



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

The Director

Monday, February 9, 2009
CPM 2009-04

MEMORANDUM FOR: Chief Human Capital Officers

FROM: Kathie Ann Whipple
Acting Director

Subject: Request for Data on Physicians' Comparability Allowance Payments

Each year, the U.S. Office of Personnel Management (OPM) must report to Congress on the operation of the physicians' comparability allowance (PCA) program. (See 5 U.S.C. 5948(j).) We request a report on your agency's recent experience under this program by April 15, 2009.

The PCA program permits agencies to provide 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. (For additional information on the PCA program, please refer to our PCA fact sheet located at www.opm.gov/oca/pay/html/pca.asp.)

Each agency that employed one or more physicians who were eligible for a PCA in FY 2008 must submit a report to OPM regardless of whether any PCAs were actually paid. Attachment A contains a listing of Federal agencies that have approved PCA plans. Attachment B provides instructions for completing your PCA report. (Please review the instructions carefully as the reporting requirements have changed slightly.) A negative report is not required if your agency did not employ any physicians eligible for a PCA in FY 2008.

Please send your report to:

U.S. 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: Tameka Gillis

You may also submit your report by email at pay-performance-policy@opm.gov or by fax at (202) 606-0824. To ensure we receive your report on time, we ask 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 Tameka Gillis of OPM's Center for Pay and Leave Administration at (202) 606-2858.

cc: Human Resources Directors

Attachments

Attachment A

Agencies with Approved PCA Plans

- Department of Agriculture
- Department of Defense
- 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
- National Science Foundation

Attachment B

Agencies with Approved PCA Plans

Coverage

These instructions cover all agencies employing physicians eligible for physicians' comparability allowance (PCA) payments. This includes both agencies with currently approved PCA plans eligible to pay PCA, whether or not they actually provide PCA, and agencies without approved plans employing physicians eligible for PCA. PCA-reporting agencies with organizational components employing more than 100 physicians who received PCA payments in FY 2008 must submit separate reports by component (using the PCA worksheet), in addition to a composite report for the entire department or agency.

Submission Requirements

Agencies only need to report for fiscal year 2008. Agencies are no longer required to project into the next fiscal year. Also, agencies are no longer required to submit data on the average number of years of continuous service per physician. Please verify that all FY 2008 figures in the worksheet are correct. We updated the worksheet to reflect the new changes. If you need a copy of the Excel spreadsheet that is pre-formatted to accept the data we are requesting, please send an email to pay-performance-policy@opm.gov addressed to the attention of Tameka Gillis. The Excel spreadsheet may be transmitted only by email.

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.

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; Central Intelligence Agency Act; section 1202 of the Panama Canal Act of 1979; section 2 of the National Security Act of May 29, 1959; 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

The head of each agency must determine categories of physician positions for which there is a significant recruitment and retention problem. A PCA may be paid only to physicians serving in positions in one of the categories. In determining the categories the agency must, as a minimum, establish as separate categories the following types of positions:

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

II *Research Positions:* Positions primarily involving the conduct of medical research and experimental work, including the conduct of medical work pertaining to food, drugs, cosmetics, and devices (or the review or evaluation of such medical research and experimental work), or the identification of causes or sources of disease or disease outbreaks.

III *Occupational Health:* Positions primarily involving the evaluation of physical fitness, or the provision of initial treatment of on-the-job illness or injury, or the performance of preemployment examinations, preventive health screenings, or fitness-for-duty examinations.

IV-A *Disability Evaluation:* Positions involving disability evaluation and rating, the performance of medicolegal autopsies, and training activities.

IV-B *Administration of Health and Medical Programs*: The administration of medical and health programs, including the administration of patient care or medical research and experimental programs.

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 2008 in Part I. The total number of agency physicians actually receiving PCA should be supplied for fiscal year 2008 in Part II. The same data should be provided by physician category for fiscal year 2008.
- 2) **Number of Physicians Signing 1-Year and Multi-Year PCA Service Agreements**: Under the PCA program, physicians may elect to sign a 1-year or multi-year PCA service agreement. For those physicians actually receiving PCA (Part II), the number of physicians signing 1-year and multi-year agreements should be supplied for fiscal year 2008. (Note this is a change from previous reporting requirements.)
- 3) **Average Compensation per Physician**: Average annual compensation per physician should exclude the PCA payment, but include base pay and all other bonuses and incentives (such as recruitment, relocation, and retention incentives) and awards. The average compensation for agency physicians eligible for PCA should be supplied for fiscal year 2008 in Part I. The average compensation for agency physicians actually receiving PCA should be supplied for fiscal year 2008 in Part II. The same data should also be provided by physician category for fiscal 2008 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 fiscal year 2008 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 multi-year service agreement and for fiscal year 2008 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 fiscal year 2008 in Part II.
- 7) **Number and Rate of Accessions**: The total number of accessions and accession rates for all eligible physicians (Part I) and for those receiving PCA (Part II) should be supplied for fiscal year 2008. The number of accessions by category 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.
- 8) **Number and Rate of Separations**: The total number of separations and separation rates for all eligible physicians (Part I) and for those receiving PCA (Part II) should be supplied for fiscal year 2008. The number of separations by category 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.
- 9) **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 fiscal year 2008, but had only 9.5 physicians on-board for the entire fiscal year (9 physicians on-board the entire fiscal year and 1 on-board for 6 months of the fiscal year). The number of unfilled full-time equivalent physician positions in this case is equal to 2.5.

The total number for all eligible physicians (Part I) and for those receiving PCA (Part II) should be supplied for fiscal year 2008. The number by category 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.

- 10) *Average Length of Time Physician Positions Remained Unfilled*: The time should be reported in months as of the end fiscal year 2008 (e.g., as of the end of fiscal year 2007 the average length of time vacant physician positions remained unfilled might be 13 months, and for the fiscal year 2008 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 eligible physicians (Part I) and for those receiving PCA (Part II) should be supplied fiscal year 2008. The number by category should also be supplied.