OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

OCT - 2 2019

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 115-262, page 219, accompanying S. 2987, the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019, which requests follow-on action to findings and recommendations in the Government Accountability Office (GAO) Final Report GAO-18-77, "MILITARY PERSONNEL: "Additional Actions Needed to Address Gaps in Military Physician Specialties," dated February 28, 2018 (GAO Code 101138).

GAO 18-77 described the Department of Defense's gaps in physician authorizations (funded positions) and end strength (number of physicians on hand), and how the Department's approach to address physician specialty gaps does not include coordinated strategies to address key shortages. The report outlined several findings and recommendations, which were tasked to the respective Military Departments (MILDEPs) and the Uniformed Services University of the Health Sciences (USUHS) for action. In July 2018, each MILDEP and the USUHS developed and submitted their initial corrective action plans (CAPs).

In addition, the MILDEP offices of Manpower and Reserve Affairs and the USUHS were tasked to provide follow-up information on the CAPs they previously submitted, and also to develop recommendations on changes to physician accession programs. This knowledge will help enhance the recruitment and retention of highly qualified physicians in critical wartime medical specialties. Their revised CAPs and recommendations on changes to physician accession programs are in the enclosed report.

The Senate Report also asked the Department to develop a plan that includes recommendations for changes to its physician accession programs. The comprehensive accession plan will be provided when the final report for section 708 of the NDAA for FY 2017 (Public Law 114-328) is submitted to Congress in June 2020.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Senate Committee on Armed Services.

Sincerely,

James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable William M. "Mac" Thornberry
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

OCT - 2 2019

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 115-262, page 219, accompanying S. 2987, the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019, which requests follow-on action to findings and recommendations in the Government Accountability Office (GAO) Final Report GAO-18-77, "MILITARY PERSONNEL: "Additional Actions Needed to Address Gaps in Military Physician Specialties," dated February 28, 2018 (GAO Code 101138).

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Sincerely,

James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

REPORT TO CONGRESSIONAL ARMED SERVICES COMMITTEES

Senate Report 115-262, Page 219 to Accompany the S. 2987, John S. McCain National Defense Authorization Act for Fiscal Year 2019

Additional Actions Needed to Address Gaps in Military Physician Specialties

September 2019

The estimated cost of this report or study for the Department of Defense is approximately $24,000 in Fiscal Years 2018 - 2019. This includes $5,500 in expenses and $18,000 in DoD labor.

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EXECUTIVE SUMMARY

In February 2018, the Government Accountability Office (GAO) published a report titled Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties" (GAO-18-77). The report described the Department of Defense's (DoD) gaps in physician authorizations (funded positions) and end strengths (number of physicians on hand) and how the DoD's approach to address physician specialty gaps doesn't include coordinated strategies to address key shortages. The report concluded with 10 recommendations, which were agreed to by the respective Military Departments (MilDeps) and the Uniformed Services University of the Health Sciences (USUHS) through the development of corrective action plans (CAPs).

In response to the Senate Report 115- 262, page 219, the MilDeps have provided updates to their CAPs, which were submitted last year, and also outlined MilDep initiatives to change their physician accession programs. This material is in the appendices of this report. This Senate report also contained three observations dealing with current accession practices that were part of the GAO final report. Reponses to these observations are in the body of this report.

Senate Report 115-262, also requests more information on efforts to address gaps in critical wartime specialties, and more particularly requested the DoD develop a comprehensive plan that includes recommendations for changes to the DoD's physician accession programs. A response to this committee's request regarding a comprehensive accession plan will be provided when the report, in response to section 708(d) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328), is submitted to Congress by June 2020.

RESPONSES TO GAO FINDINGS

GAO OBSERVATION 1: While the MilDeps "generally meet their Armed Forces Health Professions Scholarship Program and Uniformed Services University of Health Sciences (USUHS) recruitment goals," they continually experience gaps in critical specialties because the Services do not "channel students into residencies for the specialties in most critical need."

RESPONSE: The following response was reported to Congress in the NDAA for FY 2017, section 708 interim letter, dated February 7, 2019, and is responsive to the first GAO finding:

"Most of the Department's critical wartime shortage specialists are accessed as either medical students (i.e., physician specialties) or through regular officer accession programs (e.g., critical care nurses). Because most Active Component physicians are accessed at the start of medical school, the ultimate specialty the individual will choose to pursue cannot be determined at commissioning. Financial incentive programs and other recruiting methods have met with limited success in recruiting fully-trained physicians in trauma-related wartime medical specialties for Active or Reserve Component service. The vast majority of physicians in the Active Component come from either Uniformed Services University of the Health Sciences (USUHS) or Health Professions Scholarship Program (HPSP) programs. Many physicians in the Reserve Components started service in the Active Component and transitioned to a Reserve Component when their Active Duty service obligation was complete. Physicians in trauma related and other critical wartime specialties transition to the Reserve Components at disproportionately low rates."

GAO OBSERVATION 2: The GAO concluded that most medical students met minimal qualifications for acceptance into the Armed Forces HPSP and the USUHS but the DoD does not consistently track data on its students, "potentially hindering opportunities to improve the quality of its accession programs."

RESPONSE: In their CAPs, each MilDep reported that they have implemented enhanced automation processes by which they can track and analyze student performance. Further, MilDeps have taken steps to ensure persons entering data into automated systems are entering them correctly and in a timely manner. For instance, the Department of the Army instituted quarterly reviews of key data fields and reiterated the requirement for completeness and accuracy of data. When their quarterly reviews identify areas for improvement, they retrain technicians in order to improve data quality. The Navy and Air Force have created processes to enter additional data fields to students' records such as MCAT Scores, allowing the MilDep to record and track performance measure from recruitment through medical school and into the post-graduate year. As a final example, the Air Force indicated they updated the Air Force Recruiting Service guide to emphasize the requirement for accurate/complete reporting of accession data to include undergraduate metrics (Grade Point Average/Medical College Admission Test) for all HPSP scholarship recipients. The USUHS reported that the Long-term Career Outcome Study continues to research issues relevant to tracking USUHS student performance and progress. Copies of each MilDep's and USUHS's updated CAPS and their recommendations for improving accession programs are in the appendices attached to this report.

GAO OBSERVATION 3: The GAO found that the USUHS has not determined the costs of educating its medical students, which may hinder "DoD's ability to understand its full funding needs for its primary accession programs."

RESPONSE: The USUHS has contracted with the Institute for Defense Analyses to determine the value proposition of its students. That report is well underway, with a projected completion of October 2019.

SUMMARY

Following the GAO study, in Senate Report 115-262, the committee requests the DoD address all of the recommendations in the GAO report and develop a comprehensive plan to change its physician accession programs. More specifically, the committee voiced concerns about the DoD's failure to comprehensively address the long-standing gaps in critical military physician specialties across the MilDeps.

The MilDeps have updated their CAPs, to include how they addressed the various GAO findings and provided recommendations on how they plan to enhance their military physician accession programs. This material is attached as appendices to this report.

Responses to the GAO findings reflect the difficulties associated with channeling medical students into shortage specialty areas; report on the ways the MilDeps have enhanced their ability to track medical student performance from entry to graduation; and delayed a response to identifying the cost of USUHS medical education.

A response to this committee's request regarding a comprehensive accession plan will be provided when the report responding to section 708(d) of the NDAA for FY 2017 is submitted to Congress in June 2020.

APPENDIX A: DEPARTMENT OF AIR FORCE

Follow-up Status and Corrective Action Plan
For Implementing GAO Recommendations

Subject: GAO Report No. GAO-18-77, "Additional Actions Needed to Address Gaps in Military Physician Specialties", February 28, 2018, (GAO Project Number 101138).

Recommendation 3: The Secretary of the Air Force should develop targeted strategies for using its recruitment, training, and retention programs collectively to address key military physician gaps in a coordinated manner, and metrics that would monitor the effectiveness of its programs collectively in reducing gaps.

DoD Position: Concur

Status Update: Correction action plan identified (specifics in chart). In July 2018, we conducted a 3-day "Influencer Tour" with the Air Force (Air Force) Recruiting Service highlighting critically-manned wartime specialties to premedical advisors, medical school admissions/financial aid officers, and graduate medical education leads to excite interest in the AF Medical Service (AFMS) mission.

To improve interest in the career field and help students prepare more competitive applications, separate teleconferences (TCONs) were conducted for each of the following specialties since the GAO report was released: family medicine, emergency medicine, aerospace medicine, surgery and anesthesia/Critical Care Air Transport Team (CCATT)/Special Operations. During the TCON, the AF Surgeon General Specialty Consultant marketed their career field (including operational tempo, career paths/assignments), explains specifics on each residency platform and the selection board. These TCONs are recorded and available in a mobile-friendly format for the students to access throughout the year. A schedule was established to conduct/record each specialty annually.

Estimated Completion Date: December 31, 2019

Corrective Action Plan (CAP): Identify key corrective actions planned to fully implement the recommendation.

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
Develop a sustainable process for improved marketing of key specialties to students: mobile-friendly, recorded specialty teleconferences, recurring news stories shared with the Facebook community, and online mentors.	31 Aug 2018	1 Aug 2018	Numbers utilizing services (TCON participation, frequency of news stories). For example, TCON participation: Emergency Medicine >80. Anesthesia >100. For the week of 29 Jul, 3 news stories on key specialties shared on Facebook.	Over 2500 members in our closed group, active Facebook community.
In coordination with AF Recruiting Service, develop a process to educate civilian leaders that have influence over potential AFMS recruits. Develop a CONOPS for a multi-day "Influencer Tour" with hands-on demos & conduct the 1st tour.	31 Jul 2018	15 Jul 2018	Survey of civilian participants: 100% very impressed with tour & all articulated plans to share the "AFMS story" when they return home.	Demos included hospital tours, CCATT training flight on a C17 aircraft, educational panels & meeting 1:1 with AF physicians.
Expand AF Health Professions Scholarship Program (HPSP) quotas as indicated in the GAO report.	4th Qtr CY18		# of approved AF HPSP accession quotas per year. Fill rate and average GPA/MCAT scores for FY18 accessions.	Overproduction approved for FY18 quotas. The Medical Corps FY19 HPSP quotas were increased by 16. ECD set for 4th Qtr to allow us time at the end of this FY to analyze the percent filled & quality of accessions to track the impact of increased production.
Expand military-sponsored Graduate Medical Education	2nd Qtr CY19		# of additional trainees with	Currently working the following new military/civilian GME

(GME) opportunities for key specialties.			these new programs	partnerships: Aerospace Med, Emergency Med, Family Med, and Internal Med (via USAFSAM) and Orthopedics (at Travis AFB).
In coordination with A1 and the Air Force Personnel Center, analyze challenges & opportunities (using subject matter experts) through a Physician Retention Task Force and implement process improvements.	4th Qtr CY19		TBD by Task Force	

Recommendation 6: The Secretary of the Air Force should track complete, accurate, and accessible information on the qualifications, performance, and progress of Air Force AFHPSP medical students.

DoD Position: Concur
Status Update: Correction actions identified. Completeness and accuracy of data submitted by AF recruiters has improved as noted and verified in the second initiative below.
Estimated Completion Date: June 30, 2019
Corrective Action Plan (CAP): Identify key corrective actions planned to fully implement the recommendation.

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
Partner with Army and Navy to secure a tri-service database to track students' performance across the continuum of learning (from accession to post-residency). Secure funding to modify the already-existing MODS database for the three Services to manage Undergraduate Medical Education (UME) and GME personnel.	2nd Qtr CY19			The MODS database contract covers all 3 Services for limited functions (ie the JGMESB). The Army has contracted for additional modules and thus MODS is utilized to manage their UME and GME students. There are some functionality issues within MODS at present that should be adjusted before usage

				is expanded. We believe this database can be improved to meet the Tri-service needs and that this tool is more cost-effective than developing a brand new IT solution.
Update AF Recruiting Service guide to emphasize requirement for accurate/complete reporting of accession data to include undergraduate metrics (GPA/MCAT) for all HPSP scholarship recipients.	30 Sep 18	1 Aug 18	Review of 2018 HPSP scholarship recipients accession data showed 100% capture of GPA and MCAT	

Recommendation 9: The Secretary of the Air Force should use information on medical student performance to evaluate Air Force accession programs.

