

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

PERSONNEL POLICY MEMORANDUM



EFFECTIVE DATE: **PPM 08-014**
25 March 2008

By Order of the Assistant Secretary for Health:

Joxel Garcia, M.D., M.B.A.

TO: All Regular and Reserve Corps Medical Officers on Extended Active Duty

SUBJECT: Medical Officer Pay Plan 2008

1. Incentive Special Pay (ISP) for medical officers is authorized in [37 USC 302\(b\)](#) and implemented through Federal regulation (Directive) [CC42.2.1](#), "Medical Officer Special Pays." ISP may be paid to medical officers based on clinical specialty skills training and to meet special staffing requirements such as those in certain isolated or hardship duty stations and priority programs for the Department of Health and Human Services (HHS) and the Commissioned Corps of the U.S. Public Health Service (Corps) ([CC42.2.1](#) and [CC22.2.10](#), "Incentive Special Pay").
2. In addition to ISP, a Multiyear Retention Bonus (MRB) for medical officers is authorized in [37 USC 301d](#) and [CC42.2.1](#). The rate of MRB is based on clinical specialty and is used by the Corps as an additional recruitment and retention tool for highly trained medical officers.
3. Recruitment and retention of medical officers is a high priority for HHS and the Corps. To ensure that HHS is able to meet its public health mission, the ISP program for medical officers is being revised to facilitate recruiting and retention of medical officers in various specialties and duty stations. Accordingly, [CC22.2.10](#) is revised as follows:
 - a. Officers assigned to the Research Officer Group (ROG) who are under an ISP-ROG contract may enter into a new ISP contract for the ISP rates authorized by this PPM (See Section D.4 of [CC22.2.10](#)).
 - b. The 112 clinical hour and billet addendum requirement listed at Section D.8 of [CC22.2.10](#) are eliminated for medical officers who are Board certified in the specialty for which ISP is being paid. Likewise, tenured and non-tenured ROG officers are not required to complete the 112 clinical hour requirement to receive ISP as permitted under Section 4.
 - c. The ISP rate for Hardship Sites A or B referenced in Sections D.10 and D.11 shall be the sum of the ISP rate specified for the Common Tier or relevant medical specialty plus an additional \$17,000 and \$11,000, respectively. The Hardship Site A and Hardship Site B ISP rates are contained in Appendix A in the Common Tier A and Common Tier B rows, respectively.

- d. The rates of ISP authorized in Section F, “Rate of Incentive Special Pay,” and contained in Exhibits III and IV and types of authorized medical specialties are no longer effective. Henceforth, ISP rates shall be established annually through a Medical Officers Pay Plan and made available to all officers through the electronic Commissioned Corps Issuance System (eCCIS).
 - e. The reference to Exhibit IV in Section F.9 of CC22.2.10 is rescinded.
 - f. Since there is no distinction between ISP for non-tenured (Tenure Track) ROG officers and tenured ROG officers, Section G.6 of CC22.2.10 is hereby rescinded, and the ISP contracts for medical officers assigned to a ROG billet shall be subject to the same terms and conditions as other medical officers.
4. Officers with an ISP contract for service in Hardship Sites A or B must renegotiate their contract to the lower ISP rate when no longer assigned to such sites.
 5. Multiyear Retention Bonus (MRB).
 - a. The 112 clinical hour and billet addendum requirements for medical officers listed at Section D of [CC22.2.9](#) are eliminated for medical officers who are Board certified in the specialty for which MRB are being paid. Likewise, non-tenured (Fellows and Tenured Track) and tenured ROG officers are not required to complete the 112 clinical hour requirement to receive MRB.
 - b. Medical officers under an MRB-ROG contract may terminate their agreements and enter into new agreements in accordance with this PPM.
 6. Research Officer Group (ROG).
 - a. Section H.2 of [CC23.6.1](#), “Research Officer Group,” is hereby revised so that medical officers who are designated Fellows are eligible for selected special pays, including Variable Special Pay (VSP), Board Certified Pay (BCP), Retention Special Pay (RSP), and MRB, but not ISP. Fellows are eligible to receive MRB under 2-year, 3-year, or 4-year MRB contracts at the Common Tier rates listed in Appendix A.
 - b. Section H.3 of CC23.6.1 is hereby revised so that medical officers, who are designated as Tenure Track, are eligible for selected special pays, including VSP, BCP, RSP, ISP and MRB. Tenure Track officers are eligible to receive ISP at the Common Tier rate listed in Appendix A. These officers are also eligible to receive MRB under 2-year, 3-year, or 4-year MRB contracts at the Common Tier rates listed in Appendix A.
 - c. Section H.4 of CC23.6.1 is hereby revised so that medical officers, who are designated as tenured, are eligible for selected special pays, including VSP, BCP, RSP, ISP and MRB. Tenured officers are eligible to receive ISP at the Common Tier rate or medical specialty rate listed in Appendix A, whichever is higher. These officers are also eligible receive MRB under 2-year, 3-year, or 4-year MRB contracts at the Common Tier rates or medical specialty rate listed in Appendix A, whichever is higher.
 7. Common Tier. The medical specialties paid at the Common Tier rate for purposes of ISP and MRB are listed in Appendix B. These specialties may change over time based on the needs of the Corps as determined by the Assistant Secretary for Health, in consultation with the Surgeon General.

