DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 12595.1
BUMED-52
26 Apr 93

BUMED INSTRUCTION 12595.1

From: Chief, Bureau of Medicine and Surgery
To: Stations Having Medical Department Personnel

Subj: FEDERAL CIVILIAN PHYSICIANS' COMPARABILITY ALLOWANCE PROGRAM

Ref: (a) 5 United States Code, Section 5948
(b) DoD Implementation Plan for Federal Civilian Physicians' Comparability Allowance Program (NOTAL)
(c) BUMED ltr 12595.1 ser 52/0315 of 23 Apr 92

Encl: (1) Department of the Navy Federal Civilian Physicians' Comparability Allowance Program, Definitions, and Applicability Criteria
(2) Federal Civilian Physicians' Comparability Allowance Service Agreement
(3) Documentation of Recruitment and Retention Problems
(4) Physicians' Comparability Allowance Program Civilian Personnel Office Data Sheet
(5) Physicians' Comparability Allowance Worksheet

1. Purpose. To issue the provisions of the subject program, extend the program through 30 September 1993, and to provide new instructions for the approval of physicians' comparability allowance service agreements.

2. Cancellation. NAVMEDCOMINST 12595.1 and report control symbols MED 12595-1 and MED 12595-2.

3. Background. Reference (a), entitled Federal Physicians' Comparability Allowance Act of 1978, as amended, provided that certain physicians employed by Federal agencies may be authorized payment of an allowance in return for a specified period of service. The allowances are to be paid only in those instances where significant recruitment and retention problems are experienced. The allowances are to be fixed at the minimum amounts necessary to deal with such problems.

4. Scope. Applies to all Navy shore activities that employ civilian physicians under the general schedule (GS), performance management recognition system (PMRS), senior executive service (SES), provisions of 5 U.S.C. 5371, or other similar authority relating to administratively determined pay for certain scientific and professional personnel.

0510-LD-056-4320

5. Policy. Under the provisions of references (a) and (b), the Secretary of the Navy has delegated to the Chief, Bureau of Medicine and Surgery (BUMED), the authority to manage the Physicians' Comparability Allowance Program for the Department of the Navy (DON). Reference (c) revised the format of the physicians' comparability allowance service agreement and the amounts of the pay categories. The physicians' comparability allowance process action team recommended the delegation of this command's authority be extended to approve physicians' comparability allowance agreements to the commanding officers of BUMED activities. This instruction incorporates the provisions of references (a), (b), and (c), and implements the recommendation of the physicians' comparability allowance process action team.

6. Action

a. Commanding officers must ensure that all civilian physicians are made aware of the Physicians' Comparability Allowance Program. All eligible physicians must be provided copies of enclosures (1) and (2).

b. Upon submission of a comparability allowance agreement by an employee, the commanding officer must review the comparability allowance agreement submitted by the physician, and enclosures (3) and (4) provided by the human resources office. If the allowance is determined to be warranted, a commanding officer is hereby authorized to approve the agreement.

c. Enclosures (2) through (5) are provided as suggested formats. Once completed, forward a copy of enclosures (2) and (3) to MED-52. Submit information specified in enclosures (4) and (5) to MED-52 by 15 November of each year.

D. F. HAGEN

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DEPARTMENT OF THE NAVY
FEDERAL CIVILIAN PHYSICIANS' COMPARABILITY ALLOWANCE PROGRAM, DEFINITIONS, AND APPLICABILITY CRITERIA

1. Purpose. To prescribe DON policies and procedures for administering the Federal Physicians' Comparability Allowance Act of 1978, as amended. This act provides that certain Federally employed physicians may be authorized the payment of an allowance in return for a specified period of service. These allowances are paid only in the case of categories of physicians for which the department is experiencing a significant recruitment and retention problem and are fixed at the minimum amounts necessary to deal with such problems.

2. Definition. A physician is defined as a doctor of medicine or osteopathy. For the purpose of consideration for an allowance, a physician must be employed under the GS, SES, PMRS, or in a position established under 5 U.S.C. 5371 or similar authority relating to administratively determined pay for certain scientific and professional personnel. An individual is considered employed as a physician only if serving in a position in which the duties and responsibilities could not be satisfactorily performed by an incumbent without those qualifications.

