

April 28, 2000

**BULLETIN NO. 00 - 03**

**TO THE HEADS OF EXECUTIVE DEPARTMENTS AND ESTABLISHMENTS**

**SUBJECT:** Physicians Comparability Allowance Data Reporting Requirements

1. Purpose. This Bulletin, which includes Attachments A through D, provides detailed instructions on data reporting requirements for the Physicians Comparability Allowance (PCA) program. The Bulletin is issued pursuant to the 1999 edition of OMB Circular A-11, section 32.2 (b)(12).

Collection of the data by OMB is required to monitor government-wide PCA usage, physician employment, and physician compensation. The data will be used to evaluate the effect of the PCA on Federal physician recruitment and retention and to issue the 2000 Presidential Report on the Physicians Comparability Allowance in accordance with the Federal Physicians Comparability Allowance Act of 1978 Extension (P.L.105-61).

Later this fiscal year, agencies are also required to submit to OMB for approval a complete description of their plans for implementing the PCA program for fiscal year 2001. Agencies are to assume in preparing the fiscal year 2001 plans that the statute authorizing the PCA program will be extended beyond September 30, 2000.

2. Background. On October 10, 1997, the President signed P.L.105-61, reauthorizing the Federal Physicians Comparability Allowance through September 30, 2000. This Act extends authority to pay annual bonuses for Federal physicians serving in areas or specialties with documented recruitment and retention problems.

Office of Personnel Management (OPM) regulations implementing PCA require OMB approval of agency plans to pay bonuses. OPM regulations implementing the PCA are published in 5 CFR 595.

OMB is collecting data on PCA program operations, as well as on Federal physician recruitment and retention. These data help ensure consistent government-wide implementation and also are used to evaluate the effectiveness of the PCA program.

3. Content of This Year's Report: Reporting requirements for this year's PCA report are substantially the same as last year's. The report continues the requirement initiated last year to gather data on agency components that use PCA bonuses more extensively. Organizational components of PCA reporting agencies that employed more than 100 physicians who received PCA bonuses during FY 1999 are to submit separate reports by component (using PCA worksheets included in Attachment D of this bulletin), in addition to a composite report for the Department/agency.

4. Due Dates for the 2000 Presidential Report information and for the FY 2001 PCA Plans.

(a) Agencies must furnish the requested PCA information for the 2000 Presidential Report by May 26, 2000.

(b) Agencies are to submit PCA plan descriptions for FY 2001 by September 8, 2000 using the format of the FY 2000 PCA plans.

5. Termination Date. This Bulletin will terminate as soon as the requested data have been submitted.

/s/

Jacob J. Lew  
Director

Attachments

Agencies with currently approved PCA Plans

Department of Agriculture  
Department of Defense  
Department of Health and Human Services  
Department of Justice  
Department of State  
Department of Transportation  
Department of Veterans Affairs  
Agency for International Development  
Armed Forces Retirement Home  
Central Intelligence Agency  
Peace Corps  
Social Security Administration

Agencies that have employed or now employ physicians eligible for PCA

Department of Energy  
Department of Labor  
Department of Treasury  
Environmental Protection Agency  
Library of Congress  
National Aeronautics and Space Administration  
Tennessee Valley Authority

NOTE: Agencies not listed that employ physicians eligible for PCA are also covered by this Bulletin.

Physicians Comparability Allowance (PCA) Report and Worksheets

Authority.

5 U.S.C. 5948 authorizes payment of the physicians comparability allowance to eligible individuals paid as physicians 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 121 of title 2 of the Canal Zone Code; or section 2 of the Act of May 29, 1959, relating to the National Security Agency.

P.L. 100-140, the Federal Physicians Comparability Allowance Amendments of 1987, amended 5 U.S.C. 5948 to provide a maximum PCA of \$14,000 per year for physicians with less than 24 months= Federal service, and \$20,000 per year for physicians with 24 or more months= Federal service. P.L.100-140 also allows physician service in the Department of Veterans Affairs and the Public Health Service Commissioned Corps to be creditable toward 24 months Federal civilian service when calculating maximum PCA allowance eligibility. P.L. 105-61 reauthorized PCA until September 30, 2000. Public Law 105-266, the Federal Employees Health Care Protection Act of 1998, authorized an increase in the maximum annual amount of the Physicians Comparability Allowance from \$20,000 to \$30,000 for physicians with 24 or more months of service.

Executive Order No. 12109 delegates authority granted the President under 5 U.S.C. 5948 to the Directors of the Office of Personnel Management and the Office of Management and Budget.

5 CFR 595 sets additional requirements for agency implementation of 5 U.S.C. 5948, including agency reporting requirements.

OMB Circular A-11, Section 32.2 (b)(12), requires agencies to reflect approved plans to pay bonuses in annual budget estimates in accordance with P.L.100-140 and P.L.105-61.

