

**Defense Health Program
Fiscal Year (FY) 2017 Budget Estimates
Operation and Maintenance
Physicians' Comparability Allowance Worksheet**

Physicians' Comparability Allowance (PCA) Worksheet

[Department: Component] MEDCOM: Army

Table 1

		PY 2015 (Actual)	CY 2016 (Estimates)	BY 2017* (Estimates)
1) Number of Physicians Receiving PCAs		9	10	10
2) Number of Physicians with One-Year PCA Agreements		0	0	0
3) Number of Physicians with Multi-Year PCA Agreements		9	10	10
4) Average Annual PCA Physician Pay (without PCA payment)		\$155,039	\$158,759	\$162,570
5) Average Annual PCA Payment		\$22,623	\$24,207	\$25,901
6) Number of Physicians Receiving PCAs by Category (non-add)	Category I Clinical Position	0	0	0
	Category II Research Position	9	10	10
	Category III Occupational Health	0	0	0
	Category IV-A Disability Evaluation	0	0	0
	Category IV-B Health and Medical Admin.	0	0	0

*FY 2017 data will be approved during the FY 2018 Budget cycle.

7) If applicable, list and explain the necessity of any additional physician categories designated by your agency (for categories other than I through IV-B). Provide the number of PCA agreements per additional category for the PY, CY and BY.

N/A. All other categories are in PDPP.

8) Provide the maximum annual PCA amount paid to each category of physician in your agency and explain the reasoning for these amounts by category.

Max PCA for Category II = \$30,000

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- 9) Explain the recruitment and retention problem(s) for each category of physician in your agency (this should demonstrate that a current need continues to persist).

(Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)

PCA along with the 3Rs, (Recruitment, Relocation and Retention Incentives) has negated our retention problems. All our employees receiving PCA are multi-year agreements. PCA allows the Command to craft compensation packages that are competitive with the local market points in the area.

- 10) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

(Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)

Because of the use of PCA we were able to retain our current workforce. Without PCA, our losses, other than normal attrition, would increase and severely impact our ability to accomplish our research mission. PCA allows for competitive compensation packages that allow us to attract, recruit and retain quality research professionals.

- 11) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

Because of PDPP, PCA use has been reduced to a minimal level. Continued budget and resources cuts could result in reductions in the use and or need for PCA in FY 2016 and into the future. It may be time to look at changing the law and include the shift of physicians paid under a Lab Demo system into the Physician and Dentist Pay Plan (PDPP) in a future ND