healthcare labor market for the specialty or assignment, which covers the geographic area the authorized management official deems appropriate. Labor market information will be based on health professional salary surveys obtained by the Department of Defense for this purpose.

(4) The physician's or dentist's board certifications, if any.

(5) The accomplishments of the physician or dentist in the specialty or assignment.

(6) Other unique circumstances, qualifications, or credentials the compensation panel considers appropriate.

(7) Compliance with merit systems principles.

e. The authorized management official, after taking the compensation panel's recommendations into consideration, determines the tier and the amount of market pay for the physician or dentist. Assignment to tier 4 will be done in consultation with the HPCCSC.

f. When the authorized management official and the compensation panel do not reach concurrence on the tier assignment and/or the amount of market pay for the individual physician or dentist, the determination will be resolved by the authorized management official according to guidelines established by the HPCCSC. Physicians and dentists will receive only the base pay appropriate for the position until the market pay amount is approved. Market pay must be approved within 30 days following referral to the HPCCSC.

g. Once set, an individual's market pay may not be reduced unless there is a change in the physician's or dentist's assignment, including a change in duty station, change in facility, or reassignment to a different position in the same facility.

h. When determining market pay for physicians and dentists in areas where employees receive either a foreign post allowance or a non-foreign cost of living allowance, the compensation panel should consider the allowance to ensure adequate, but not excessive, compensation.

i. The appropriate compensation panel will review the market pay of each physician or dentist upon change in assignment, but not less often than once every 24 months, and may recommend an adjustment to the authorized management official as a result of the review. A physician or dentist whose market pay is reviewed under this provision will receive written notice of the results of the review. The results may not be used to reduce market pay while the affected physician or dentist is in the same position or assignment at the same military treatment facility.

j. When physicians or dentists are newly appointed, the compensation panel's market pay recommendation approved by the authorized management official should be completed prior to the effective date of the appointment. Physicians or dentists appointed without the compensation panel's recommendation will receive only the base pay appropriate for the position until the market pay is approved. Market pay must be approved within 30 days following the appointment; all payments will be retroactive to the effective date of the appointment.

k. Except as provided in paragraphs 4.f. and 4.j. of this enclosure, the market pay of physicians or dentists paid under this plan will be effective at the beginning of the pay period immediately following approval by the authorized management official. Adjustments in market pay may not be approved retroactively unless the delay in the adjustment is attributable to administrative error.

## 5. PAY ADMINISTRATION

a. Personnel and pay actions (e.g., appointments, promotions, reassignments, and changes to lower grade) are accomplished through the procedures set forth in Reference (c) and parts 511, 530, and 531, subparts A-E, of title 5, Code of Federal Regulations (Reference (i)).

(1) New appointees will be placed into PDPP positions at a grade and step determined by the application of GS classification and pay administration rules. Instead of locality pay, however, appointees will receive a market supplement. The amount of the supplement will be based on the criteria delineated in paragraph 4.d. of this enclosure and may not cause the appointee's annual salary to exceed the pay range for the table and tier to which the appointee is assigned.

(2) Setting pay for promotions under the PDPP is in accordance with section 5334 of Reference (c). As an example, a medical officer, promoted from a grade 14 to a grade 15 position, will have base pay set by adding the equivalent of a two-step increase to base pay. The employee's base pay then would be set at the lowest step of the grade 15 pay scale that at least equals a two-step increase. If the promotion results in an increase that is less than step 1 of the new grade, the employee's pay will be set at step 1 unless the maximum payable rate rules in section 531.221 of Reference (i) apply. The employee's market supplement will be reviewed using the market pay criteria provide in paragraph 4.d. of this enclosure and the table and tier to which the employee is assigned. The market pay rate may or may not change depending on the results of the review.

(3) Setting pay for lateral moves (by transfer or reassignment) from one PDPP position to a different PDPP position without a break in service will result in the employee's base pay remaining at the step in effect before the move. The employee's market supplement will be reviewed using the market pay criteria provided in paragraph 4.d. of this enclosure and the table and tier to which the employee is assigned. The market pay rate may or may not change depending on the results of the review.