3. Applicability. An individual employed as a physician (as defined in paragraph 2) may qualify for the allowance, except for the following:

a. Interns or residents.

b. Those employed on a less than half-time, i.e., 20 hours per week, or intermittent basis.

c. Those employed less than 20 hours per week on a regularly scheduled basis.

d. Those fulfilling an employment obligation incurred as a result of participation in a Federally subsidized scholarship program.

e. Reemployed annuitants based on civilian employment in the Federal or District of Columbia civil service.

f. The allowance will not normally be authorized for retired or recently resigned members of the uniformed services.

4. Policy

a. The allowance may be paid to physicians serving in any of the following categories:

(1) Category I. Positions primarily involving the practice of medicine or direct service to patients, involving the performances of diagnostic, preventive, or therapeutic service to patients in hospitals, clinics, public health programs, diagnostic centers, and similar settings, but not including positions described in category III, below.

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

(3) Category III. 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 pre-employment examinations, preventive health screenings, or fitness-for-duty examinations. Physicians employed in occupational medicine will normally be in this category.

(4) Category IV. Positions not described in categories I, II, and III including positions involving disability evaluation and rating, the performance of medicolegal autopsies, training programs, including the administration of patient care or medical research and experimental programs.

b. Physicians in any one of the above categories are eligible for an allowance only if all of the following conditions are met:

(1) There is evidence such as vacant position, an unacceptably high turnover rate, or other positive evidence indicating that the Navy Department is unable to recruit and retain sufficient numbers of physicians in the category to meet its staffing needs.

(2) The qualification requirements being used as a basis for considering candidates for the vacant positions in the category do not exceed the qualifications that are actually necessary for successful performance of the work of the positions in the category.

(3) The activity has made efforts to recruit qualified candidates for vacant positions in the category and to retain physicians presently employed in positions in the category.

(4) A sufficient number of qualified candidates are not available to fill the existing vacancies in the category at the rate of pay the activity may offer if no comparability allowance is paid.

c. The amount of allowance authorized will be the minimum amount necessary to deal with the recruitment and retention problem for each category established and may not exceed:

(1) $14,000 per year for categories I and II, $7,000 per year for categories III and IV if the employee has served as a Government physician for 24 months or less.

(2) $20,000 per year for categories I and II, $14,000 per year for categories III and IV if the employee has served as a Government physician for more than 24 months.

For the purpose of determining length of service, prior service as a Government physician need not have been continuous, but periods of leave without pay may not be counted. Service in the military or in Title 38 (veteran's benefits) position with the Department of Veterans Affairs is creditable.

d. Entitlement to allowance does not accrue during a period that basic pay does not accrue.

e. The allowance is not considered as basic pay for computing maximum salary limitations, retirement entitlement, insurance entitlement, or other benefits related to basic pay.

5. Procedures. The Secretary of the Navy has delegated to BUMED the authority to approve payment of the allowance to individual eligible physicians in any amount that does not exceed the maximum amount established in paragraph 6 for the applicable position or category. BUMED has further delegated this authority to commanding officers of BUMED activities employing civilian medical officers, GS-602. Commanding officers may, at their discretion, determine that no allowance is appropriate or necessary. Approval will be contingent on the physician executing an agreement (enclosure (2)) to serve in the position described in the agreement. (Under the current law, an agreement may not cover a period of service extending beyond 30 September 1995.)

a. The effective date of the agreement must be the date the agreement is signed by the physician, provided the agreement has been otherwise appropriately executed and approved. Payment of an approved allowance will be effective on the beginning of the first pay period that begins on or after the date of the agreement, regardless of the commanding officer's approval date.

b. The rate payable for the duration of the agreement will be for the comparability allowance position in which the physician is serving on the effective date of the agreement.

c. The allowance will be paid in the same manner and at the same time as basic pay.

d. The amount paid to a physician employed 20 hours or more per week on a regularly scheduled basis but less than full-time (40 hours per week) will be on a prorated basis of the amount which would be authorized for a full-time employee in the same position.

