



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

The Director

February 9, 2007

MEMORANDUM FOR CHIEF HUMAN CAPITAL OFFICERS

FROM: Linda M. Springer,
Director

SUBJECT: Request for Data on FY 2007 Physicians' Comparability
Allowance Payments

To comply with a statutory requirement that the Office of Personnel Management (OPM) report to Congress on the operation of the physicians' comparability allowance (PCA) program, we request that you provide OPM with a report on your recent experience under this program by **May 1, 2007**.

The PCA program permits agencies to provide PCA payments to certain eligible Federal physicians who enter into service agreements with their agencies. The allowance may be paid only to categories of physicians for which the agency is experiencing recruitment and retention problems. Agencies may pay a PCA of up to \$14,000 annually to a physician with 24 months or less of service as a Government physician and up to \$30,000 annually to a physician with more than 24 months of service as a Government physician.

Your report must include data on physicians receiving PCA payments in FY 2006 and FY 2007. Attachment A contains a listing of Federal agencies that currently have approved PCA plans. These agencies must submit PCA data to OPM. However, this request covers all agencies that employ physicians who are eligible for a PCA. Attachment B provides instructions for completing your PCA report. A negative report is not required if your agency does not employ physicians who are eligible for a PCA.

Please send your report to:

Office of Personnel Management
Division for Strategic Human Resources Policy
Center for Pay and Leave Administration
1900 E Street, NW., Room 7H31
Washington, DC 20415-8200
Attn: Carey Johnston

You may also submit your report by email at pay-performance-policy@opm.gov or by fax at (202) 606-0824. To ensure that we receive your report on time, we ask that agencies submitting reports by standard mail also send an electronic copy. Please include in your report a point of contact, phone number, and email address. If you have any questions regarding this request, please contact Carey Johnston of OPM's Pay and Leave Administration Group at (202) 606-2858.

cc: Human Resources Directors

Attachments

Agencies with Approved PCA Plans

Department of Agriculture
Department of Defense
Department of Energy
Department of Health and Human Services
Department of Homeland Security
Department of Justice
Department of Labor
Department of State
Department of Veterans Affairs
Agency for International Development
Armed Forces Retirement Home
Central Intelligence Agency
Environmental Protection Agency
National Aeronautics and Space Administration
Peace Corps
Social Security Administration

Guidance and Instructions for PCA Worksheet Preparation

Coverage

These instructions cover all agencies that employ physicians eligible for physicians' comparability allowance (PCA) payments. This includes both agencies with currently approved PCA plans that are eligible to pay PCA, whether or not they actually provide PCA, and agencies without approved plans that employ physicians eligible for PCA. PCA-reporting agencies with organizational components that employed more than 100 physicians who received PCA payments in FY 2006 must submit separate reports by component (using the PCA worksheet), in addition to a composite report for the entire department or agency.

Submission Requirements

Each agency should review and update last year's 2006 PCA reporting worksheet submitted by that agency. Please verify that all FY 2006 figures in the worksheet are correct. The latest corrected data for 2006, along with estimates for 2007, should be included in the PCA reporting worksheet. If you need a copy of an Excel spreadsheet that is pre-formatted to accept the data we are requesting, please send an e-mail to pay-performance-policy@opm.gov addressed to the attention of Carey Johnston. The Excel spreadsheet may only be transmitted by e-mail.

General Guidance

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

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

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

Definitions-General

Government Physician: Section 5948(g)(1) of title 5, United States Code, defines *Government physician* as any individual paid as a physician under the following pay systems: General Schedule; Senior Executive Service; administratively determined pay for certain specially qualified scientific or professional personnel; Tennessee Valley Authority Act; Foreign Service Act; CIA Act; section 1202 of the Panama Canal Act of 1979; section 2 of the Act of May 29, 1959, relating to the National Security Agency; section 5376 of title 5 relating to certain senior-level positions; section 5377 of title 5 relating to critical positions; or subchapter IX of chapter 53 of title 5 relating to special occupational pay systems.

Creditable Federal Service: For purposes of PCA payment calculations under 5 U.S.C. 5948, creditable Federal service includes service as a Government physician in any of the personnel systems established under authorities listed immediately above, as well as service as a physician in the Department of Veterans Affairs and the Public Health Service Commissioned Corps.

Definitions-Physician Categories

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

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

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

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

Subcategory IV A: Physician positions primarily involving disability evaluation.

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

Definitions - Worksheet Data

(1) *Total Number Employed:* The total number of agency physicians **eligible** for PCA (includes all eligible physicians, whether or not they actually received PCA payments) should be supplied for fiscal year 2006 and 2007 in Part I. The total number of agency

physicians actually receiving or expected to receive PCA should be supplied for fiscal year 2006 and 2007 in Part II. The same data should be provided by physician category for each of the fiscal years.

(2) *Number of Physicians Signing 1-Year and 2-Year PCA Service Agreements:* Under the PCA program, physicians may elect to sign a 1-year or 2-year PCA service agreement. For those physicians actually receiving or expected to receive PCA (Part II), the number of physicians signing 1-year and 2-year agreements should be supplied for each fiscal year.

(3) *Average Compensation per Physician:* Average annual compensation per physician should exclude the PCA payment, but include base pay and all other bonuses (such as recruitment, relocation, and retention incentives) and awards. The average compensation for agency physicians eligible for PCA should be supplied for fiscal year 2006 and 2007 in Part I. The average compensation for agency physicians actually receiving or expected to receive PCA should be supplied for fiscal year 2006 and 2007 in Part II. The same data should also be provided by physician category for each fiscal year.

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

(5) *Average PCA Amount per Physician, by Length of Service Agreement:* The average annual PCA paid per physician should be supplied for physicians with a 1-year service agreement and 2-year service agreement and for each fiscal year in Part II.

(6) *Average PCA Amount per Physician, by Length of Federal Service:* The average annual PCA paid per physician with (a) less than 2 years creditable Federal service, and (b) 2 or more years creditable Federal service, should be supplied for each fiscal year in Part II.

(7) *Average Number Years Continuous Service:* The average number of years of continuous creditable Federal service as a physician for those eligible (Part I) and actually receiving or expected to receive PCA (Part II) should be supplied for each fiscal year. The average should be calculated as of the end of the fiscal year in question (e.g., an agency with one eligible physician who began Federal service as a physician under the General Schedule on October 1, 2006, would report 1-year of creditable Federal service for purposes of PCA for fiscal year 2007).

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

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

(10) *Number and Rate of Unfilled Full-Time Equivalent Physician Positions:* The number should be equivalent to the total number of physician positions for which the agency has budgeted for the fiscal year in question less the number of physicians on-board during the fiscal year. For example, the agency may have budgeted for 12 full-time equivalent physician positions for the prior fiscal year, but had only 9.5 physicians on-board for the entire year (9 physicians on-board the entire year and 1 on-board for 6 months of the year). The number of unfilled full-time equivalent physician positions in this case is equal to 2.5.

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

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

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

(12) *Additional PCA Program Question:* Agency/component response should be provided at the end of the PCA worksheet.