

MEDICAL CORPS SPECIAL PAY GUIDANCE

1. ACCESSION BONUS (AB)

a. Eligibility. To be eligible for AB, an individual must:

(1) Be a graduate of an American Medical Association (AMA) or American Osteopathic Association (AOA)-accredited school of medicine, and possess a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree.

(2) Be fully qualified to hold a commission or appointment as a commissioned officer in an Active Component of the Medical Corps.

(3) Be fully qualified in the specialty to which appointed in the Medical Corps.

(4) Have a current, valid, unrestricted license.

(5) At the time of commission or appointment, have completed all mandatory service obligations if financial assistance was received from the DoD in order to pursue a course of study to become an officer, or pursue a course of study leading towards appointment in the Corps/specialty. This includes, but is not limited to, participants and former participants of a Commissioning and pre-commissioning programs include, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, STA-21, Seaman to Admiral, and other commissioning programs.

(6) Execute a written agreement to accept a commission or appointment as an officer of the Military Services to serve on active duty for a specific period. An individual who holds an appointment as an officer in either the Active or Reserve Component is not eligible for an AB. A former officer who no longer holds an appointment or commission, and is otherwise qualified and eligible must have been honorably discharged or released from uniformed service at least 24 months prior to executing the written agreement to receive AB.

b. AB Amounts. Physicians who meet the conditions in subparagraphs 1.a(1) through 1.a(6) of this Pay Plan are eligible for an AB payable for written agreements in the amounts in Table 1.

c. Service Obligations. During the discharge of the service obligation associated with AB, individuals are eligible for Incentive Pay (IP), and Board Certification Pay (BCP), provided they meet the eligibility criteria for those pays. Any additional obligation incurred by these pays shall be served concurrently. During the discharge of the service obligation associated with AB, individuals are not eligible for a Retention Bonus (RB).

d. Authorized AB. The Chief, Navy Recruiting Command may, upon acceptance of the written agreement, approve AB to an eligible individual in the amount in Table 1 for a 4-year obligation. Eligible individuals who sign a written agreement to serve on active duty or in an active status in exchange for receiving AB are authorized to receive AB. Based on Service-unique requirements, the Chief, Navy Recruiting Command may decline to offer an AB to a Physician. Once the agreement is entered into, Physicians are only authorized to enter other special pay agreements under CSP as defined in USC Title 37, Chapter 5, Section 335.

2. IP

a. Eligibility. A Physician is eligible for IP if he or she:

(1) Is serving in the Medical specialty for which the IP is being paid, unless terminated.

(a) For Active Component: active duty for a period of not less than 1 year.

(b) For Reserve Component: active duty for a period of more than 30 days and not for training only.

(2) Executes a written agreement, to remain on active duty for a minimum period of one year beginning the date the agreement is executed, using the appropriate template on the BUMED Special Pays website. Once the IP agreement is entered into there is no requirement to submit another IP request unless the officer loses eligibility, or becomes eligible for another IP rate.

(a) For those who complete an RB, and the IP rate remains the same, submission of a new IP agreement is not required.

(b) For those who complete an RB, and the IP rate is reduced, submission of an IP agreement is required, for a period of one year.

(3) Possesses an unrestricted license. Member must continue to be credentialed, privileged, and practicing at a facility designated by the Surgeon General as an authorized medical facility, in the Medical specialty for which the IP is being paid.

(a) Physicians attending Internship are considered to be licensed, privileged and practicing to be eligible for the Internship rate IP.

(b) Those physicians attending initial residency are required to be licensed to be eligible for the Resident IP, and are considered to be privileged and practicing provided the service member is successfully meeting the requirements of the residency to be eligible for the Residency IP.

(c) The Chief, BUMED may also approve recommendations on a case by case basis for IP payments to Physicians assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. In

such cases the member may submit a request to Chief, BUMED for a waiver of the requirements, which will be reviewed on an individual basis. Format of the request is a standard Navy formatted letter, and routed through the member's chain of command for recommendation.