DoD Position: Concur
Status Update: Correction actions identified.
Estimated Completion Date: June 30, 2019
Corrective Action Plan (CAP): Identify key corrective actions planned to fully implement the recommendation.

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
Annually track & analyze the qualifications of HPSP and Uniformed Services University accessions (including GPA and MCAT scores).	4th Qtr CY18 (then yearly thereafter)		GPA and MCAT scores	Data analysis in progress. Changes in recruiting strategies have shown higher GPA/MCAT in this recruiting class.
Annually track matriculation of medical students progressing to the next year of training.	3rd Qtr CY 18 (then yearly thereafter)		Progression rate thru medical school	Data analysis in progress, comparing rates to the past 5 years.
Annually analyze the very small number of students that do not matriculate	4th Qtr CY18 (then yearly thereafter)		Rate of non-progression, source, and	Will evaluate accession packages of students who fail to matriculate or withdraw to assess

successfully to the next year of training.			contributing factors	for red flags that can be applied to future accession boards.

APPENDIX B: DEPARTMENT OF ARMY

Subject: Follow-up Status on GAO-18-77, MILITARY PERSONNEL: Additional Actions Needed to Address Gaps in Military Physician Specialties, February 18, 2018 (GAO Project Number 101138)

Recommendation #1: The Secretary of the Army should develop targeted strategies for using its recruitment, training, and retention programs collectively to address key military physician gaps in a coordinated manner, and metrics that would monitor the effectiveness of its programs collectively in reducing gaps.

Army Position: Concur. The Army will conduct a review of recruitment, training, and retention programs to determine what changes should be made to improve recruitment and retention of military physicians.

Status Update: July 6, 2018
Estimated Completion Date:
CAP:

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
OSD(HA) increased the Physician Critically Short Wartime Specialty Accession Bonus (CSWSAB) Rates.	1 Oct 18	1 Jan 19	Based on a specialty specific mission, the number of USAREC CSWSAB agreements executed with new accessions.	Army implemented OSD(HA) CSWSAB higher rates for the USAREC missioned specialties as published in the Army Active Component Health Professions Officer Special and Incentive Pay Plan Effective 1 January 2019.
OSD(HA) created a Higher Rate 6-year Health Professions Officer Retention Bonus (HPO RB) for Critically Short Physician Specialties.	1 Oct 18	1 Jan 19	Number of officer 6-year HPO RB agreements executed.	Army implemented OSD(HA) HPO RB 6-year authority for specific specialties as published in the Army Active Component Health Professions Officer Special and Incentive Pay Plan Effective 1 January 2019 (attachment 1).

Increase the number of Health Professions Scholarships Program (HPSP) scholarships to help decrease the overall physician shortfalls.	1 Oct 19	1 Feb 19	Review actual numbers of accessions at the end of each scholarship window; revise annually as required.	OTSG authorized over accession of FY18 HPSP Scholarship participants, and provided increases to the FY19 and FY20 missions via OTSG G-1/4/6 input to Army G-1 Mission letter increased the HPSP Scholarships as follows: 5 Additional 3 Year 25 Additional 4 Year This guidance was signed on 26 July 2018 (attachment 2). The Army G-1 has not yet published the FY19/20 Mission Letter. Continued increases at the current level will be dependent upon future program funding.
Implement a recruiting mission using Financial Assistance Program (FAP) scholarships to help decrease the physician shortfall in critical specialties.	1 Oct 19	1 Feb 19	Review actual numbers of FAP participants at the end of each FY; revise annually as required.	OTSG provided for a FAP mission beginning in FY20 and an over production mission for FAP in FY19. FAP is a new mission for USAREC and requires an adjustment to their operations to develop the market strategy.

				G-1/4/6 input to Army G-1 Mission letter added a mission of 10 FAP Scholarships This guidance was signed on 26 July 2018 (attachment 2). The Army G-1 has not yet published the FY19/20 Mission Letter. It is currently in draft form. Continued increases at the current level will be dependent upon future program funding.

Subject: Follow-up Status on GAO-18-77, MILITARY PERSONNEL: Additional Actions Needed to Address Gaps in Military Physician Specialties, February 18, 2018 (GAO Project Number 101138)

Recommendation #4: The Secretary of the Army should track complete, accurate, and accessible information on the qualifications, performance, and progress of Army AFHPSP medical students.

Army Position: Partially concur. As GAO notes in the report, the Army has a process to track data on student qualifications and performance and uses the information to make improvements as needed. However, we will review current processes and make necessary improvements to ensure data is complete and accurate

Status Update: January 11, 2019
Estimated Completion Date:
Corrective Action Plan (CAP):

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
Issue memorandum advising technicians of	1 August 2018	13 July 2018		Memorandum was issued on 13 July

initiation of quarterly review of key data fields and requirements for completeness and accuracy of data.				2018 (attached), and is now part of the quarterly appraisal counselling for all technicians.
Begin quarterly reviews of selected student data entries to ensure completeness and accuracy of key data fields.	1 October 2018	13 July 2018		Quarterly review of data with responsible technicians began in July 2018, and now occurs on a quarterly basis. However, review of data on individual records is performed daily by the Program Manager as each record is entered and validated by the technicians.
Retrain technicians as needed to correct any significant identified deficiencies with data quality.	1 October 2019	13 July 2018		As of 13 July 2018, quarterly performance evaluation of all technicians include quality expectations for data entry. New records are reviewed daily by the Program Manager for accuracy, and additional training is provided when performance does not adequately meet expectation. Additional training is annotated on the quarterly appraisal counseling form.

This is a memorandum from the Surgeon General of the Army, dated July 26, 2018, Subject: Modified FY 2019 and Tentative FY 2020 Active Component Army Medical Department (AMEDD) Accession Mission.

[= THE ARMY OFFICE OF THE SURGEON GENERAL 5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

26 JUL 2018

MEMORANDUM FOR DEPUTY CHIEF OF STAFF, G-1, ATTN: DAPE-MPA

SUBJECT: Modified Fiscal Year (FY) 2019 and Tentative FY 2020 Active Component Army Medical Department (AMEDD) Accession Mission

1. This memorandum transmits the modified FY19 and the tentative FY20 Active Component accession mission for the AMEDD. The FY19 modification reflects the final determination based on the accomplishments of the FY18 mission and known changes in strength and/or future force structure. The FY20 accession mission is based on the current force structure models for each Corps and may be modified later in FY19. Individual Corps program accession requirements represent the total requirements from all sources.

2. The table below represents the projected total program requirements for entry onto active duty (AD) and entry into student programs not on AD in FY19 and FY20 for each of the AMEDD Corps:

Corps	Accession to AD		Students not on AD	
	FV19	FY20	FY19	FY20
AN[1]	285	289	40	40
DC	102	104	95	95
MC	371	375	315	325
MS[2]	323	330	28	28
SP[3]	162	169	100	100
VC	41	43	33	33
TOTAL	1284	1310	611	621

Notes:

1. Students not on AD includes AMEDD Enlisted Commissioning Program (AECP).
2. Accessions to AD does not include requirements for USUHS entrants.
3. IPAP students are AD officer and enlisted but retain current branch until completion.

3. Enclosures 1 through 6 provide a detailed breakout for each Corps showing sources of total program requirements for entry on AD, specific direct recruitment requirements, and student recruitment requirements to meet the above stated requirements.

4. Army Nurse Corps: There is a distinction in the Army Nurse Corps Mission between the USA Cadet Command Commission Mission as reflected in Enclosure 4 of the Department of the Army G-1 mission memo and the Accession Mission as reflected in Enclosure 1 to this memorandum. Enclosure 1 reflects accessions to active duty which normally includes cadets that have been actually commissioned in previous FYs. These are reflected as "roll overs'; and should not influence the numbers actually commissioned annually by USACC.

5. Behavioral Health: Continued demands on the behavioral health professions make accomplishment of the stated mission for these skill sets especially critical. Missions for Psychiatrists, Clinical Psychologists, Social Workers and Psychiatric Nurse Practitioners should receive special attention.

a. Recruitment requirements for Social Work officers remains a high priority. Recruitment will focus on two avenues:

1) Master of Science in Social Work program at the AMEDD Center and School. This program is viewed as critical to meet the behavioral health needs of the Army. Detailed guidance regarding the program for FY19 is contained in at forthcoming MILPER Message.

2) Social Work Internship Program (SWIP) provides individuals who have already attained a Master's Degree in Social Work from a Council on Social Work Education (CSWE) accredited institution the opportunity to complete the necessary requirements to become a licensed clinical social worker. Interested individuals should also have successfully completed the License Master Social Work (LMSW) examination prior to entry into SWIP.

b. The Clinical Psychology recruitment remains a high priority, and multiple programs will be used to access the numbers required to meet the current authorized levels.

1) Internship Program is a program of particular concern. The applicants to this program must match to the Army program in order to be entered on to active duty for an internship.

2) HPSP Scholarships for students in Clinical Psychology programs has increased for both 1 and 2 year scholarships. USAREC must ensure that sufficient numbers of applicants are available to meet the scholarship mission requirements.

3) Beginning in FY 2019 USAREC will board and select fully-qualified applicants.

4) Beginning in FY2019 USAREC will offer the Financial Assistance Program (FAP) to up to 3 applicants per year for post-doctoral Fellowships. USAREC will coordinate with the Clinical Psychology Consultant to The Surgeon General for specific qualifications for entry into FAP.

6. Addendum 1 to Army Structure (ARSRTUC) Memorandum 2020-2024, dated 08 December 2017 adds 130 spaces for Physical Therapists (658) and Dieticians (65C) to support the Holistic Health and Fitness (H2F) initiative. This requires a significant increase in the recruitment and accession of 658 and 65C officers over prior recruitment years. These increased requirements are reflected in the mission numbers for FY19 and FY20. These increases are anticipated to endure beyond FY20. In addition, it is anticipated that there will be an increased need for the accession of fully-qualified Occupational Therapists (65A). Due to lack of budgeted end-strength for 65A, the accession numbers remain unchanged from FY 2018. However, USAREC should be prepared to over-produce on the mission of fully-qualified 65A in order to meet anticipated demand.

7. Based on the number of foreign veterinary colleges which have gained accreditation from the American Veterinary Medical Association (AVMA), the waiver of the requirement in paragraph 1(11)c(1)(d), AR 351-101, continues throughout this accession period. This waiver is necessary in light of the fact that the AVMA policies exempt graduates of accredited foreign colleges from taking the standard Educational Commission for Foreign Veterinary Graduates (ECFVG). Graduates of non-AVMA accredited foreign veterinary schools continue to require the ECFVG.

8. Utilization of the Critically Short Wartime Specialty Accession Bonus (CSWSAB) results in a mission which delineates specific skills to be recruited utilizing the bonus amount established by Assistant Secretary of Defense (Health Affairs) (ASD(HA)). The FY19 dollar amounts of the accession bonus have increased for selected critical skills as published in the FY19 pay plan. A determination as to availability in FY20 has not yet been made.

a. The CSWSAB may be utilized for Army Nurse Corps officers recruited as CANA (66F).

b. The CSWSAB may be utilized for Medical Corps officers recruited in the skills listed in the Medical Corps enclosure for FY19 only.

c. The CSWSAB may be utilized for Dental Corps officers recruited as Oral Surgery (63N), Prosthodontics (63F), Comprehensive Dentistry (63B), Endodontics (63E) or General Dentistry (63A).

e. The CWSAB may be utilized for fully-qualified Medical Service Corps Officers in Clinical Psychology (738) only.