(4) An employee who is demoted is entitled to the minimum payable rate of base pay for the lower grade unless the maximum payable rate rules in section 531.221 of Reference (i) apply. If the employee's base pay from the previous position exceeds the top step of the grade to which demoted, the remaining excess base pay will be added to the employee's market supplement. The employee's market supplement (including any increase caused by the recalculation of the employee's base pay as a result of the demotion) will be reviewed using the criteria provided in paragraph 4.d. of this enclosure and the table and tier to which the employee is assigned. The market pay rate may or may not change depending of the results of the review.

b. Annual pay is basic pay for the purposes of computing civil service retirement benefits; lump sum annual leave payments; life insurance; thrift savings plan; workers' compensation claims; severance pay; foreign and non-foreign cost-of-living allowances and differentials; danger pay; recruitment, relocation, and retention incentives; continuation of pay; and authorized advances in pay. The annual pay for physicians or dentists may not exceed the maximum amount in the prescribed tier for the appropriate specialty or assignment unless:

(1) The physician or dentist receives a GS base pay increase (i.e., annual adjustment, promotion (permanent or temporary), within-grade increase, or quality-step increase), which causes the annual pay (base pay plus market pay) to exceed the maximum rate of the tier.

(2) An exception is granted by the authorized management official.

(a) Exceptions may be granted for an individual, a specialty or assignment, and/or a facility when failure to approve the exception would significantly impair an organization's ability to recruit or retain well-qualified physicians or dentists.

(b) A written request for an exception must be submitted to the authorized management official for approval. Each request must provide evidence that the rates in the appropriate market area are higher than the existing maximum rate for the specialty or assignment, the organization cannot retain the affected employee(s), and the loss of the employee(s) would have a demonstrable adverse impact on the organization. Prior to approval, the authorized management official must obtain concurrence of the HPCCSC.

(c) Physicians or dentists receiving pay that exceeds the maximum of the assigned tier will be eligible for any future market pay increase if that increase is established as an exception under this paragraph.

(3) A previously granted exception, as provided for in subparagraph 5.b.(2) of this enclosure, is terminated but an individual physician's or dentist's annual pay exceeds the maximum of the tier and the physician or dentist did not change positions or assignments at the time the exception was terminated.

(4) The physician or dentist moves from an SES position to a position where market pay applies and the former SES pay is higher than the base pay rate range for the grade of the PDPP position. The physician's or dentist's base pay will be set at the maximum step of the appropriate grade and the remainder of the employee's pay will be designated as market pay.

c. Physicians or dentists receiving pay that exceeds the maximum of the assigned tier will be eligible for full annual adjustments to GS base pay, promotion increases, within-grade increases, and quality-step increases under the applicable provisions of Reference (c).

d. Foreign area cost-of-living (post) allowances and post differentials authorized under sections 5924 and 5925 of Reference (c), respectively; danger pay allowances authorized under section 5928 of Reference (c); and non-foreign area cost-of-living allowances and post differentials authorized under section 5941 of Reference (c) will be computed as a percentage of a physician's or dentist's annual pay (base pay plus market pay).

e. Physicians or dentists who receive market pay as an element of their annual pay are not eligible for Physicians' Comparability Allowance under section 5948 of Reference (c).

f. Physicians or dentists who receive market pay as an element of their annual pay are not eligible for premium pays under subchapter V, chapter 55 of Reference (c) (e.g., overtime, night pay, compensatory time off, compensatory time off for travel).

g. Physicians or dentists who receive market pay may not receive grade or pay retention under subchapter VI, chapter 53 of Reference (c).

h. Except as provided in paragraphs 5.d. and 5.e. of this enclosure, physicians or dentists who receive market pay as an element of their annual pay may receive other payments authorized by Reference (c) to include recruitment, retention, and relocation incentives and awards. The sum of all payments paid to a physician or dentist under authorities codified in Reference (c), including the base pay rate established by the GS but excluding market pay, is subject to the Executive Level I annual limitation.

i. The sum of payments subject to the Executive Level I annual limitation plus market pay cannot exceed the annual salary of the President of the United States, excluding expenses.