(d) Flag officers at the rank of O-7 and above are eligible for the General Medical Officer (GMO) IP rate.

b. Monthly Payments. Annual payment amounts for IP are listed in Table 2, and will be paid in equal monthly installments. After the initial year agreement the IP payments will continue, at the rate in the agreement, with no requirement for additional IP agreements or requests unless the officer becomes eligible for a different IP rate.

c. Not Under RB Agreement. Subject to acceptance by the Chief, BUMED, a Physician not under an RB agreement, who becomes eligible for a higher IP rate, may request to terminate and renegotiate for the higher rate IP. The new agreement will be for a minimum of 1 year from date of renegotiation.

d. Under RB Agreement. Physicians who enter an RB contract shall receive IP, at the IP with RB rate listed in the Navy's Fiscal Year Pay Guidance in effect at the time the RB contract is effective, and will continue for the duration of the RB agreement. If the IP with RB agreement authorized the physician a higher IP rate, upon termination/completion of the RB agreement the physician is required to submit an IP request/agreement for the new lower rate IP, per paragraph 1.a.(2) above, or Chief, BUMED will terminate the IP in its entirety.

e. Completion of Qualifying Training. The effective date of IP shall be calculated from the completion of the qualifying training plus 3 months. If completion of qualifying training is 30 June, the eligibility date is 1 October. Qualifying training is defined as Medical School, Internship, Residency and Fellowship.

Internship IP – Eligible 3 months after completing Medical School

Residency IP – Eligible 3 months after completing Internship, must be licensed, and attending Initial Residency.

GMO IP – Eligible 3 months after completing internship, and must be licensed. Medical Corps officers who complete initial residency are eligible for the GMO IP the day after completing residency if completed on active duty, or the date reported to first permanent command, if completed civilian residency prior to reporting to active duty.

Specialty IP - Eligible 3 months after completion of residency or fellowship, must be licensed, privileged and practicing specialty at time of submitting a request, and continue to remain licensed, privileged and practicing from that date forward to be eligible for IP.

3. RB

a. Eligibility. To be eligible for RB, a Physician must:

(1) Be below the grade of O-7.

(2) Have completed either:

(a) Any active duty service commitment incurred for participating in a commissioning, or pre-commissioning program, or

(b) The active duty service obligation (ADSO) for AB or Accession Health Professions Loan Repayment Program (HPLRP) is paid as an accession incentive, and must be served prior to eligibility for an RB, or an individual eligible for AB and/or Accession HPLRP may decline the AB/HPLRP (prior to first payment) and accept the RB.

Note: Commissioning and pre-commissioning programs include, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, STA-21, Seaman to Admiral, and other commissioning programs.

(3) Have completed specialty qualification for which the RB is being paid prior to the beginning of the fiscal year during which a written agreement is executed, but no earlier than 3 months after completing qualifying training.

(4) Executes a written agreement, accepted by the Chief, BUMED, to remain on active duty in the specialty for which the RB is being paid for 2, 3, or 4 years.

(5) Have a current, valid, unrestricted license or approved waiver, and subject to acceptance by the Chief, BUMED, must be currently credentialed, privileged, and practicing at a facility designated by the Navy as an authorized medical facility, in the Medical Specialty for which the RB is being paid. The Chief, BUMED may also approve recommendations on a case by case basis for RB payments to Physicians assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. Requests for waivers may be submitted by the member per paragraph 2.a(3)(b) above.

b. Service-Unique Requirements. The Chief, BUMED may decline to offer an RB to Physicians or may restrict the length of an RB contract to less than 4 years based on service needs or requirements.

c. Termination and Renegotiation of Prior RB. Subject to acceptance by the Chief, BUMED, a Physician with an existing RB contract as authorized in this attachment, may request termination of that contract to enter into a new RB contract with an equal or longer obligation at the RB annual rate in effect at the time of execution of the new RB contract. The new obligation period shall not retroactively cover any portion or period that was executed under the old contract.

d. ADSOs. ADSOs for RB shall be established in accordance with subparagraphs 3.d.(1) through 3.d.(4) of this Pay Guidance.

(1) ADSOs for education and training and previous RB agreements shall be served before serving the RB ADSO.

(2) When no education and training ADSO exists at the time of an RB contract execution, the RB ADSO shall be served concurrently with the RB contract period and all non-education and training ADSOs. Also, if the RB contract is executed before the start date of residency/fellowship training and no other education and training ADSO exists, the RB ADSO shall be served concurrently with the RB contract period. However, if the RB contract is executed on or after the start date of residency/fellowship, the Physician is obligated for the full residency/fellowship period and the RB ADSO shall begin 1 day after the residency/fellowship ADSO is completed. Once a Physician has begun to serve an RB ADSO, he or she shall serve it concurrently with other future ADSO obligations for other special pay agreements (excluding HPLRP) or medical education and training obligations incurred after the execution date for that particular RB contract.

(3) Obligations for an RB may be served concurrently with other service obligation, to include IP, Board Certified Pay (BCP), promotion, non-clinical doctorate degree, non-clinical master's degree, and non-Medical military schooling.

e. Annual Pay Amounts for Multiyear RB. Annual payment amounts for multiyear RB contracts are contained in Table 2. The RB shall be paid in lump sum annually on the anniversary date of the contract.