9. There are standard accession bonuses (AB) available for selected specialties as described below.

a. The standard AB may be utilized for Army Nurse Corps in FY19 for all specialty trained direct accession applicants. This does not include Medical Surgical Nurses (66H).

b. The standard AB may be utilized for accession of qualified direct accession Dental Corps officers in any specialty not listed as a CWSAB specialty.

c. The standard AB may be utilized for Army Medical Specialist Corps beginning in FY 19 for the recruitment of fully-qualified Physical Therapists (658) and Dietitians (65C) to assist in meeting the H2F increases. The AB may also be utilized for any Physician Assistants (650).

d. The standard AB may be utilized for accession of qualified Medical Service Corps officers in Pharmacy (67E) and Social Worker (73A).

e. The standard AB may be used Veterinary Corps applicants.

10. The AD Health Professional Loan Repayment Program remains funded at a level to support 175 new enrollees within the program in FY19. A decision regarding FY20 availability of funds has not yet been made. This program may be utilized as required to accomplish the established direct accession mission for all specialties, except Medical- Surgical Nurse (66H).

11. MAVNI should be considered a tool to assist USAREC in the accomplishment of the assigned direct accession mission. Limitations have been placed on the use of MAVNI in some of the Corps. These limitations are contained within the specific Corps enclosures.

12. Fiscal and strength considerations make adherence to the year group distribution of the Health Professions Scholarship Program (HPSP) mission critical. No deviation from the established year group mission will be permitted without direct coordination with DASG-HR or as indicated in the specific Corps enclosure.

13. There will be required modifications to this mission letter during the execution year caused by academic drops from schooling, changes in force structure, and additional external factors. I request authorization for direct coordination between the Office of The Surgeon General (OTSG) and Health Services Directorate, USAREC, during the year of execution in the following instances.

a. Changes in the Health Professions Scholarship/Financial Assistance Program Mission and the Health Professions Loan Repayment Program.

b. Activation of alternates from selection boards.

c. Reductions in direct accession missions.

d. Requests to overproduce in non-missioned AOCs.

e. Modification of available recruitment incentives based on funding constraints.

14. Additions to the direct mission in the year of execution and any change where there is no agreement between the Human Resources Directorate, OTSG, and Health Services Directorate, USAREC will be routed through DAPE-MPA for adjudication.

15. Our point of contact for this action **is Ms.** Cara Weldyt DASG-HR, 703-681-3197, email cara.a.weldy.civ@mail.mil.

FOR THE SURGEON GENERAL:

Encls

Colonel(P), US Army
Deputy Chief of Staff, Support (G-1/4/6)

CF:
Chief, Health Services Directorate, HRC
Director, AMEDDPersonnel Proponency Directorate, AMEDDC&S
Dean, AMEDDCS

Expected Accession Capability as a Result of Prior Recruitments

Specialty		AOC	Program	Category	FY19	FY20
Registered Nurse[1]		66H	ROTC	Current FY Commissions	120	120
Registered Nurse[1]		66H	ROTC	Prior FY Commissions	**45**	**45**
Registered Nurse		66H	AMEDD Enlisted Commissioning	Projected Graduates	**25**	**25**
Nurse Anesthetist		66F	Health Professions Scholarship	Projected Graduates	0	1
Family Nurse Practitioner		66P	Health Professions Scholarship	Projected Graduates	1	0
Psychiatric Nurse Practitioner		**66R**	Health Professions Scholarship	Projected Graduates	1	0
Nurse Midwife		66W	Health Professions Scholarship	Projected Graduates	0	1
TOTAL					**192**	**192**

Recruitment Requirements for Current FY **Accessions**

Specialty	AOC	Program	Category	FY19	FY20
Registered Nurse[2]	66H	Direct Accession	Fully-Qualified	20	20
Registered Nurse[3]	66H	AMEDD **Registered** Nurse Enlisted Commissioning	Fully-Qualified/OCS Graduate	0	0
Nurse Anesthetist[4]	66F	Direct Accession	Fully-Qualified	5	5
Nurse Anesthetist	66F	Direct Accession	Student Program	**25**	25
Familv Nurse Practitioner[4]	66P	Direct Accession	Fully-Qualified	10	10
Psychiatric Nurse Practitioner	66R	Direct Accession	Fully-Qualified	3	7
Critical Care Nurse	66S	Direct Accession	Fully-Qualified	10	10
Critical Care Nurse[5]	66S	Direct Accession	Student Program	15	15
Emergency Nurse	66T	Direct Accession	Fully-Qualified	4	4
Nurse Midwife	66W	Direct Accession	Fully-Qualified	1	1
TOTAL				**93**	**97**
TOTAL EXPECTED ACCESSIONS FROM ALL SOURCES				***285***	***289***

Recruitment to Student Programs for Accession In Future Fiscal Years

Specialty	AOC	Program	Category	FY19	FY20
Registered Nurse (to be 66H)		AMEDD Enlisted Commissioning	Student	35	35
Nurse Anesthetist, Famity Nurse Practitioner or Psychiatric Nurse Practitione[6]r	00E	Health Professions Scholarship	Student	5	5
TOTAL				**40**	**40**

NOTES:

1. ROTC numbers reflect projected accession to active duty from all commissioning years and should not be confused with Cadet Command Commission Mission. Desired Reserve Officer Training Corps Commission Output is 165 which is the combination of current and prior year commissions.
2. Distribution of the 66H recruitment mission is 10 fully-qualified with <2 years of experience and 10 with 2-4 years of experience. Deviations must be coordinated with DASG-HR.
3. AMEDD Registered Nurse Enlisted Commissioning Officer Candidate program will be boarded as needed based upon fiscal year requirements.
4. Over-accession of fully-qualified 66F and 66P direct accessions is authorized.
5. Applicants for the 66S Student Program must possess a minimum of 2 years of medical-surgical nursing experience in order to be considered.
6. HPSP accessions are capped at 5 in any combination of Nurse Anesthetist (66F), Family Nurse Practitioner (66P) or Psychiatric Nurse Practitioner (66R).

ADDITIONAL GUIDANCE:

MAVNI accessions are not generally appropriate for nurse accessions and coordination must be made with OTSG prior to boarding any MAVNJ applicant.

Over-accessions of fully-qualified nurses except as noted above require DASG-HR approval.

Expected Accession Capability as a result of Prior Recruitments

Specialty	AOC	Program	Category	FY19	FY20
General Dentist	63A	Health Professions Scholarshlp (HPSP)	Projected Graduates	75	81
General Dentist	63A	ROTC and USMA/HPSP	Education Delay	5	1
TOTAL				**80**	**82**

Recruitment Requirements for Current FY Accessions

Specialty	AOC	Program	Category	FY19	FY20
General Dentist	63A	Direct Accession	Fully-Qualified	15	15
Oral Surgeon	63N	Direct Accession	Fully-Qualified	5	5
Prosthodontist	63F	Direct Accession	Fully-Qualified	2	2
TOTAL				**22**	**22**
TOTAL EXPECTED ACCESSIONS FROM ALL SOURCES				***102***	***104***

Recruitment to Student Programs for Accession in Future Fiscal Years

Specialty	AOC	Program	Category	FY19	FY20
Dental School Student	0OE	Health Professions Scholarship	FY20 Graduation	0	0
Dental School Student	ODE	Health Professions Scholarship	FY21 Graduation	0	0
Dental School Student	00E	Health Professions Scholarship	FY22 Graduation	20	20
Dental School Student	00E	Health Professions Scholarship	FY23 Graduation	75	75
TOTAL				**95**	**95**

NOTES:

1. Military Accessions Vital to the National Interest (MAVNI) will not be utilized to recruit 63A (General Dentists).

2. All direct accessions should have less than 10 years constructive credit or current grade held of MAJ. Individuals with 10 or greater years constructive credit or current grade held higher than MAJ must be approved by Chief, Dental Corps (or his designated representative) prior to recruitment/accession.

3. USAREC has "automatic authority" to enroll any additional one year HPSP Scholarships; DASG-HR will be notified if executed.

4. Over-accessions of Dental HPSP may be allowed with coordination and approval of OTSG.

ADDITIONAL GUIDANCE:

Fully qualified applicants, other than those missioned, should be forwarded to the appropriate consultant for Curriculum Vitae (CV) review and determination of the current needs of the Dental Corps.

Positions will be available for the one-year Advanced Education in General Dentistry to officers entering active duty through all accession sources other than Financial Assistance Program (FAP). USAREC must contact OTSG Medical Education to confirm prior to execution.

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Specialty	AOC	Program	Category	FY19	FY20
Field Surgeon	62B	Uniformed Service University	Projected Graduates	65	60
Field Surgeon	628	Health Professions Scholarship	Projected Graduates	266	275
Field Surgeon[1]	628	Financial Assistance	Projected Graduates	0	0
Field Surgeon	628	Early Commissioning	Projected Graduates	0	0
TOTAL				**331**	**335**

Recruitment Requirements for Current FY Accessions

Specialty	AOC	Program	Category	FY19	FY20
Preventive Medicine	60C	Direct Accession	Fully-Qualified	2	2
Anesthesia	SON	Direct Accession	Fully-Qualified	4	4
Pediatrician	60P	Direct Accession	Fully-Qualified	0	0
Psychiatrist	60W	Direct Accession	Fully-Qualified	8	8
Internal Medicine	61F	Direct Accession	Fully-Qualified	2	2
Infectious Disease	61G	Direct Accession	Fully-Qualified	2	2
Family Practice	61H	Direct Accession	Fully-Qualified	2	2
General Surgery	61J	Direct Accession	Fully-Qualified	10	10
Emergency Medicine	62A	Direct Accession	Fully-Qualified	10	10
TOTAL				**40**	**40**
TOTAL EXPECTED ACCESSIONS FROM ALL SOURCES FOR FY 2019				***371***	***375***

Recruitment to Student Programs for Accession In Future Fiscal Years

Specialty	AOC	Program	Category	FY19	FY20
Medical School Student	00E	Health Professions Scholarship Student	1-Year Scholarship	0	0
Medical School Student	00E	Health Professions Scholarship Student	2-Year Scholarship	0	0
Medical School Student	00E	Health Professions Scholarship Student	3-Year Scholarship	25	**25**
Medical School Student	00E	Health Professions Scholarship Student	4-Year Scholarship	280	290
Medical School Student[1]	00E	Financial Assistance	1+ Years Grant/Stipend	10	10
TOTAL				**315**	**325**

Overproduction of Direct Accessions Authorized in Following Specialties to Fill Vacancies

Specialty	AOC	Program	Category		FY19	FY20
Preventive Medicine	60C	Direct Accession	Fully-Qualified		**20**	20
Anesthesia	**60N**	Direct Accession	Fully-Qualified		25	**25**
Psychiatrist	**60W**	Direct Accession	Fully-Qualified		No Limit	No Limit
Internal Medicine	61F	Direct **Accession**	Fully-Qualified		**50**	**50**
Family Practice	61H	Direct Accession	Fully-Qualified		No Limit	No Limit
General Surgery	61J	Direct Accession	Fully-Qualified		No Limit	No Limit
Neurosurgery	61Z	Direct Accession	Fully-Qualified		No Limit	No Limit
Emergency Medicine	62A	Direct Accession	Fully-Qualified		No Limit	No Limit

NOTES:

1. FAP mission will be restricted to the Areas of Concentration listed in the direct accession, fully-qualified mission requirements listed. The direct accession mission will not be reduced based upon recruitment of any FAP participant. Deviations from this instruction must be coordinated with DASG-HR.