8. To ensure operational continuity, the Director, Office of Commissioned Corps Force Management (OCCFM), in collaboration with the Office of the Surgeon General (OSG) and Director, Compensation Branch, (Office of Commissioned Corps Support Services), may delay implementation of this Medical Officers Pay Plan for up to 120 days with regard to the payment of ISP to officers serving in non-Common Tier Hardship Sites A or B. Further, no officer may enter into an ISP contract for the non-Common Tier Hardship Sites A or B rates until the Director, OCCFM, issues a PPM stating that the implementation is complete. As authorized under the electronic Commissioned Corps Issuance System (eCCIS), the Director, OCCFM, may make technical or administrative revisions as necessary.
9. Where inconsistent, this PPM supersedes all previously issued policies on special and incentive pays, and PPM 07-003 dated 1 January 2007 is rescinded.
10. The payment rates for the Medical Officer Pay Plan 2008 are contained at Appendix A. This PPM shall remain in effect until further notice.

/s/

Joxel Garcia, M.D., M.B.A.
Assistant Secretary for Health

**Appendix A
Medical Officer Pays 2008
(ISP and MRB Rates)**

	ISP	2 year MRB	3 year MRB	4 year MRB
Common Tier	31,110	7,140	13,770	19,890
Common Tier A	48,110	7,140	13,770	19,890
Common Tier B	42,110	7,140	13,770	19,890
Ophthalmology	32,330	7,420	14,310	20,670
Emergency Medicine	35,990	8,260	15,930	23,010
Obstetrics & Gynecology	39,040	8,960	17,280	24,960
Otolaryngology	40,260	9,240	17,820	25,740
Pulmonary Disease	40,870	9,380	18,090	26,130
Critical Care Medicine	40,870	9,380	18,090	26,130
Urology	41,480	9,520	18,360	26,520
Gastroenterology	44,530	10,220	19,710	28,470
Orthopaedic Surgery	45,140	10,360	19,980	28,860
Urology Fellowship	50,000	11,500	22,160	32,000
Obstetrics/Gynecology Fellowship	50,000	11,500	22,160	32,000
Otolaryngology Fellowship	50,000	11,500	22,160	32,000
Cardiovascular Disease	50,000	11,500	22,160	32,000
Surgery	50,000	13,000	23,920	34,000
Colon and Rectal Surgery	50,000	14,500	25,680	36,000
Orthopedics Fellowship	50,000	14,500	25,680	36,000
Pediatric Surgery	50,000	14,500	25,680	36,000
Plastic Surgery	50,000	14,500	25,680	36,000
Thoracic Surgery	50,000	14,500	25,680	36,000
Vascular Surgery	50,000	14,500	25,680	36,000
Diagnostic Radiology	50,000	19,000	30,960	42,000
Radiation Oncology	50,000	19,000	30,960	42,000
Neurological Surgery	50,000	25,000	38,000	50,000
Anesthesiology	50,000	25,000	38,000	50,000

Note 1: An officer who signs a Common Tier A ISP or Common Tier B ISP contract, agreeing to serve in either a Hardship Site A or Hardship Site B, shall receive ISP at the rate specified above, which is the sum of the ISP rate specified for the Common Tier plus an additional \$17,000 and \$11,000, respectively. Officers whose medical specialties are not in the Common Tier and who sign contracts to serve in a Hardship Site A or Hardship Site B shall be paid ISP based on their medical specialty rate above, plus an additional \$17,000 or \$11,000, respectively.

Note 2: The ISP rates for a single year and during an MRB contract are the same.

Note 3: The OCCFM and the OSG shall continue to collaborate on introducing additional pay incentives for medical officers such as the possibility of accelerated multiyear rates for officers with greater than 20 years of retirement creditable service.

Appendix B
Common Tier of Medical Specialties

Specialty
Addiction Medicine (ABPN)
Aerospace Medicine (ABPM)
Allergy and Immunology (ABAI)
Blood Banking/Transfusion Medicine (ABPath)
Critical Care Medicine (ABIM)
Dermatology (ABD)
Endocrinology, Diabetes, Metabolism (ABIM)
Family Medicine (ABFM)
Geriatric Medicine (ABIM, ABFM)
Hematology (ABIM)
Hospice Palliative Medicine (ABIM ABPN)
Infectious Disease (ABIM)
Internal Medicine (ABIM)
Medical Genetics (ABMG)
Medical Microbiology (ABPathol)
Medicine/Pediatrics (ABIM/ABPed)
Medical Toxicology (ABPM, ABEM)
Neonatology/Perinatal Medicine (ABPed)
Neurology (ABPN)
Nephrology (ABIM)
Nuclear Medicine (ABNM)
Occupational Medicine (ABPM)
Oncology (ABIM)
Pain Medicine (ABPMR, ABPN)
Pathology (ABPathol)
Pediatric Cardiology (ABPed)
Pediatric Critical Care (ABPed)
Pediatric Emergency Medicine (ABPed)
Pediatric Endocrine (ABPed)
Pediatric Gastroenterology (ABPed)
Pediatric Hematology-Oncology (ABPed)
Pediatric Immunology (ABPed)
Pediatric Infectious Disease (ABPed)
Pediatric Nephrology (ABPed)
Pediatric Pulmonary Disease (ABPed)
Pediatric Rheumatology (ABPed)
Pediatrics (ABPed)
Psychiatry (ABPN)
Public Health & Preventive Medicine (ABPM)
Physical & Rehabilitation Medicine (ABPMR)
Research Officer Group (no board)
Rheumatology (ABIM)