## 6. CONVERSION PROTOCOL

a. A physician or dentist must not suffer any loss in pay upon initial conversion to the PDPP. In determining the amount of market pay at the time of conversion, the authorized management

official must take into consideration the payments made under Reference (c) authorities so the employee does not lose pay, to include:

(1) The employee's Physician Comparability Allowance, if any.

(2) The premium pay the employee was receiving or would have received under subchapter V, chapter 55 of Reference (c).

(3) The employee's locality payments.

(4) The employee's special salary rate supplement, if any.

b. The annual amount of the employee's GS base pay plus market pay may not be less than the minimum or more than the maximum rate of the applicable pay table and tier unless a higher rate is necessary to maintain the employee's salary upon conversion. Physicians and dentists whose annual pay falls below the prescribed minimum for the newly designated tier will receive an increase in market pay up to the minimum for the tier.

c. When moving an employee out of PDPP to another pay system, the pay-setting rules of the gaining system will apply. For the purpose of applying those rules, the employee's final pay under PDPP is determined based on the employee's PDPP permanent position of record, official worksite, and pay as of the day immediately before the date of movement out of PDPP. An employee on a temporary reassignment or temporary promotion will be returned to his or her permanent position of record prior to movement. No personnel or pay action that, but for the movement out of PDPP, would have occurred under PDPP on the date of movement may be considered. Any personnel or pay action occurring on the date of movement must be processed under the rules of the gaining system. However, the PDPP has no provisions for grade or pay retention so an employee's pay is limited to the maximum allowed for the employee's new position by the gaining pay system.

#### Appendixes

1. DoD Physicians and Dentists Clinical Specialty Pay Tables
2. DoD Physicians and Dentists Tier Coverage
3. HPCSC Charter

APPENDIX 1 TO ENCLOSURE 3DoD PHYSICIANS AND DENTISTS CLINICAL SPECIALTY PAY TABLES

<b>PAY TABLE ONE: CLINICAL SPECIALTIES</b>	
Allergy & Immunization	Primary Care
Endocrinology	Psychiatry
Family Practice	Rheumatology
General Practitioner	General Practice-Dentistry
Geriatrics	Endodontics
Hospitalist	Periodontics
Infectious Diseases	Prosthodontics
Internal Medicine	Other Assignments (Specialties not listed for Tables 2-4)
Neurology	
Pediatrics	
Preventive Medicine	
<b>PAY TABLE TWO: CLINICAL SPECIALTIES</b>	
Aerospace Medicine	
Critical Care (Board Certified)	
Emergency Medicine	
Gynecology	
Hematology-Oncology	
Nephrology	
Obstetrics	
Occupational Medicine	
Pathology	
Physical Medicine & Rehabilitation/Physiatry/Spinal Cord Injury	
Pulmonary	
Undersea Medicine	
<b>PAY TABLE THREE: CLINICAL SPECIALTIES</b>	
Cardiology (Non-Invasive)	
Dermatology	
Gastroenterology	
Nuclear Medicine	
Ophthalmology	
Oral Surgery	
Otolaryngology	
<b>PAY TABLE FOUR: CLINICAL SPECIALTIES</b>	
Anesthesiology	
Colorectal Surgery	
General Surgery	
Plastic Surgery	
Radiation Oncology	
Radiology	
Refractive Surgery	
Therapeutic Radiology	
Trauma/Critical Care Surgery	
Urology	
Urologic Surgery	
Vascular Surgery	

<b>PAY TABLE FIVE: DoD CLINICAL SPECIALTIES</b>
Cardio-Thoracic Surgery
Cardiology (Interventionalist)
Radiology (Interventionalist)
Neurosurgery
Orthopedic Surgery