2. Direct accession of any specialty not listed may be processed by exception. Prior coordination with DASG-HR is required. Forward in accordance with established procedures

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Specialty	AOC	Program	Category	FY19	FY20
Health Care Admin	70B	United States Military Academy	Projected Graduates	20	20
Health Care Admin[1]	708	ROTC	Current FY Commissions	140	150
Health Care Admin[1]	708	ROTC	Prior FY Commissions	0	0
Health Care Admin[2]	70B	OCS	Projected Graduates	0	0
Optometry	67F	HPSP	Projected Graduates	12	11
Pharmacy	67E	HPSP	Projected **Graduates**	1	0
Pharmacy	67E	ROTC	Education Delay	0	0
Biochemist	71B	ROTC	Education Delay	0	0
Social Work Officer	73A	ROTC	Education Delay	0	0
Clinical Psychology	73B	HPSP	Projected Graduates	**8**	13
Clinical Psychology	73B	ROTC	Education Delay	1	1
Clinical Psychology	73B	FAP	Projected Graduates	3	3
TOTAL				**185**	**198**

Recruitment Requirements for Current FY Accessions

Specialty	AOC	Program	Category	FY19	FY20
Health Care Admin[3]	70B	Direct Accession	Fully-Qualified	0	0
Microbiologist (MS)	71A	Direct Accession	Fully-Qualified	1	1
Microbiologist (PhD)	71A	Direct Accession	Fully-Qualified	4	4
Biochemist	718	Direct Accession	Fully-Qualified	7	7
Clinical Lab Off	71E	Direct Accession	Fully-Qualified	7	7
Research Psychologist	71F	Direct Accession	Fully-Qualified	3	3
Nuclear Med Science	72A	Direct Accession	Fully-Qualified	**8**	6
Entomologist	728	Direct Accession	Fully-Qualified	4	4
Audiologist	72C	Direct Accession	AEP or Fully-Qualified	6	6
Environmental Science (BS/MS Level)	720	Direct Accession	Fully-Qualified	**13**	9
Environmental Science (ASI N4 Qualified)	72D	Direct Accession	Fully-Qualified	4	4
Social Work Off	73A	MSW Training Program	Student	22	22
Social Work Off	73A	Internship	Student	5	5
Social Work Off	73A	Direct Accession	Fully-Qualified	**5**	5
Clinical Psychology	738	Internship Program	Student	**24**	**24**
Clinical **Psychology**	738	Post Doc Supervision	Fully-Qualified	3	3
Clinical Psychology	73B	Direct **Accession**	Fully-Qualified	3	3
Pharmacy	67E	Direct Accession	Fully-Qualified	13	13
Optometrist	67F	Direct Accession	Fully-Qualified	2	2
Podiatrist	67G	Surgery Residency	Student	2	2
Podiatrist	67G	Direct Accession	Fully-Qualified	2	2
TOTAL				**138**	**132**
TOTAL EXPECTED ACCESSIONS FROM ALL SOURCES				***323***	***330***

Specialty	AOC	Program	Category	FY19	FY20
Medical Student	70B	F. Edward Herbert School of Medicine	Future MC Accession	63	63
Clinical Psychology	738	PhD Long Term Training	Board Select Students	3	3
TOTAL				**66**	**66**

Recruitment to Student Programs for Accession In Future Fiscal **Years**

Specialty	AOC	Program	Category	FY19	FY20
Optometry	00E	Health Professions Scholarship	(1-Year Scholarship)	2	2
Optometry	00E	Health Professions Scholarship	(2-Year Scholarship)	6	6
Optometry	00E	Health Professions Scholarship	(3-Year Scholarship)	4	4
Optometry	00E	Health Professions Scholarship	**(4-Year** Scholarship)	0	0
Clinical Psychology	00E	Health Professions Scholarship	(1-Year Scholarship)	B	B
Clinical Psychology	00E	Health Professions Scholarship	(2-Year Scholarship)	5	5
Clinical Psychology[7]	00E	Financial Assistance Program (FAP)	1-Year FAP	3	3
TOTAL				**28**	**28**

NOTES:

1. Desired Reserve Officer Training Corps Commission Output is **150.**

2. Officer Candidate School accessions will be by exception with coordination. Desired number of accession is 10 per fiscal year.

3. Direct accession mission for administrative AOCs is restricted to 708 with no constructive credit. Requests for application must be forwarded thru the Office of the Chief, Medical Service Corps for approval prior to boarding.

4. Substitution allowed for 71A. An additional PhD applicant may be accepted in lieu of a Masters applicant. Total number of fully-qualified direct accession 71A may not exceed 5.

5. Pharmacy Accession Bonus remains fully funded.

6. The accession requirement to support Uniformed Services University of Health Sciences is not included in the **stated** Accession Requirement. This recruitment is managed solely by USUHS. USAREC program manager will however, include these individuals In their reporting process.

7. Clinical Psychology FAP will be used to fund applicants matching to post doctoral Fellowships outside of DoD.

ADDITIONAL GUIDANCE:

Based on the results of the ROTC Branching Board and the academic credentials of those selected, the direct accession missions for Allied Science officers may be decreased.

Expected Accession Capability as a result of Prior Recruitments

Specialty	AOC	Program	Category	FY19	FY20
Occupational Therapy	**65A**	ROTC	Education Delay	0	0
Physical Therapy	658	ROTC	Education Delay	3	0
Dietician	65C	ROTC	Education Delay	1	0
Physician Assistant	650	ROTC	Education Delay	0	0
Physician Assistant	650	Interagency Physician Assistant Program **IPAP)**	Projected Graduates	90	95
TOTAL				**94**	**95**

Recruitment Requirements for Current FY **Accessions**

Specialty	AOC	Program	Category	FY19	FY20
Occupational Therapy	65A	Direct Accession	Fully-Qualified	9	11
Physical Therapy[1]	658	Direct Accession	Fully-Qualified	9	9
Physical Therapy	658	Baylor PT Doctoral	Student	20	24
Dietician[2]	65C	Direct Accession	Fully-Qualified	B	B
Dietician[3]	65C	Graduate Program in Nutrition	Student	15	15
Physician Assistant[4]	65D	Direct Accession	Fully-Qualified	7	7
TOTAL				**68**	74
TOTAL EXPECTED ACCESSIONS FROM ALL SOURCES				***162***	***169***

Recruitment to Student Programs for Accession in Future Fiscal Years

Specialty	AOC	Program	Category	FY19	FY20
Physician Assistant [5]	00E	Interagency Physician Assistant Program 'IPAP)	Student Trainee	**100**	**100**
TOTAL				**100**	**100**

NOTES:

1. The fully-qualified applicant for 658 will have experience or training as specified below. Any deviations from these must be coordinated with DASG-HR.

   a. Qualified doctorate in physical therapy (DPT) from a CAPTE accredited program.

   b. Current unrestricted license to practice physical therapy in any state.

   c. Three to six years of clinical experience as a licensed physical therapist.

2. For applicants to fully-qualified direct accession65C, please refer applicants CV or equivalent to the consultant prior to boarding to ensure they meet requisite education, license and/or certification to practice.

3. Applicants with a completed 8atchelor's degree may access to the GPN with or without a completed internship, appropriate constructive credit will be awarded based upon experience.

4. PA direct accession should be in the grade of Captain or below. Accessions above that grade will be coordinated with the Corps Chief and DASG-HR.

5. Officer students entered into the !PAP program will be assigned as 00E.

6. Any over-accession of GSA, **658,** or GSC will be coordinated with DASG-HR.

Expected Accession Capability as a result of Prior Recruitments

Specialty	AOC	Program	Category	FY19	FY20
Field Veterinary Service Officer	64A	Health Professions Scholarship (HPSP\	Projected Graduates	21	30
Field Veterinary Service Officer	64A	Health Professions Scholarship Program Delav	Education Delay	3	3
TOTAL				**24**	33

Recruitment Requirements for Current FY Accessions

Specialty	AOC	Program	Category	FY19	FY20
Field Veterinary Service Officer	**64A**	Direct Accession	Fully-Qualified	17	10
Veterinary Preventive Medicine Officer[1]	648	Direct Accession	Fully-Qualified	0	0
TOTAL				**17**	**10**
TOTAL EXPECTED ACCESSIONS FROM ALL SOURCES				**41**	**43**

Recruitment to Student Programs for Accession in **Future Fiscal Years**

Specialty	AOC	Program	Category	FY19	FY20
Veterinary School Student	C0E	Health Professions Scholarship	1-Year Scholarship	0	0
Veterinary School Student	OOE	Health Professions Scholarship	2-Year Scholarship	0	0
Veterinary School Student	00E	Health Professions Scholarship	3-Year Scholarship	33	33
Veterinary School Student	00E	Health Professions Scholarship	4-Year Scholarship	0	0
TOTAL				**33**	**33**

NOTES:

1. Based on critical shortage, USAREC has blanket authority to over-access anyone qualified as a 64B, Veterinary Preventive Medicine Officer. DASG-HR will be notified of any occurrence.

The next attachment is Army's Active Component Health Professions Officer Special and Incentive Pay Plans Effective 1 January 2019.

Army Active Professions Officer
Special and Incentive Pay Plan
Effective 1 January 2019

Index:

1. **Purpose**. This pay plan applies to all Army Medical Department (AMEDD) Active Component (AC) Health Professions Officers (HPOs), as well as title 10 USC and title 32 USC Active Guard Reserve (AGR) HPOs, and mobilized Reserve Component (RC) HPOs on Active Duty 30-consecutive days or more. The pay plan enhances the ability to size, shape, and stabilize the force by using a monetary incentive to support the recruitment and retention of health care professionals with critical wartime specialties and valuable experience crucial to Army mission success today and readiness tomorrow. This pay plan enacts the Consolidation of Special Pays (CSP) statute and Department of Defense (DoD) plan, and includes the HPO Accession Bonus (AB), HPO Critical Wartime Skills Accession Bonus (CSWSAB), HPO Board Certification Pay (BCP), HPO Incentive Pay (IP), and HPO Retention Bonus (RB). The CSP special pays are categorized as discretionary and are not an entitlement. This pay plan is effective 1 January 2019, and does not expire unless superseded.

2. **Definitions**.

a. Health Professions Officer (HPO). Any health profession performed by officers who are in the Medical Corps of a Uniformed Service or designated as Medical Officers; in the Dental Corps of a Uniformed Service or designated as Dental Officers; in the Medical Service Corps of a Uniformed Service or designated as Medical Service Officers; in the Medical Specialists Corps of a Uniformed Service or designated as

Medical Specialists; in the Nurse Corps of a Uniformed Service or designated as Nurses; in the Veterinary Corps of a Uniformed Service or designated as Veterinary officers.

b. Specialty. A health profession specialty for which there is an identifying Army specialty skill identifier; also called an Area of Concentration (AOC). The Additional Skill Identifier (ASI) can further designate the HPO specialty.

c. Health Care Provider (HCP). A military HPO granted privileges to diagnose, initiate, alter, or terminate health care treatment regimens within the scope of his or her license, certification, or registration. Includes physicians, dentists, advance practice registered nurses (APRN) – {family nurse practitioners, psychiatric/behavioral health nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialists}, physical therapists, podiatrists, optometrists, clinical dietitians, social workers, clinical pharmacists, clinical psychologists, occupational therapists, audiologists, speech pathologists, physician assistants, or any other person providing direct patient care as may be designated by the DoD.

d. Initial Education and Training Active Duty Obligation. As recorded on officer's initial order to active duty, it is an obligation incurred for participating in a pre-commissioning and/or commissioning program. This includes, but is not limited to, an accession bonus (AB/CSWSAB), Reserve Officer Training Corps (ROTC), U.S. Military Academy (USMA) or equivalent, Uniformed Services University of the Health Sciences (USUHS), Accession Health Professions Loan Repayment Program (HPLRP), Armed Forces Health Professions Scholarship Program (HPSP), Interagency Physician Assistant Program (IPAP), Financial Assistance Program (FAP), Registered Nurse Enlisted Commissioning Program (RNECP), Educational Delay, Social Work Internship Program (SWIP), Clinical Psychology Internship Program (CPIP), Graduate Professional Education (GPE) i.e. MSW or other initial specialty education, training, and/or other commissioning programs.