e. If the physician is serving with the Government under a loan repayment program, the amount of the loan being repaid will be deducted from any allowance for which the physician is eligible. Any portion of the allowance which exceeds the amount of the loan being repaid may then be paid under the regular procedures.

f. If covered under more than one comparability allowance category, the physician may execute an agreement under the more advantageous category.

g. If employment of the physician is terminated during the period of the agreement, and the termination is not at the request of the employee or as a result of his or her misconduct, the employee will be entitled to retain that portion of the allowance earned up to the date of termination.

h. If the covered employment is terminated voluntarily by the employee due to separation, transfer outside of the Department of Defense (DoD), or because of misconduct, the employee will be required to refund the total amount received under the agreement if he or she has completed less than 1 year of the agreement; or, if the employee has completed 1 year or more of the agreement, he or she will be required to refund the amount of allowance earned during the 26 weeks before termination. Commanding officers may grant exceptions to the repayment requirement when it is determined that failure to complete the agreement was necessitated by circumstances beyond the control of the employee.

i. If the physician is serving under an agreement and becomes covered under a newly announced comparability allowance category, the agreement may be terminated and a new agreement executed to reflect the rate authorized under the new category. The effective date is the same as that of the announcement of the new category. In such cases, the employee will be entitled to retain that portion of the allowance earned under the terminated agreement.

j. An agreement is terminated upon the death of the covered employee.

6. Maximum Allowance. Since comprehensive and chronic problems are presently being experienced in recruiting and retaining civilian physicians, the following category maximum per annum allowances are established. Commanding officers may authorize amounts less than maximums stated in tables 1 and 2, if circumstances at their activity so warrant.

7. Problem Resolution. It is anticipated that situations may arise requiring administrative or legal interpretation, resolution by the Comptroller General of the United States, etc. Commanding officers will refer to BUMED all questions or situations which cannot be resolved at the activity level. BUMED will obtain answers or resolutions to all problems or situations and will notify the Assistant Secretary of Defense (Manpower, Reserve Affairs, and Logistics) as required in reference (b).

TABLE 1

PHYSICIANS WITH 2 YEARS OR LESS GOVERNMENT SERVICE

Basic Allowance For 1-Year Service Agreement	GS-12 and Below	GS-13	GS-14 and Above
Category I	$5,000	$5,000	$5,000
Category II	5,000	5,000	5,000
Category III	2,000	2,000	2,000
Category IV	2,000	2,000	2,000
Additional Allowance for 2-Year Service Agreement			
Categories I and II	$6,000	$6,000	$6,000
Categories III and IV	3,500	3,500	3,500
Board Certification *			
Categories I and II	$3,000	$3,000	$3,000
Categories III and IV	1,500	1,500	1,500

Note: Maximum amount payable is $14,000 for categories I and II, $7,000 for categories III and IV.

* The additional allowance for board certification can only be authorized when the position description indicates board certification is required. Master's degree or other graduate level education not entailing board certification will not satisfy this requirement.

d. If, during the period of the agreement, I become eligible for the comparability allowance under a newly announced category, I may terminate this agreement and execute a new agreement reflecting entitlement under the newly announced category, effective on the date of announcement of the newly assigned category. If I exercise this option, I will be entitled to retain that portion of the allowance earned to the date of termination.

e. The allowance will be paid in the same manner and at the same time as my basic pay, but is not considered basic pay for computing retirement entitlement, insurance entitlement, or other benefits related to basic pay.

f. The effective date of the allowance is the beginning of the first full pay period that begins on or after the date of my signature (the physician under this agreement).

g. This agreement does not in any way commit the Government to continue my employment.

_____
Physician's Signature and Date

_____
Typed Name, Grade, and SSN

Commanding Officer Approval

_____
Signature and Date

_____
Typed Name and Title

PRIVACY ACT NOTICE

This agreement is authorized under 5 U.S.C. 5948 and will be among the sources used to compile reports, including use of social security numbers, under 5 C.F.R. 595.108.

INSTRUCTIONS FOR COMPLETING THE PHYSICIANS' COMPARABILITY ALLOWANCE SERVICE AGREEMENT

1. Location. Command title and address. Specify organization location, directorate, division, branch, clinic, etc.

2. Category of Allowance. To determine which category (I through IV), see paragraph 4a(1)-(4) of enclosure (1).

3. Number of Regularly Scheduled Hours Per Week. If employed less than full time, specify hours per day per week, i.e., 4 hours per day, 20 hours per week.