APPENDIX 2 TO ENCLOSURE 3DoD PHYSICIANS AND DENTISTS TIER COVERAGE

<b>TIER</b>	<b>COVERAGE</b>
<b>TIER 1</b>	<p><b>Positions:</b> Nonsupervisory direct patient care services.</p> <p><b>Scope:</b> Clinic, dispensary, ambulatory care, or ambulatory military treatment facility.</p> <p><b>Definition:</b> Tier 1 physician and dentist positions involve the full range of cases in a medical specialty, from those where the patients have common ailments, to the very difficult. The most difficult and complex diagnostic cases may be referred to consultants at specialized facilities. Tier 1 positions may be responsible for medical students, interns, or residents assigned for training in their specialty. They may also engage in some research projects. This level is appropriate for most clinical and dispensary assignments.</p>
<b>TIER 2</b>	<p><b>Positions:</b> Direct patient care services and medical program managers. May involve program responsibility for Tier 1 facilities. All tier 1 and tier 2 supervisory positions are considered tier 2 positions.</p> <p><b>Scope:</b> Full patient care hospital.</p> <p><b>Definition:</b> Tier 2 physician and dentist positions involve the full range of cases in a medical specialty, from those where the patients have common ailments to the very difficult, and are located in full patient care hospitals. They serve as consultants on the most difficult cases and perform the most advanced diagnostic and treatment procedures at their facility. The most difficult and complex diagnostic cases may be referred to consultants at special facilities. Tier 2 positions may be responsible for medical students, interns, or residents assigned for training in their specialty. They may also engage in some research projects. This level is appropriate for most hospital assignments.</p>
<b>TIER 3</b>	<p><b>Positions:</b> Direct patient care services and medical program managers or researchers at medical centers and research facilities.</p> <p><b>Scope:</b> Headquarters of major commands, medical centers, or medical research facilities.</p> <p><b>Definition:</b></p> <p>(A) Patient Care. Tier 3 physician and dentist patient care positions are typically located at specialized medical centers and are responsible for the most difficult cases where they routinely diagnose rare and difficult-to-identify symptoms and are responsible for developing a full-treatment regimen using emerging techniques and/or prolonged or complicated procedures. Cases are often critical and require immediate decisions because patients have failed to respond to previously tried regimens. Within the Department of Defense, this level is typically found at medical research facilities and special DoD medical facilities (e.g., Walter Reed Army Medical Center for prosthesis, Brooke Army Medical Center for burn treatment).</p> <p>(B) Research and Administration. Tier 3 physician and dentist positions are typically located at headquarters of major medical commands with responsibility for medical program development and/or oversight of significant command and/or DoD Component or DoD level programs. Program development and/or oversight at this level do not require the physician and/or dentist to perform direct patient care functions. Tier 3 may also be appropriate for positions performing significant medical research.</p>
<b>TIER 4</b>	<p><b>Positions:</b> Component- or Department-wide specialty expert, specialty program manager, or nationally recognized researcher.</p> <p><b>Scope:</b> Typically command/DoD Component headquarters or medical research facilities.</p> <p><b>Definition:</b> Tier 4 physician and dentist positions are typically located at command and/or DoD Component headquarters and are DoD Component- or Department-wide specialty experts, program managers of unique medical specialties, or nationally recognized researchers. Tier 4 positions do not require the physician and/or dentist to perform direct patient care functions.</p>

APPENDIX 3 TO ENCLOSURE 3

HPCCSC CHARTER

1. AUTHORITY. The HPCCSC is chartered under the authority of the USD(P&R) according to section 7431(c)(4)(B) of Reference (d) and Reference (e) and Reference (f), which requires the establishment of compensation panels that:

a. Recommend tier assignments and market pay amounts for individual physicians and dentists upon recruitment, promotion, or position change.

b. Review existing compensation determinations at least once every 2 years to determine needed adjustments.

2. COMMITTEE STRUCTURE

a. The HPCCSC will be chaired by the Chair, Health Professions Incentive Working Group and will be comprised of:

(1) Two representatives from each of the DoD Military Departments. At least one representative from each Military Department must be a physician or dentist.

(2) One representative from the Office of the Deputy Assistant Secretary of Defense for Health Budgets and Financial Policy.

(3) One representative from the Office of the Deputy Assistant Secretary of Defense for Clinical and Program Policy.

(4) One representative from the Office of the DUSD(CPP).