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

f. Privileged. Permission/authorization for an independent provider to provide medical or other patient care services in the granting institution. 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.

g. Legacy Special Pays. Pertains to all special pays in title 37 USC Chapter 5, Sub Chapter I, §301d through §303b, to include: Accession Bonus (AB), Critical Wartime Skills AB (CSWSAB), Variable Special Pay (VSP), Optometry Duty Pay (ODP), Veterinary Duty Pay (VDP), Board Certification Pay (BCP), Non-Physician BCP (NPBCP), Medical Additional Special Pay (MASP), Dental Additional Special Pay

(DASP), Incentive Special Pay (ISP), Multi-year ISP (MISP), Oral and Maxillofacial Surgeon ISP (OMFS ISP), Certified Registered Nurse Anesthetist ISP (CRNA ISP), Registered Nurse ISP (RNISP), Pharmacy Officer Special Pay (POSP), Optometry Retention Bonus (ORB), Multi-year Special Pay (MSP), and Dental Officer Multi-year Retention Bonus (DOMRB).

3. **General Policy**.

a. Upon implementation of this plan, all remaining HPOs not already under a CSP agreement will transition from Legacy to CSP.

b. The HPO must have sufficient retention to complete the Active Duty Obligation (ADO) incurred by the agreement.

c. All HPOs must possess a current, valid unrestricted license from a State, U.S. Commonwealth, or territory, or an approved waiver if a HCP. An approved waiver must be consistent with DoD Manual 6025.13 and AR 40-68.

(1) AR 40-68, paragraph 4–6: Guidance on licensure requirements. Professionals directly accessed from a training program who require a license, certification, and/or registration to practice must obtain such authorizing documents within 1-year of the date when all required didactic and clinical requirements are met; within 1-year of completion of postgraduate year 1 (PGY–1) for physicians; and within 2-years after award of the doctoral degree for clinical psychologists.

(2) Physician Assistants/AOC 65D licensure is waived in accordance with Health Affairs Policy 04-002/15 January 2004, who must be certified by the National Commission on Certification of Physician Assistants (NCCPA).

d. All agreements will be executed up to 90-days in advance, but no later than 30-days after the agreement effective date; otherwise, the date of signature is the agreement effective date. Any request for exception to this 120-day window of execution policy must include Command endorsement explaining the extenuating circumstances for the delay in agreement execution.

e. HPOs will only sign linked IP and RB agreements for one specialty, even if the HPO holds qualifications in two or more specialties. Subspecialties or ASI of the primary specialty are included under the primary specialty. The linked IP and RB agreements must be for the same specialty and the same effective date.

f. All HPOs in a multi-year Legacy agreement due an annual installment in or after Fiscal Year 2019 will remain in those agreements, and the agreement is amended as an HPO RB. Amended agreements will not incur any additional ADO.

g. Delayed payments: All agreements will be paid directly by the Defense Finance and Accounting Service - Indianapolis Center (DFAS-IN) and could experience

a delay in payment of up to 90-days upon receipt by DFAS-IN. The Leave and Earnings Statement (LES) entries may include the terminology "Save Pay" for BCP and IP payments, or possibly "Nuc Off Pay" for RB payments. HPOs should read LES remarks for further details.

4. **Evaluation of Eligibility**.

a. In general, a special pay recipient will be an HPO who has demonstrated performance and warrants retention of that officer on Active Duty. Denial of special pay based on other than failure to satisfy the eligibility criteria must be substantiated with documentation. Circumstances must clearly indicate that actions have been or will be initiated which would deny the HPO further practice, specialty designation, or continued Active Duty.

b. Individual responsibility: The success of the special pay program is paying only those HPOs who are authorized to receive it. It is the responsibility of the requesting HPO to ensure data is correct to support their eligibility for special pays.

c. Commander's expanded responsibility: Entrants and reentrants into the special pay program will be reviewed for participation. It is incumbent upon the Commander to remain constantly aware of the status of those HPOs for whom they serve as special pay agreement approval authority. The Commander will evaluate each requesting HPO for satisfaction of all eligibility criteria. A recommendation to terminate authorization to the pay may be made at any time based on failure to satisfy qualifying criteria or significant evidence that the HPO should be denied further practice as an HPO, or further retention on Active Duty. Submission of a recommendation to terminate authorization may be done at any time and is not restricted to the period immediately prior to the entry into a new agreement.

5. **HPO Accession Bonus (AB) and HPO Critically Short Wartime Specialty Accession Bonus (CSWSAB)**.

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

(1) Be a graduate of an accredited school in his or her clinical specialty (see pertinent section of Table 1).

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

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

(4) Have a current, valid, unrestricted license; NCCPA; or approved Army waiver.

(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 Military Service Academy, ROTC, HPSP, FAP, USUHS, and other commissioning programs.

(6) Execute a written agreement to accept a commission or appointment as an Army officer and 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 or CSWSAB. 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 an AB or CSWSAB.

b. Procedures.

(1) Specialties authorized the AB or CSWSAB must be in accordance with the current Office of the Deputy Chief of Staff, G-1, Army Accession Mission memorandum. The Health Services Directorate, U.S. Army Recruiting Command (USAREC) manages the AB/CSWSAB program, and authorizes AB/CSWSAB written agreements to authorized specialties that meet the eligibility criteria and the Army Accession Mission Memorandum to serve on Active Duty.

(2) Individuals who meet the eligibility criteria and are authorized the AB or CSWSAB on the Army Accession Mission Memorandum, are eligible for an AB or CSWSAB in the amounts established by DoD in the pertinent section of Table 1.

(3) During the discharge of the service obligation associated with AB or CSWSAB, individuals are eligible for the IP and BCP, as applicable. Any additional obligation incurred by these pays shall be served concurrently. During the discharge of the service obligation associated with the AB or CSWSAB, individuals are not eligible for a RB.

c. The AB or CSWSAB will be terminated upon separation from Active Duty, death, or if the conditions of this agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

d. Any failure to fulfill the conditions specified in the AB or CSWSAB agreement may result in termination of the agreement and the repayment of any unearned portion of the AB or CSWSAB in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

6. **HPO BOARD CERTIFICATION PAY (BCP)**.

a. Eligibility. To be eligible for the BCP, an HPO must:

(1) Execute a BCP agreement, and have at least one-year retainability on Active Duty beginning on the effective date.

(2) Have a post-baccalaureate degree (Master's Degree or higher) in the HPO's clinical specialty/AOC.

(3) Be certified by an approved recognized clinical specialty professional board (not a State board) in the clinical specialty/AOC as listed in the pertinent section of Table 2.

(4) Maintain Diplomate, certification, or board status, to include meeting the Maintenance of Certification (MOC) requirements, in the professional board of designated clinical specialty/AOC for the duration of receipt of BCP.

(5) The HPO must possess a current, valid, unrestricted license; NCCPA; or approved Army waiver under the provisions of AR 40-68, with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made, as a prerequisite and for the duration of receipt of BCP.

b. Agreement Effective Date. The effective date of the BCP agreement is the latter date of meeting all of the following:

(1) The date of entry on Active Duty,

(2) The date the post-baccalaureate degree in the HPO's clinical specialty/AOC is awarded,

(3) The date the HPO becomes board certified in the clinical specialty/AOC.

c. Procedures.

(1) BCP is paid on a prorated monthly basis; subject to the availability of funds, for the duration of the agreement. Payment of BCP is applicable to only one board certification, even if the HPO has multiple board certifications. Any previous payments of BCP or NPBCP will be stopped, and any overlapping payments will be adjusted and recouped as necessary.

(2) All AC and AGR HPOs must execute a written BCP agreement as prepared in the Medical Operational Data System (MODS) special pay module, with a copy of the board certificate or a copy of the board letter of notification of certification,

and a copy of their current, valid, unrestricted license; NCCPA; or approved Army waiver.

(3) RC HPOs serving more than 30-consecutive days on Active Duty, and not for training, must meet the same eligibility criteria and documentation, but no BCP agreement is required. See paragraph 15.

(4) Commanders will verify the HPO's eligibility, endorse the BCP agreement, and forward the endorsed BCP agreement to the AMEDD Special Pay Branch, OTSG.

(5) The AMEDD Special Pay Branch, OTSG will verify eligibility criteria provided with the BCP agreement and the MODS special pay module transaction data. All BCP agreements are subject to acceptance and may involve additional coordination with the pertinent AMEDD Officer Corps Branch at Health Services Division, Human Resources Command (HRC) to verify eligibility.

d. The BCP will expire when Diplomate, certification, or board status expires unless there is a submission of recertification or MOC documentation with a new BCP agreement. The HPO is responsible to repay all payments received beginning on the day after the expiration date of Diplomate, certification, or board status. Additionally, it is the HPO's responsibility to inform the AMEDD Special Pay Branch, OTSG to initiate stop-payment and recoupment action upon loss of eligibility, loss of license, or loss of certification. Payments received during the ineligible period will be recouped.

e. The BCP will be terminated upon separation from Active Duty, death, or if the conditions of this agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

f. Any failure to fulfill the conditions specified in the BCP agreement may result in termination of the agreement and the repayment of any unearned portion of BCP in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

7. **HEALTH PROFESSIONS OFFICER INCENTIVE PAY (IP)**.

a. Eligibility. To be eligible for the IP, an HPO must:

(1) Execute an IP agreement, and have at least one-year retainability on Active Duty beginning on the effective date.

(2) If a HCP, AC and AGR HPOs must be currently credentialed, privileged, and practicing a minimum of 40-hours/year at a facility designated by the Army, in the specialty for which the IP is being paid.

(3) The HPO must possess a current, valid, unrestricted license; NCCPA; or approved Army waiver under the provisions of AR 40-68, with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made, as a prerequisite and for the duration of receipt of IP.

b. Agreement Effective Date. The effective date of the IP agreement is the latter date of meeting all of the following:

(1) No earlier than upon completion of qualifying training plus 3-months,

(2) Date of privileging as a HCP.

c. Procedures.

(1) IP is authorized at the annual rate as listed in the pertinent section of Table 3, and is paid on a prorated monthly basis; subject to the availability of funds, for the duration of the agreement. Any previous payments of IP or Legacy special pays will be stopped, and any overlapping payments will be adjusted and recouped as necessary.

(2) All AC and AGR HPOs must execute a written IP agreement as prepared in the MODS special pay module, and provide a copy of their current, valid, unrestricted license, or approved Army waiver. An HPO will only sign one IP agreement for one specialty, even if the HPO holds qualifications in two or more specialties.

(3) RC HPOs serving more than 30-consecutive days on Active Duty, and not for training, must meet the same eligibility criteria and documentation, but no IP agreement is required. See paragraph 15.

(4) Termination of a current IP agreement can only be performed in conjunction with meeting the eligibility for a new higher rate IP, or when linking IP with a 2, 3, or 4-year RB agreement.

(5) If entering an RB agreement, the HPO shall also enter a new IP agreement for the same specialty at the linked IP rate listed in conjunction with a 2, 3, or 4-year RB (see pertinent section of Table 3). The HPO would continue IP eligibility at that rate for each active year of the 2, 3, or 4-year RB agreement.

(6) Any specialty or rate change would require the existing RB agreement period to be completed. After expiration of that RB and after meeting the completion of qualifying training plus 3-months, the officer would require a new IP and RB agreement executed with a new effective date, and an equal or longer 2, 3, or 4-year RB obligation at the specialty rates in effect at the time the new agreement is signed.