4. BCP. Medical Specialists are eligible to receive BCP at the annual rate as indicated in Table 3 paid in equal monthly amounts. To be eligible for BCP, an officer must:

- a. Be certified by a recognized board in the clinical specialty as listed in Table 4.
- b. Possess a current, valid, unrestricted license or approved waiver.
- c. Executes a written agreement to remain on active duty beginning on the date the contract is executed, for a minimum period of one year.

Note: BCP eligibility is the later of, date of certification, date of license, date assigned the qualifying specialty, or date reported to active duty.

5. PAYMENT

a. IP and BCP shall be paid monthly, and reflect on the LES as SAVED PAY. RB and AB shall be paid in annual installments for the length of the agreement. Upon acceptance by the Chief, BUMED, the total amount paid under the agreement shall be fixed during the length of the agreement. The amount of each bonus or pay is listed in Tables 1-3.

b. A Physician who enters into a written agreement is eligible to the full amount of the bonus or pay earned provided the service member is fulfilling the conditions for such bonus or pay. Specified conditions may include a service obligation and the eligibility requirement described above.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AB	Accession Bonus
AMA	American Medical Association
AOA	American Osteopathic Association
ADSO	Active Duty Service Obligation
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CSP	Consolidated Special Pay
DO	Doctor of Osteopathic Medicine
HPLRP	Health Professions Loan Repayment Program
IP	Incentive Pay
MD	Doctor of Medicine
MP	Multiyear Pay
RB	Retention Bonus

PART II. DEFINITIONS

Accession Bonus (AB). Bonus paid upon accession pursuant to Title 37, Chapter 5, section 335 paragraphs (a)(1) and (a)(2).

Board Certification Pay (BCP). A pay authorized to health professions officer who earns board certification by an approved certifying agency. Pay authorized under Title 37, Chapter 5, Section 335 paragraph (c).

Credentialed. A qualification held by a health professions officer constituting evidence of qualifying education, training, licensure, experience, current competence, etc.

Fellowship. A period of Medical education & training after completing a specialty residency program.

Incentive Pay (IP). A pay authorized to a health professions officer serving on active duty in a designated health profession specialty for a healthcare related skill. Pay authorized under USC Title 37, Chapter 5 section 335 paragraph (b).

Medical Corps officer. An officer of the Medical Corps of the Navy designated as a medical officer.

Medical education and training. The period of time from entry into an AMA/AOA-accredited school(s) of medicine until completion and award of a MD or DO degree. Multi-year Pay (MP). Pay given for obligated service of 2, 3, or 4 years.

Physician. An Active Duty Naval Officer assigned to the Medical Corps.

Commissioning Program. Any program of education or training funded by the government authorizing commissioning, such as Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, or any other commissioning programs.

Practicing. Meeting the practicing requirements to maintain privileges by the Privileging Authority.

Privileged. Permission/authorization for an independent provider to provide medical or other patient care services in the granting institution or billet. Clinical privileges define the scope and limits of practice for individual providers and are based on the capability of the healthcare facility, the provider's licensure, relevant training and experience, current competence, health status, and judgment.

Residency. Advanced education training program accredited by the AMA or AOA awarding qualifications of a specialty physician.

Retention Bonus (RB). A bonus paid to obligate an officer for a specified period of time (2, 3, or 4 years) authorized under USC Title 37, Chapter 5 section 335 paragraph (a)(3).

Table 1:

MEDICAL CORPS CRITICAL WARTIME SKILLS ACCESSION BONUS (CWSAB)

<u>Medical Specialty</u>	<u>CWSAB 4-year Obligation</u>
Anesthesia	\$396,000
Neurosurgery	\$400,000
Diagnostic Radiology	\$364,000
General Surgery	\$400,000
Vascular Surgery	\$400,000
Pulmonary Medicine	\$292,000
Orthopedics	\$356,000
Otolaryngology	\$252,000
Aerospace Medicine	\$180,000
Emergency Medicine	\$276,000
Family Practice	\$252,000
Psychiatry	\$272,000
Urology	\$280,000
Internal Medicine	\$240,000
Ophthalmology	\$200,000
Preventive Medicine	\$220,000
Pediatrics	\$220,000

Table 2:

MEDICAL CORPS	Incentive Pay (IP) only 1-year rate (prorated monthly)					
INTERNSHIP (FYGME)	\$1,200					
INITIAL RESIDENCY (PGY2)	\$8,000					
GENERAL MEDICAL OFFICER (GMO)	\$20,000					
POST RESIDENT or FELLOW GRADUATE	Fully Qualified IP only 1-year rate (prorated monthly)	OR	Fully Qualified IP rate paid with a 2, 3, 4-year Retention Bonus (RB) (prorated monthly)	RB 2-year rate (paid annually)	RB 3-year rate (paid annually)	RB 4-year rate (paid annually)
AEROSPACE MEDICINE (RAM)	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
ANESTHESIOLOGY	\$59,000		\$73,000	\$25,000	\$40,000	\$60,000
CARDIOLOGY- ADULT/PEDS	\$59,000		\$64,000	\$21,000	\$34,000	\$51,000
DERMATOLOGY	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
EMERGENCY MEDICINE	\$49,000		\$53,000	\$17,000	\$26,000	\$40,000
FAMILY PRACTICE	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
GASTROENTEROLOGY- ADULT/PEDS	\$49,000		\$52,000	\$22,000	\$33,000	\$50,000
GEN INTERNAL MEDICINE	\$43,000		\$43,000	\$13,000	\$23,000	\$35,000
GENERAL SURGERY	\$52,000		\$73,000	\$25,000	\$40,000	\$60,000
NEUROLOGY- ADULT/PEDS	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
NEUROSURGERY	\$59,000		\$83,000	\$25,000	\$40,000	\$60,000
OBSTETRICS-GYNECOLOGY	\$54,000		\$54,000	\$17,000	\$25,000	\$35,000
OPHTHALMOLOGY	\$51,000		\$53,000	\$13,000	\$19,000	\$25,000
ORTHOPEDICS	\$59,000		\$73,000	\$17,000	\$33,000	\$50,000
OTOLARYNGOLOGY	\$53,000		\$58,000	\$17,000	\$25,000	\$33,000
PATHOLOGY	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
PEDIATRICS	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
PHYSIATRIST/PHYSICAL MEDICINE	\$43,000		\$43,000	\$12,000	\$13,000	\$20,000
PREVENTIVE/OCCUPATIONAL MEDICINE	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
PSYCHIATRY- ADULT/PEDS	\$43,000		\$43,000	\$17,000	\$28,000	\$43,000
PULMONARY/CRITICAL CARE MEDICINE	\$46,000		\$49,000	\$21,000	\$31,000	\$45,000
RADIOLOGY- DX, TX	\$59,000		\$65,000	\$25,000	\$40,000	\$60,000
UROLOGY	\$51,000		\$51,000	\$20,000	\$30,000	\$45,000
SUBSPEC CAT I (note 1)	\$59,000		\$80,000	\$23,000	\$36,000	\$55,000
SUBSPEC CAT II (note 2)	\$51,000		\$51,000	\$12,000	\$18,000	\$27,000
SUBSPEC CAT III (note 3)	\$46,000		\$49,000	\$12,000	\$17,000	\$25,000
SUBSPEC CAT IV (note 4)	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
SUBSPEC CAT V (note 5)	\$59,000		\$64,000	\$21,000	\$31,000	\$45,000
NOTE 1: REQUIRES PRIMARY SPECIALTY IN GENERAL SURGERY OR AS LISTED-- CARDIO-THORACIC SURGERY, COLON-RECTAL SURGERY, ONCOLOGY SURGERY, PEDIATRIC SURGERY, PLASTIC SURGERY, ORGAN TRANSPLANT, TRAUMA/CRITICAL CARE SURGERY, VASCULAR SURGERY, AND FELLOWSHIP TRAINED ORTHOPEDIC SURGEONS.						
NOTE 2: NUCLEAR MEDICINE INTERNISTS ONLY.						
NOTE 3: INTERNAL MEDICINE/PEDIATRIC FELLOWSHIP SUBSPECIALTIES IN ALLERGY, ALLERGY/IMMUNOLOGY, NEPHROLOGY, HEMATOLOGY/ONCOLOGY, AND NEONATOLOGY.						
NOTE 4: ALL INTERNAL MEDICINE AND PEDIATRIC SUBSPECIALTIES NOT LISTED IN SUBSPECIALTY CATEGORY I, III, OR LISTED SEPARATELY-- INFECTIOUS DISEASE, RHEUMATOLOGY, GERIATRICS FELLOWSHIP TRAINING, ENDOCRINOLOGY, CLINICAL PHARMACOLOGY, DEVELOPMENTAL PEDIATRICS.						
NOTE 5: PHYSICIANS WHO ARE FELLOWSHIP TRAINED IN OPHTHALMOLOGY, OTOLARYNGOLOGY, OB/GYN, AND UROLOGY.						

Table 3

Board Certification Pay (BCP) 1-year rate	\$6,000
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Table 4: Recognized Boards

American Board of Medical Specialties- ABMS (24 boards; includes 147 subspecialties)
American Osteopathic Association Specialty Certifying Boards- AOA (18 boards)