(5) One representative from DoD Civilian Personnel Management Service, Wage and Salary Division.

b. The HPCCSC will meet semiannually, or as needed, at the call of the chairperson.

c. All representatives on the HPCCSC shall be government employees or military members.

3. COMMITTEE RESPONSIBILITIES. The HPCCSC will implement the requirements for compensation panels according to section 7431(c) of Reference (d). The HPCCSC will:

a. Develop recommendations for the oversight and implementation of compensation levels of civilian healthcare professionals within the Department (e.g., the PDPP).

b. Submit recommendations on compensation levels to the Senior Medical Military Advisory Committee (SMMAC) for review and to the ASD(HA) and the DUSD(CPP) for approval.

c. Develop recommendations for the PDPP architecture for military treatment facility tier assignments, consult with the Heads of DoD Components, or their designees, on any tier 4 assignments, and present to the ASD(HA) for approval.

d. Develop implementing guidelines for compensation panel use when setting market pay for individual physicians and dentists and present to the SMMAC for review and to the ASD(HA) and the DUSD(CPP) for approval.

e. Remain current on pertinent laws, policies, procedures, and market surveys pertaining to market pay and total compensation packages for civilian healthcare occupations.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
DoDI	Department of Defense Instruction
DUSD(CPP)	Deputy Under Secretary of Defense for Civilian Personnel Policy
GS	General Schedule
HPCCSC	Health Professions Civilian Compensation Standing Committee
PDPP	DoD Civilian Physicians and Dentists Pay Plan
SES	Senior Executive Service
SMMAC	Senior Medical Military Advisory Committee
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this Volume.

annual pay. The sum of the employee's base pay rate and market pay. Annual pay is basic pay for the purposes of computing civil service retirement benefits; lump sum annual leave payments; life insurance; thrift savings plan; workers' compensation claims; severance pay; foreign and non-foreign cost-of-living allowances and differentials; danger pay; recruitment, relocation, and retention incentives; continuation of pay; and authorized advances in pay.

authorized management official. The Head of the DoD Component or an official who is authorized, in writing, to act for the Head of the DoD Component in all determinations of market pay amounts for civilian physicians and dentists covered by this Volume. The Head of the DoD Component may delegate, in writing, to the Component's Office of the Surgeon General the authority to function as the authorized management official. This authority may be further delegated, in writing, to the command or activity level but no lower than the Executive Officer or Deputy Commander of the command or activity.

base pay rate. The GS rate for the physician or dentist occupying a position covered by this plan before any deductions and exclusive of additional pay of any kind.

change in assignment. A permanent change in official duty station, change in schedule (i.e., to and/or from full-time, part-time, or intermittent), change in tier, or a significant change in duties.

compensation panel. A group responsible for making individual tier assignment and market pay recommendations to the authorized management official. To the maximum extent practicable, the compensation panels will include physicians and dentists who do not hold management positions in the military treatment facility that employs the physicians or dentists whose market pay is subject to the panel's recommendations. Physicians or dentists may not be members of the compensation panel that makes recommendations about their personal market pay rates. Regardless of any other requirements, compensation panels must be established so as to avoid conflicts of interest. Members of compensation panels must be full-time or permanent part-time government employees or military members.

HPCCSC. A committee responsible for the development of recommendations implementing and overseeing the compensation of DoD civilian physicians and dentists and for the development of implementation guidance for DoD compensation panels to use in determining the tier assignments and market pay for individual physicians and dentists.

market pay. An element of annual pay intended to reflect the recruitment and retention needs for the specialty or assignment of a particular DoD physician or dentist covered by this plan.

pay table. A set of tiers for clinical specialties grouped together based on recruitment and retention considerations and comparable labor market characteristics. The VA identifies the covered clinical specialties and establishes the minimum and maximum amounts for each of the tiers within the established pay tables.

physician and dentist positions. Positions, eligible for coverage under this Volume, in the GS at GS-15 or below, and equivalent, that provide direct patient-care services or services incident to direct patient-care services.

tier. A pay range within a pay table that reflects the different professional responsibilities and/or the administrative duties (i.e., scope of responsibility) of the physicians or dentists assigned to the tier.