4. Annual Rate of Payment. Determine from Table 1 for physicians with less than 2 years of Government service, or Table 2 for physicians with 2 or more years of Government service (enclosure (1)). Any questions concerning years of services should be directed to the servicing civilian personnel office.

5. Effective Date. Under the current approved DoD plan, this date should not be later than 30 September 1993.

6. Expiration Date. Under the current approved DoD plan, this cannot exceed 30 September 1995.

DOCUMENTATION OF RECRUITMENT AND RETENTION PROBLEMS

1. Check the category of the positions. List position title and work center location.

_____ Category I _____
(Position Title)

_____ Category II

_____ Category III _____
(Work Center Location)

_____ Category IV

2. What selection factors, if any, above the minimum required by the GS-602 qualification standard, are used in recruiting for the positions?

3. What impact does locale have on the ability to recruit and retain physicians in this category?

4. Are there any required duties which affect the ability to recruit and retain physicians? If so, describe the duties and how they effect the ability to recruit and retain physicians.

5. For the category indicated above, provide the following documentation on recruitment activities:

a. Number of current physician positions filled and vacant and the length of time these positions have been vacant:

Filled _____

Vacant _____

Average length of time positions have been vacant _____

b. (1) Number of physicians leaving voluntarily during the last year _____.

(2) What were the reasons for leaving?

c. Number of positions filled during the last year:

By scholarship obligated physicians _____.

By individuals in loan repayment programs _____.

By other means _____.

d. Describe recruitment efforts (area covered, methods, contacts made, etc.).

e. Average number of physician applications which must be screened before qualified candidates can be found.

f. Average number of qualified physicians referred for each position filled.

g. Of those interviewed per position:

(1) How many are found unacceptable?

(2) What were the reasons for the unacceptability?

h. Rejection of employment offers:

(1) Average number of physicians who reject an offer of employment for each position filled.

(2) What were the reasons for the rejection of the offers?

6. Describe your efforts to retain physicians in this category (e.g., changes in working conditions, use of paramedical personnel to assist physicians in routine duties, etc.)

7. How does the turnover rate for physicians in this category (total personnel losses in relation to employment) compare to the total turnover rate for all positions?

PHYSICIANS' COMPARABILITY ALLOWANCE PROGRAM
CIVILIAN PERSONNEL OFFICE DATA SHEET

Name _____
Last First Middle GS/GM/SES-Grade

Facility where employed _____
(specify branch clinic, if appropriate)

Clinical service or research to which assigned _____

_____
(work center)

Prior service as a Government physician (excluding military service) _____
(Years) (Months)

Note: Prior service as a Government physician need not have been continuous, but periods of leave without pay may not be counted.

Individual is retired military _____
(Yes / No)

Board Certification:

Does the position description require board certification in the work assignment? _____
(Yes / No)

If yes, indicate specialty _____

Date of certification or recertification _____

Civilian Personnel Office Certification: The civilian personnel record of the above-named individual and the position description under which employed have been reviewed. The data provided in conjunction with a comparability allowance agreement is certified correct.

_____
Signature

_____ _____
Typed Name, Grade, and Position Date

PHYSICIAN COMPARABILITY ALLOWANCE WORKSHEET

PART I
FEDERAL PHYSICIANS ELIGIBLE FOR PCA

		FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
1.	Total Employed						
	Category I						
	Category II						
	Category III						
	Category IV						
2.	Average Compensation Per Physician						
	Category I						
	Category II						
	Category III						
	Category IV						
3.	Average PCA Amount Per Physician with Federal Service of:						
	less than 2 years						
	2 or more years						
4.	Average Number of Years Continuous Service Per Physician						
5.	Total Number of Accessions						
	Category I						
	Category II						
	Category III						
	Category IV						

PART I
FEDERAL PHYSICIANS ELIGIBLE FOR PCA
(continued)