Coverage. This Bulletin covers all agencies that employ physicians eligible for PCA. This includes both agencies with currently approved PCA plans that are eligible to pay PCA bonuses, whether or not they actually do pay the bonuses, and agencies without approved plans that employ physicians eligible for PCA. Attachment A lists those agencies that currently have an approved PCA plan, as well as agencies that do not currently have an approved plan but which are known to have employed

physicians eligible for PCA based on past experience. Agencies not listed that employ physicians eligible for PCA are still covered by this Bulletin.

Submission Requirements. (1) Each agency should review and update the 1999 PCA reporting worksheet submitted by that agency. (Copies of the 1999 PCA worksheets have been given to the appropriate OMB staff. Agencies should contact their OMB examiners if they need a copy of the 1999 data.) Please verify that all FY 1996 - FY 1999 figures in the worksheet are correct. The latest corrected data for 1996 - 1999, along with estimates for 2000, should be included in the PCA reporting worksheet (Attachment D of this bulletin). Electronic versions of Attachment D are available from your OMB examiner. More detailed instructions on how to complete the PCA worksheets are included below.

(2) Review the attached copies of the 1999 Presidential Report on the PCA (Attachment C). Verify and update the text for your agency that appears in the section entitled "Summary of Agency PCA Reports," pp. 6 to 11.

(3) Submit the revisions to the 1999 Presidential Report and the updated PCA worksheets to the OMB examiner responsible for your agency by May 26, 2000.

Information Contact: Inquiries should be addressed to Frank Seidl, telephone (202) 395-5146.

## Instructions for Preparing Worksheets

### 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 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). Agency estimates may simply be the average of the previous fiscal years. 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. 5 U.S.C. 5948(g)(1) 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 121 of title 2 of the Canal Zone Code; 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 bonus calculations under 5 U.S.C 5948, as amended by P.L. 100-140, 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.

#### Description Worksheets to Be Submitted to OMB

(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 the fiscal years 1996, 1997, 1998, 1999, and 2000 in Part I. The total number of agency physicians actually receiving or expected to receive PCA should be supplied for the fiscal years 1996, 1997, 1998, 1999, and 2000 in Part II. The same data should be provided by physician category for each of the fiscal years.

(2) Number of Physicians Signing One-Year and Two-Year PCA: Under the PCA program, physicians may elect to sign a one-year or two-year PCA service agreement. For those physicians actually receiving or expected to receive PCA (Part II), the number of physicians signing one-year and two-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 base pay and all other bonuses (such as recruitment and relocation bonuses, and retention allowances) and awards. The average compensation for agency physicians eligible for PCA should be supplied for the fiscal years 1996, 1997, 1998, 1999, and 2000 in Part I. The average compensation for agency physicians actually receiving or expected to receive PCA should be supplied for the fiscal years 1996, 1997, 1998, 1999, and 2000 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 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 should be supplied for physicians with a one-year service agreement and two-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 bonus paid per physician with (a) less than two years creditable Federal service, and (b) two 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, 1998, would report one-year creditable Federal service for purposes of PCA for fiscal year 2000).
- (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 one on-board for six-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 - 14) Additional PCA Program Questions. Agency/component responses are to be incorporated in the Attachment D worksheet or, if more convenient, attached separately to the PCA submission returned to your OMB examiner.





	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 99</u>	<u>FY 00</u>	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 99</u>	<u>FY 00</u>
<b>9) Number and Rate of Separations:</b>										
Category I										
Category II										
Category III										
Category IV-A										
Category IV-B										
Total Number of Separations										
Separation Rate (for all categories as %)										
<b>10) Number and Rate of Unfilled FTEs:</b>										
Category I										
Category II										
Category III										
Category IV-A										
Category IV-B										
Total Unfilled FTEs										
Unfilled FTE Rate (for all categories as %)										
<b>11) Average Length of Time (months)   Physician Position Vacant</b>										

**Additional PCA Program Questions:**

- 12) What is the estimated number of physicians in FY 2000 who will be receiving PCA's in the following dollar ranges: (a) \$20,000-\$24,999 and (b) \$25,000-\$30,000?

- 13) How many physicians paid PCA's in FY 1998 and FY 1999, also received recruitment bonuses, relocation bonuses, or retention allowances? Please include the number receiving each of these three bonuses/allowances, as well as the average amounts paid for each in FY 1998 and FY 1999.
- 14) Apart from monetary incentives, such as PCA's, please elaborate on what other agency actions have proved successful in retaining PCA physicians?

**AGENCY/ORGANIZATION:**

**AGENCY CONTACT PERSON:**

**TELEPHONE NUMBER:**

**FAX NUMBER:**