(7) Commanders will verify the HPO's eligibility, endorse the IP agreement, and forward the endorsed IP agreement to the AMEDD Special Pay Branch, OTSG. The Commander may approve agreements, on a case by case basis, for IP payments to HCPs 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.

(8) The AMEDD Special Pay Branch, OTSG will verify eligibility criteria provided with the IP agreement and the MODS special pay module transaction data. All IP agreements are subject to acceptance and may involve additional coordination with the pertinent AMEDD Officer Corps Branch at Health Services Division, HRC to verify eligibility.

d. The annual IP agreement and rate will not expire unless the officer no longer meets the eligibility criteria. It is the HPO's responsibility to inform the AMEDD Special Pay Branch, OTSG to initiate stop-payment and recoupment action upon loss of eligibility, loss of license, or other pertinent disqualifying information. Payments received during the ineligible period will be recouped.

e. The IP will be terminated upon separation from Active Duty, death, or if the conditions of this agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

f. Any failure to fulfill the conditions specified in the IP agreement may result in termination of the agreement and the repayment of any unearned portion of IP in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

8. **HEALTH PROFESSIONS OFFICER RETENTION BONUS (RB)**.

a. Eligibility. To be eligible for RB, an HPO must:

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

(2) Have completed either:

(a) Any Active Duty service commitment incurred for participating in a pre-commissioning and/or commissioning program, as indicated on initial active duty orders or amendments; completed from officer's entry on active duty date.

(b) The ADO for AB, CSWSAB, or HPLRP paid as an accession incentive. An individual may not decline the AB or CSWSAB and accept the RB.

(3) Have completed specialty qualification for which the RB is being paid, but no earlier than 3-months after completing qualifying training.

(4) If a HCP, AC and AGR HPOs must be currently credentialed, privileged, and practicing a minimum of 40-hours/year at a facility designated by the Army, in the specialty for which the RB is being paid.

(5) The HPO must possess a current, valid, unrestricted license; NCCPA; or approved Army waiver under the provisions of AR 40-68, with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made, as a prerequisite and for the duration of receipt of RB.

(6) Officer must not be in a two-time non-selection status for promotion (2XNS), with the following exceptions:

(a) Officers below the grade of O-5 in a selective continuation (SELCON) status, may only execute the RB for an obligation that does not extend past their SELCON date.

(b) Officers in the grade of O-5 or O-6 may only execute the RB for an obligation that does not extend past their MRD.

(7) At the time of the agreement effective date, the HPO must have no Suspension of Favorable Personnel Actions (SOFPA/FLAG), and have passed the Army Physical Fitness Test (APFT) and Army Body Composition Program (ABCP) standards within seven months.

(8) Additional RB eligibility criteria for Army Nurse Corps (ANC) Officers.

(a) The 2, 3 or 4-year RB is available to all designated specialty ANC officers in the grade of O-5 and below. Only ANC officers in the grade of O-5 /P

and O-6, with the AOC 66F and assigned as an AOC 66F, are authorized to execute a 2-year RB agreement.

(b) The ANC officer must have completed specialty qualification via a TSG approved specialty, AOC, and/or ASI producing course or graduate program, and must have professional board certification in the clinical specialty/designated AOC for which they are receiving RB.

(c) The ANC officer is not eligible to execute an RB while in a Long Term Health Education and Training (LTHET) program.

(d) The ANC officer is eligible to execute a RB one-year after successful completion of a non-APRN AOC producing course.

b. Procedures.

(1) Annual payment amounts for the 2, 3, or 4-year RB agreements shall be in the amounts established by DoD in the pertinent section of Table 3. Payments will be made upon agreement effective date and annually thereafter on the anniversary of the agreement effective date, subject to the availability of funds. Any previous payments of RB or Legacy multi-year special pays will be stopped, and any overlapping payments will be adjusted and recouped as necessary.

(2) All AC and AGR HPOs must execute a written RB agreement as prepared in the MODS special pay module, with a copy of their current, valid, unrestricted license; NCCPA; or approved Army waiver.

(3) If entering an RB agreement, the HPO shall also enter a new IP agreement for the same specialty at the linked IP rate listed in conjunction with a 2, 3, or 4-year RB (see pertinent section of Table 3). The HPO would continue IP eligibility at that rate for each active year of the 2, 3, or 4-year RB agreement.

(4) Any specialty or rate change would require the existing RB agreement period to be completed. After expiration of that RB and after meeting the completion of qualifying training plus 3-months, the officer would require a new IP and RB agreement executed with a new effective date, and an equal or longer 2, 3, or 4-year RB obligation at the specialty rates in effect at the time the new agreement is signed. At the time the RB expires, the HPO must execute both a new IP and RB, or convert to the annual rate IP.

(5) Commanders will verify the HPO's eligibility, endorse the RB agreement, and forward the endorsed RB agreement to the AMEDD Special Pay Branch, OTSG. The Commander may approve agreements, on a case by case basis, for RB payments to HCPs 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.

(6) The AMEDD Special Pay Branch, OTSG will verify eligibility criteria provided with the RB agreement and the MODS special pay module transaction data. All RB agreements are subject to acceptance and will involve additional coordination with the pertinent AMEDD Officer Corps Branch at Health Services Division, HRC to verify eligibility.

c. The RB agreement will be terminated if the officer is promoted to the grade of Brigadier General (O-7), upon separation from Active Duty, death, or if the conditions of the RB agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

d. Any failure to fulfill the conditions specified in the IP agreement may result in termination of the agreement and the repayment of any unearned portion of IP in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

e. ADO.

(1) Any ADO for education and training incurred on Active Duty, and previous MP or RB agreements, shall be served before serving new RB ADO (consecutive obligation). The RB recipient with a remaining education and training ADO should be explicitly aware that in many cases the RB payments and ADO may not be synchronized.

(2) During the discharge of the ADO associated with the HPLRP paid as a retention incentive, individuals are eligible for an RB; however, the RB ADO is consecutive to all HPLRP obligations regardless of when the HPLRP is taken.

(3) If the RB agreement is executed on or before the start date of GPE training, and no other education and training ADO exists, the RB ADO shall be served concurrently with the RB agreement period. However, if the RB agreement is executed after the start date of GPE training, the HPO is obligated for the full GPE period and the RB ADO shall begin 1-day after the GPE ADO is completed. The ADO to be served is consecutive or an additive obligation.

(4) When no new education and training ADO exists at the time of an RB agreement execution, the RB ADO shall be served concurrently with the RB agreement period, and all non-education and training ADOs.

(5) Once an HPO has begun to serve an RB ADO, they shall serve it concurrently with any existing obligations or future ADOs, including education and training obligations incurred after the RB effective date for the length of that particular RB agreement.

(6) Obligations for an RB will be served concurrently with BCP, IP, promotion, non-clinical master's degree, non-clinical doctorate degree, and non-medical military schooling.

9. **Automatic Voluntary Retention**.

a. Participation in the HPO Special and Incentive Pay Plan constitutes a voluntary retention program. Unless a waiver is obtained, an HPO participating in these special pays will not be released from Active Duty before fulfilling the term of continuous Active Duty agreed to by execution of an agreement, even if that ADO will extend the HPO beyond 20 years of active federal service. Requests for resignation, release from Active Duty, or voluntary retirement will be disapproved except when considered to be

in the best interest of the Army. An offer to repay the full sum of the special pays does not constitute a basis for early termination of an agreement.

b. An agreement may not extend beyond a legislated mandatory separation or retirement date for age or service, unless the HPO's separation or retirement has been deferred in advance of the agreement effective date. An agreement executed without prior deferment is erroneous and subject to full recoupment.

10. **Agreement Procedures and Approval Authority**.

a. The MODS special pay module will prepare the automated BCP, IP, and RB agreements based on the data extracted and/or entered into the agreement creation module. Any adjustment to the agreement or deviation to content, will result in the agreement being returned without action.

b. Commanders will approve the agreement if they determine that the HPO meets all eligibility criteria as discussed above. If Commanders determine that the eligibility criteria have not been met, they will disapprove the agreement and will indicate the reason for disapproval.

c. The Commander, Acting Commander, or the written special pay appointed approval authority of the HPO must be a Field Grade officer (Major/O-4 or higher). Where the Commander is a Company Grade officer, the next Field Grade Commander in the chain of command will serve as the approval authority.

d. The approval authority may be branch immaterial. The advice of a senior AMEDD officer should be obtained with regard to required privileging and patient care duties.

e. The Branch Chief of the HPO's Corps Branch, Health Services Division, HRC will be the approval authority of agreements for HPOs for whom no other appropriate authority can be identified.

f. All special pay agreements upon approval/disapproval by the appropriate authority, will be transmitted to the AMEDD Special Pay Branch, OTSG via email (usarmy.ncr.hqda-otsg.mbx.otsg-special-pay@mail.mil) to coordinate verification of eligibility, authorized rates, voluntary retention program, and ADO. Upon verification of agreement data, authorization for payments will be transmitted to DFAS-IN for disbursement.

11. **Termination of Special Pays**.

a. Automatic termination:

(1) All special pays in this plan will be terminated upon death, or upon separation from Active Duty where approved or directed by the Army.

(2) All special pay agreements in this plan may be disapproved by the Commander or terminated by The Surgeon General if the HPO fails to meet the eligibility requirements of the special pay agreement either upon execution or during the agreement period.

b. Optional termination.

(1) The Surgeon General has the authority to disapprove or terminate authorization to BCP, IP and/or RB at any time. Terminations are accomplished through review proceedings approved by The Surgeon General.

(2) A Commander who receives an agreement for approval, but is aware of potentially disqualifying information pertaining to an HPO, will disapprove the agreement and if required, initiate action recommending immediate termination of all other existing agreements for review proceedings by The Surgeon General.

(3) Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army.

c. Procedures for termination:

(1) The Commander will notify the HPO in writing and provide 10-calendar days to submit a rebuttal.

(2) The recommendation and rebuttal, or a statement that the HPO does not intend to rebut, will be forwarded to the AMEDD Special Pay Branch, OTSG.

(3) The Commander will also submit the data upon which the evaluation is based to include any objective data available in regard to privileges, practice within the specialty, or other criteria leading to the recommendation for termination of authorization.

(4) The effective date of termination of authorization will be the date on which The Surgeon General approves the recommendation. The decision of The Surgeon General is final.

12. **Recoupment of Unearned Payments**.

a. Alignment or termination of BCP, IP, and RB agreements may incur a pro rata recoupment of Legacy or CSP special pays already paid that overlap, or of an obligation that has not yet been served. Recalculation of the remaining BCP, IP, and RB agreement ADO may occur.

b. As an exception, recoupment is waived under the following circumstances:

(1) Death or disability that is not the result of misconduct or willful neglect and not incurred during a period of unauthorized absence.

(2) Separation from the Army by operation of law or regulation of DoD or the Army, or when a waiver of recoupment was approved by the Secretary of the Army.

c. The repayment of any unearned portion is in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

13. **Administration of Authorization Data**.

a. AMEDD Special Pay Branch, OTSG will:

(1) Maintain eligibility rosters in MODS for BCP, IP, and RB agreements based on data as received from the Total Army Personnel Data Base (TAPDB).

(2) Verify BCP, IP, and RB agreements approved by the HPO's Commander for eligibility and correct rates, and authorize release for disbursement.

(3) Provide DFAS-IN with applicable pay data upon verification of an approved BCP, IP, and RB agreement.

b. Health Services Division, HRC will:

(1) Ensure the Total Officer Personnel Management Information System (TOPMIS) has documented the officer's education and training, board certification, initial and incurred ADO dates for training (TOPMIS Code: DTMSO) and special pay (TOPMIS Code: DTMSPO).

(2) Provide coordinated review of BCP, IP, and RB agreements for eligibility and extended ADOs, as required.