	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
6. Total Number of Separations						
Category I						
Category II						
Category III						
Category IV						
7. Total Number of Unfilled Full-Time Equivalency Physician Positions						
Category I						
Category II						
Category III						
Category IV						
8. Average Length of Time Physician Positions Vacant						

PART II
FEDERAL PHYSICIANS RECEIVING PCA

		FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
1.	Total Employed						
	Category I						
	Category II						
	Category III						
	Category IV						
2.	Number of Physicians Signing 1-Year PCA						
	Number of Physicians Signing 2-Year PCA						
3.	Average Compensation Per Physician						
	Category I						
	Category II						
	Category III						
	Category IV						
4.	Average PCA Amount Per Physician						
	Category I						
	Category II						
	Category III						
	Category IV						
5.	Average PCA Amount Per Physician Signing:						
	1-Year PCA						
	2-Year PCA						

PART II
FEDERAL PHYSICIANS RECEIVING PCA
(continued)

	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
6. Average PCA Amount Per Physician with Federal Service of:						
less than 2 years						
2 or more years						
7. Average Number of Years Continuous Service Per Physician						
8. Total Number of Accessions						
Category I						
Category II						
Category III						
Category IV						
9. Total Number of Separations						
Category I						
Category II						
Category III						
Category IV						
10. Total Number of Unfilled FTE Physician Positions						
Category I						
Category II						
Category III						
Category IV						

PART II
FEDERAL PHYSICIANS RECEIVING PCA
(continued)

	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
11. Average Length of Time Physician Positions Vacant	_____	_____	_____	_____	_____	_____

Activity _____

Activity Contact Person _____

Telephone Number _____
(Commercial and DSN)

INSTRUCTIONS FOR PREPARING THE COMPARABILITY ALLOWANCE WORKSHEET

Physician Categories Defined:

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 which primarily involve research and investigative assignments.

Category III: Occupational Health. Physician positions primarily involved in 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.

Description of Worksheet

1. Total Number Employed. The total number of agency physicians eligible for PCA (includes all eligible physicians, whether or not they actually received PCA bonuses) should be supplied for fiscal years 1988, 1989, 1990, 1991, 1992, and 1993 in Part I. The total number of activity physicians actually receiving or expecting to receive PCA should be supplied for fiscal years 1988, 1989, 1990, 1991, 1992, and 1993 in Part II. The same data should be provided by category for each fiscal year.

2. Number of Physicians Signing 1-year and 2-year PCA. Under the PCA program, physicians may elect to sign a 1-year or 2-year PCA service agreement. For those physicians actually receiving or expecting 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 bonus, but include basic pay and all other bonuses and awards. The average compensation for agency physicians eligible for PCA should be supplied for fiscal years 1988, 1989, 1990, 1991, 1992, and 1993 in Part I. The average compensation for activity physicians actually receiving or expecting to receive PCA should be supplied for fiscal years 1988, 1989, 1990, 1991, 1992, and 1993 in Part II. The same data should also be provided by category for each fiscal year.

4. Average PCA Amount Per Physician, By Category. The average annual PCA bonus 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 bonus paid per physician with: (a) a 1-year service agreement and (b) a 2-year service agreement should be supplied for each fiscal year in Part II.

6. Average PCA Amount Per Physician, By Length of Federal Service. The average annual PCA bonus 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 those actually receiving or expecting 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., for an activity with one eligible physician who began Federal service as a physician under the General Schedule on 1 October 1988 would have 1-year creditable Federal service for purposes of PCA for fiscal year 1989).

8. Number of Accessions. The total number of accessions for all physicians eligible for PCA (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.

9. Number of Separations. The total number of separations 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.

10. Number of Unfilled FTE Physician Positions. This 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 onboard during the fiscal year. For example, the agency may have budgeted for 12 FTE physician positions for the prior fiscal year, but only had 9.5 physicians onboard for the entire year (nine physicians onboard the entire year, and one onboard for 6 months of the year). The number of unfilled FTE physician positions in this case is equal to 2.5. The total number of all physicians eligible for PCA (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.

11. Average Length of Time Physician Positions Remained Unfilled. This 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 time during which the agency was actively searching for candidates should be counted. The total number for all physicians eligible for PCA (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.