(3) Forward all provided BCP, IP, and RB agreements and enclosures to the Interactive Personnel Electronic Records Management System (iPERMS) for filing.

c. Health Services Directorate, USAREC will:

(1) Include in the Active Duty orders for each HPO direct accession any AB or CSWSAB authorization.

(2) Provide fiscal data on all approved AB and CSWSAB authorizations.

14. **Payment Procedures**.

a. The BCP and IP shall be paid on a prorated monthly basis. The RB shall be paid in annual installments for the length of the agreement, and AB may be paid in a lump sum or annual installments as determined by the agreement amount or officer's request. The total amount paid under the agreement shall be fixed during the length of the agreement.

b. Payment by DFAS-IN may take up to 90-days upon their receipt of authorization. The initial annual installment will be authorized after approval of the agreement. Payment of subsequent installments will be authorized on the anniversary of the agreement effective date.

c. New IP and/or RB agreements involve an audit and possible recoupment of the HPO's military pay account, and could experience a delay in payment of 90-days upon receipt by DFAS-IN. The individual LES entries may include terminology "Save Pay" for BCP and IP payments, or possibly "Nuc Off Pay" for RB payments. HPOs should read LES remarks for further details.

15. **Special Pay for Mobilized Reserve Component (RC) HPOs**:

a. Mobilized RC HPOs are eligible for BCP and/or IP if they are serving more than 30-consecutive days on Active Duty and not for training, at the rates specified in this plan.

b. Mobilized RC HCPs must be credentialed by the use of the Inter-facility Credentials Transfer Brief (ICTB) in the specialty for which the special pay is being paid.

c. Payments shall be paid monthly and amounts shall be prorated for periods less than 30-days. RC HPOs are not required to execute a written agreement to remain on Active Duty for at least 1-year.

d. Requests for special pay must include Active Duty orders and ICTB for all HPOs. Forward consolidated documentation via email to the AMEDD Special Pay Branch, OTSG mailbox: usarmy.ncr.hqda-otsg.mbx.otsg-special-pay@mail.mil

e. AMEDD Special Pay Branch, OTSG determines eligibility based on criteria and rates specified in this plan, providing individual rates authorized to RC DFAS-IN for payment. RC DFAS-IN disburses special pays on a prorated basis starting after the first 30-consecutive days, retroactive to Active Duty tour entry date.

Table 1:

Specialties authorized the Accession Bonus (AB) or Critically Short Wartime Specialty Accession Bonus (CSWSAB) by USAREC must be in accordance with the current Office of the Deputy Chief of Staff, G-1, Army Accession Mission Memorandum.

Medical Corps CSWSAB[1]

Medical Specialty	CSWSAB 4-Year ADO Total Rate
Aerospace Medicine	$200,000
Anesthesia	$400,000
Cardiology	$325,000
Cardio-Thoracic Surgery	$400,000
Diagnostic Radiology	$375,000
Emergency Medicine	$300,000
Family Practice	$275,000
General Surgery	$400,000
Internal Medicine	$250,000
Infectious Diseases	$200,000
Neurosurgery	$400,000
Ophthalmology	$225,000
Orthopedics	$400,000
Otolaryngology	$252,000
Preventive Medicine	$225,000
Psychiatry	$275,000
Pulmonary Medicine	$300,000
Trauma/Critical Care Surgery	$400,000
Urology	$300,000
Vascular Surgery	$400,000

[1] Must 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.

Table 1: (continued)

Dental Corps CSWSAB[2]

Dental Specialty	CSWSAB 4-Year ADO Total Rate
General Dentistry	$150,000
Comprehensive Dentistry	$300,000
Endodontics	$300,000
Oral and Maxillofacial Surgery	$300,000
Prosthodontics	$300,000

[2] Must be a graduate of an American Dental Association (ADA) accredited school of dentistry and possess a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree.

Nurse Corps CSWSAB[3]

Active Duty Obligation	CSWSAB 4-Year ADO Total Rate
Specialty Specific 3-Year	$20,000
Specialty Specific 4-Year	$30,000
CRNA Only 4-Year	$250,000

[3] Must be a graduate of a school of nursing accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) that conferred a baccalaureate degree or higher in nursing.

Specialty Accession Bonus (AB) or CSWSAB[4]

	One-Time Lump Sum Rate	
Specialty AB	**3-Year Obligation**	**4-Year Obligation**
Dietician		$30,000
Pharmacist		$30,000
Physical Therapist		$30,000
Physician Assistant	$37,500	$60,000
Social Worker	$18,750	$30,000
Veterinary Officer		$20,000
Specialty CSWSAB	----------	----------
Psychologist	$37,500	$60,000

[4] Must be a graduate of an accredited school in the clinical specialty.

Table 2:

HPO Board Certification Pay (BCP) Rate

1-Year Rate (prorated monthly)	$6,000

General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the HPO BCP.

Medical Corps Recognized Boards for HPO BCP

American Board of Medical Specialties – ABMS
American Osteopathic Association Specialty Certifying Boards – AOA
Note: See the MODS Special Pay Module 'About' Page for a listing of all current boards

American Board of General Dentistry - 63B	American Board of Periodontology - 63D
American Board of Endodontics - 63E	American Board of Prosthodontics - 63F
American Board of Dental Public Health - 63H	American Board of Pediatric Dentistry - 63K
American Board of Orthodontics - 63M	American Board of Oral and Maxillofacial Surgery - 63N
American Board of Oral and Maxillofacial Pathology - 63P	American Board of Orofacial Pain Any AOC (Requires DC Branch, HRC Review)

Dental Corps Recognized Boards for HPO BCP

Table 2: (continued)

Nurse Corps Recognized Boards for HPO BCP (Graduate Degree Required)

Nurse Specialty AOC	Qualifying Graduate Program	Recognized Boards for HPO BCP
Public Health Nurse 66B	1. Community Health CNS (MSN) 2. Master's or Doctorate Public Health (MPH/DNP)	1. ANCC Public or Community Health Nursing (APHN-BC or PHCNS-BC) 2. National Board of Public Health Examiners (NBPHE)
Clinical Nurse Specialist 66E7T	Clinical Nurse Specialist (MSN/DNP)	1. AACN's Acute Care CNS - Adult - Gerontology (ACCNS-AG) (formerly called CCNS by AACN) 2. ANCC's Adult Gerontology Clinical Nurse Specialist (AG-CNS-BC)
Nurse Anesthetist 66F	Nurse Anesthetist (MSN/DNP)	National Board on Certification/Recertification for Nurse Anesthetist (NBCRNA)
Clinical Nurse Specialist 66G7T	Clinical Nurse Specialist (MSN/DNP)	1. NCC's Maternal Newborn (RNC-MNN) 2. NCC's Inpatient Obstetric Nursing (RNC-OB)

Clinical Nurse Specialist 66H7T	1. Critical Care CNS (MSN/DNP) 2. Adult/Med Surg CNS (MSN/DNP)	1. ANCC's Clinical Nurse Specialist in Adult Health (ACNS-BC) 2. ANCC's Adult - Gerontology Clinical Nurse Specialist (AGCNS-BC) 3. AACN's Clinical Nurse Specialist Adult - Gerontology (AACNS-AG) 4. AACN's Clinical Nurse Specialist for Adult - Acute Care Nursing (CCNS)
Family Nurse Practitioner 66P	Family NP (MSN/DNP)	1. ANCC's Family Nurse Practitioner (FNP-BC) 2. AANP's Family Nurse Practitioner (FNP-BC)
Psychiatric/ Behavioral Health Nurse Practitioner 66R	Psych Mental Health NP	1. ANCC's Adult Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) 2. ANCC's Psychiatric -Mental Health Nurse Practitioner (PMHNP-BC) 3. ANCC's Family Psychiatric Nurse Practitioner (FPMHNP-BC)

Specialty/AOC	Sponsor	Certification Agency	Recognized Boards
Audiology/Speech Pathology 72C	American Speech-Language Hearing Association	Council for Clinical Certification in Audiology and Speech-Language Pathology	1. Audiology (CCC-A) 2. Speech-Language Pathology (CCC-SLP)
	American Board of Audiology	Clinical Certification Board	1. Audiology 2. Advanced Certification with Specialty Recognition (various)
Biochemistry 71B	Commission on Accreditation in Clinical Chemistry	American Board of Clinical Chemistry	Fellow of the Academy of Clinical Biochemistry
Dietetics 65C	Academy of Nutrition and Dietetics	Commission on Dietetic Registration	1. Pediatric Nutrition 2. Renal Nutrition 3. Metabolic Nutrition 4. Sports Dietetics 5. Gerontological Nutrition 6. Oncology Nutrition 7. Advanced Practice Certification in Clinical Nutrition
	American Society for Parenteral and Enteral Nutrition	The National Board of Nutrition Support Certification	Certified Nutrition Support Clinician
	National Certification Board for Diabetes Educators	National Certification Board for Diabetes Educators	Certified Diabetes Educator

	National Commission for Health Education Credentialing	National Commission for Health Education Credentialing	1. Certified Health Education Specialists 2. Master Certified Health Education Specialist
	American Board of Sports Medicine	American College of Sports Medicine	1. Registered Clinical Exercise Physiologist 2. Certified Exercise Physiologist 3. Certified Clinical Exercise Physiologist
Medical Physicist 72A	American Board of Radiology	American Board of Medical Specialties	Subspecialties of nuclear medical physics, diagnostic medical physics, therapeutic medical physics

Nurse Specialty AOC	**Qualifying Graduate Program**	**Recognized Boards for HPO BCP**
Critical Care Nurse 66S7T	1. Critical Care CNS (MSN/DNP) 2. Adult/Med Surg CNS (MSN/DNP)	1. ANCC's Clinical Nurse Specialist in Adult Health (ACNS-BC) 2. ANCC's Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) 3. AACN's Acute Care Clinical Nurse Specialist (Adult-Gero) (ACCNS-AG) 4. AACN's Critical Care CNS (CCNS)- Legacy board for renewal only
Emergency Nurse 66T7T	1. Critical Care CNS (MSN) 2. Adult/Med Surg CNS (MSN) 3. Emergency Trauma CNS (MSN)	1. ANCC's Clinical Nurse Specialist in Adult Health (ACNS-BC) 2. ANCC's Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) 3. AACN's Acute Care Clinical Nurse Specialist (Adult-Gero) (ACCNS-AG) 4. AACN's Critical Care CNS (CCNS)- Legacy board for renewal only
Nurse Midwife 66W	Certified Nurse Midwife (MSN/DNP)	American Midwifery Certification Board (AMCB)

Table 2: (continued)

Table 2: (continued)

Specialty Recognized Boards for HPO BCP (Graduate Degree Required)

Table 2: (continued)

Specialty/AOC	Sponsor	Certification Agency	Recognized Boards
Occupational Therapy 65A	American Occupational Therapy Association (AOTA)	AOTA Board for Advanced and Specialty Certification	1. Gerontology 2. Mental Health 3. Pediatrics 4. Physical Rehabilitation
	Hand Therapy Certification Commission	Hand Therapy Certification Commission	Certified Hand Therapist
	Board of Certification in Professional Ergonomics	Board of Certification in Professional Ergonomics	1. Certified Professional Ergonomist 2. Certified Human Factors Professional
	Academy of Certified Brain Injury Specialists	Academy of Certified Brain Injury Specialists	Certified Brain Injury Specialist
Optometry 67F	American Academy of Optometry	American Academy of Optometry	Fellow in the American Academy of
Pharmacy 67E	American Pharmacists Association	Board of Pharmacy Specialties	Any
Physical Therapy 65B	American Physical Therapy Association	American Board of Physical Therapy Specialists	1. Cardiopulmonary 2. Clinical Electrophysiology 3. Geriatrics 4. Neurology 5. Orthopedics 6. Pediatrics 7. Sports
Physician Assistant 65D	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants
Podiatry 67G	American Podiatric Medical Association	Council on Podiatric Medical Education	1. American Board of Podiatric Medicine
Psychology 73B	American Psychological Association	American Board of Professional Psychology	Diplomate
Social Work 73A	American Board of Examiners In Clinical Social Work	American Board of Examiners In Clinical Social Work	Diplomate in Clinical Social Work
	National Association of Social Workers	Competence Certification Commission	Diplomate in Clinical Social Work
Veterinary Officer 64-Series	Any American Veterinary Medical Assoc. Board	Specific Specialty Board	Any

Table 3:

Medical Corps HPO IP[1] & HPO RB Rates

[1] General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the General Medical Officer (GMO) HPO IP rate only.

MEDICAL CORPS	Incentive Pay (IP) only 1-year rate (prorated monthly)
INTERNSHIP (FYGME)- ANY AOC	$1,200
INITIAL RESIDENCY (PGY2)- ANY AOC	$8,000
GENERAL MEDICAL OFFICER (GMO)-62B	$20,000

POST RESIDENT or FELLOW GRADUATE	Fully Qualified IP only 1-Year Rate (prorated monthly)	OR	Fully Qualified IP rate paid with a Retention Bonus (RB) (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
AEROSPACE MEDICINE (RAM) - 61N (See Note 0)	$43,000		$43,000	$13,000	$19,000	$25,000	
ANESTHESIOLOGY - 60N	$59,000		$73,000	$25,000	$40,000	$60,000	$75,000
CARDIOLOGY - ADULT - 60H /PEDS	$59,000		$64,000	$21,000	$34,000	$51,000	
DERMATOLOGY - 60L	$43,000		$43,000	$17,000	$25,000	$38,000	
EMERGENCY MEDICINE - 62A	$49,000		$53,000	$17,000	$26,000	$40,000	$55,000
FAMILY PRACTICE - 61H	$43,000		$43,000	$17,000	$25,000	$38,000	
GASTROENTEROLOGY - ADULT - 60G / PEDS	$49,000		$52,000	$22,000	$33,000	$50,000	
GEN INTERNAL MEDICINE - 61F	$43,000		$43,000	$13,000	$23,000	$35,000	
GENERAL SURGERY - 61J	$52,000		$73,000	$25,000	$40,000	$60,000	$75,000
NEUROLOGY - ADULT - 60V / PEDS - 60R	$43,000		$43,000	$13,000	$19,000	$25,000	
NEUROSURGERY - 61Z	$59,000		$83,000	$25,000	$40,000	$60,000	
OBSTETRICS-GYNECOLOGY - 60J	$54,000		$54,000	$17,000	$25,000	$35,000	
OPHTHALMOLOGY - 60S	$51,000		$53,000	$13,000	$19,000	$25,000	
ORTHOPEDICS - 61M	$59,000		$73,000	$17,000	$33,000	$50,000	$70,000
OTOLARYNGOLOGY - 60T	$53,000		$58,000	$17,000	$25,000	$33,000	
PATHOLOGY - 61U	$43,000		$43,000	$13,000	$20,000	$30,000	
PEDIATRICS - 60P	$43,000		$43,000	$13,000	$20,000	$30,000	
PHYSIATRIST/PHYSICAL MEDICINE - 61P	$43,000		$43,000	$12,000	$13,000	$20,000	
PREVENTIVE/OCCUPATIONAL MEDICINE - 60C / 60D	$43,000		$43,000	$13,000	$20,000	$30,000	
PSYCHIATRY - ADULT - 60W / PEDS - 60W8Z	$43,000		$43,000	$17,000	$28,000	$43,000	$58,000
PULMONARY MEDICINE - ADULT - 60F / PEDS, AND FELLOWSHIP TRAINED CRITICAL CARE (M4), OR INTENSIVE MEDICINE SPECIALIST - ADULT / PEDS	$46,000		$49,000	$21,000	$31,000	$45,000	$60,000
RADIOLOGY - 61R / 61Q	$59,000		$65,000	$25,000	$40,000	$60,000	
UROLOGY - 60K	$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	$75,000
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 0: RAM Residents after completing the Aerospace Medicine portion of residency (2d year), may apply for the RAM IP/RB IAW Pay Plan policy.

NOTE 1: REQUIRES PRIMARY SPECIALTY IN GENERAL SURGERY - 61J OR AS LISTED: CARDIO-THORACIC SURGERY - 61K, COLON-RECTAL SURGERY, ONCOLOGY SURGERY, PEDIATRIC SURGERY, PLASTIC SURGERY - 61L, ORGAN TRANSPLANT, TRAUMA/CRITICAL CARE SURGERY (DESIGNATOR: FN), VASCULAR SURGERY - 61W, AND FELLOWSHIP

NOTE 2: NUCLEAR MEDICINE INTERNISTS ONLY - 60B.

NOTE 3: INTERNAL MEDICINE/PEDIATRIC FELLOWSHIP SUBSPECIALTIES IN ALLERGY, ALLERGY/IMMUNOLOGY - 60M, NEPHROLOGY - 61A, HEMATOLOGY/ONCOLOGY - 61B, AND NEONATOLOGY.

NOTE 4: ALL INTERNAL MEDICINE AND PEDIATRIC SUBSPECIALTIES NOT LISTED IN SUBSPECIALTY CATEGORY I, III, OR LISTED SEPARATELY-- INFECTIOUS DISEASE - 61G, RHEUMATOLOGY - 61D, GERIATRICS FELLOWSHIP TRAINING, ENDOCRINOLOGY - 61C, CLINICAL PHARMACOLOGY - 61E, DEVELOPMENTAL PEDIATRICS.

NOTE 5: PHYSICIANS WHO ARE FELLOWSHIP TRAINED IN OPHTHALMOLOGY - 60S, OTOLARYNGOLOGY - 60T, OB/GYN - 60J, AND UROLOGY - 60K.

Table 3: (continue)

Dental Corps HPO IP[2] & HPO RB Rates

[2] General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the fully qualified General Dentistry HPO IP rate only.

DENTAL CORPS	Fully Qualified IP only 1-Year Rate (prorated monthly)	OR	Fully Qualified IP rate paid with a Retention Bonus (RB) (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
Advanced Clinical Practice (ACP) - 63A: General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics	$25,000		$25,000	$18,000	$27,000	$35,000	
Comprehensive/Operative Dentistry - 63B	$25,000		$25,000	$25,000	$38,000	$50,000	$65,000
Dental Research (PhD Level)	$25,000		$25,000	$25,000	$38,000	$50,000	
Endodontics - 63E	$25,000		$25,000	$25,000	$38,000	$50,000	
General Dentistry - 63A	$20,000		$20,000	$13,000	$19,000	$25,000	
Oral Maxillofacial Surgery - 63N	$55,000		$75,000	$25,000	$38,000	$50,000	$65,000
Oral Pathology/Oral Diagnosis/Oral Medicine - 63P	$25,000		$25,000	$25,000	$38,000	$50,000	
Orthodontics - 63M	$25,000		$25,000	$25,000	$38,000	$50,000	
Pedodontics - 63K	$25,000		$25,000	$25,000	$38,000	$50,000	
Periodontics - 63D	$25,000		$25,000	$25,000	$38,000	$50,000	
Prosthodontics - 63F	$25,000		$25,000	$25,000	$38,000	$50,000	$65,000
Public Health Dentistry - 63H	$25,000		$25,000	$25,000	$38,000	$50,000	
Temporomandibular Dysfunction (TMD)/Orofacial Pain (PhD Level)	$25,000		$25,000	$25,000	$38,000	$50,000	

Nurse Corps HPO IP[3] & HPO RB Rates (See Recognized Training and Boards)

[3] General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the fully qualified HPO IP rate only.

NURSE CORPS	Fully Qualified IP only 1-Year Rate (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
Public Health Nurse - 66B		$10,000	$15,000	$20,000	
Psychiatric/Beha vioral Health Nurse - 66C		$10,000	$15,000	$20,000	
Perioperative Nurse - 66E		$10,000	$15,000	$20,000	
Clinical Nurse Specialist - 7T (66E,G,H,S,T)		$10,000	$15,000	$20,000	
Nurse Anes theti st (CRNA) - 66F	$15,000	$10,000	$20,000	$35,000	$50,000
Obstetrics/Gynecology Nurse - 66G		$10,000	$15,000	$20,000	
Family Nurse Practitioner (NP) - 66P		$10,000	$15,000	$20,000	$35,000
Psychiatric/Beha vioral Health NP - 66R		$10,000	$15,000	$20,000	$35,000
Critical Ca re Nurse - 66S		$10,000	$15,000	$20,000	$35,000
Emergency Nurse - 66T		$10,000	$15,000	$20,000	
Nurse Midwife - 66W		$10,000	$15,000	$20,000	

Table 3: (continue)

Nurse Corps Recognized Training and Boards for HPO IP and/or HPO RB

Nurse Specialty AOC	TSG Appd AOC Crs.	Qualifying Graduate Program	Recognized Boards for HPO IP or RB
Public Health Nurse 66B	Yes	1. Community Health CNS (MSN) 2. Master's or Doctorate Public Health (MPH/DNP)	1. ANCC Public or Community Health Nursing (APHN-BC or PHCNS-BC) 2. National Board of Public Health Examiners (NBPHE)
Psychiatric Behavioral Health Nurse 66C	Yes	Psychiatric Behavioral Health Course	ANCC's Psychiatric-Mental Health RN-BC
Perioperative Nurse 66E	Yes	Perioperative Nursing Course	CCI's Certified Nurse in the Operating Room (CNOR)
Clinical Nurse Specialist 66E7T	Yes	Clinical Nurse Specialist (MSN/DNP)	1. AACN's Acute Care CNS - Adult - Gerontology (ACCNS-AG) (formerly called CCNS by AACN) 2. ANCC's Adult Gerontology Clinical Nurse Specialist (AG-CNS-BC)
Nurse Anesthetist 66F	NA	Nurse Anesthetist (MSN/DNP)	National Board on Certification/Recertification for Nurse Anesthetist (NBCRNA)
Obstetric and Gynecologic Nurse 66G	Yes	Obstetric/GYN Nursing Course	1. NCC's Maternal Newborn (RNC-MNN) 2. NCC's Inpatient Obstetric Nursing (RNC-OB)
Clinical Nurse Specialist 66G7T	Yes	Clinical Nurse Specialist (MSN/DNP)	1. NCC's Maternal Newborn (RNC-MNN) 2. NCC's Inpatient Obstetric Nursing (RNC-OB)

Table 3: (continue)

Nurse Specialty AOC	TSG Appd AOC Crs.	Qualifying Graduate Program	Recognized Boards for HPO IP or RB

Clinical Nurse Specialist 66H7T	Yes	1. Critical Care CNS (MSN/DNP) 2. Adult/Med Surg CNS (MSN/DNP)	1. ANCC's Clinical Nurse Specialist in Adult Health (ACNS-BC) 2. ANCC's Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) 3. AACN's Clinical Nurse Specialist Adult-Gero (AACNS-AG) 4. AACN's Clinical Nurse Specialist for Adult - Acute Care Nursing (CCNS)
Family Nurse Practitioner 66P	NA	Family NP (MSN/DNP)	1. ANCC's Family Nurse Practitioner (FNP-BC) 2. AANP's Family Nurse Practitioner (FNP-BC)
Psychiatric/ Behavioral Health Nurse Practitioner 66R	Yes	Psych Mental Health NP	1. ANCC's Adult Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) 2. ANCC's Psychiatric -Mental Health Nurse Practitioner (PMHNP-BC) 3. ANCC's Family Psychiatric Nurse Practitioner (FPMHNP-BC)
Critical Care Nurse 66S	Yes	Critical Care Nursing Course	1. AACN's Critical Care Registered Nurse (CCRN) 2. AACN's Critical Care Registered Nurse-Knowledge (CCRN-K)
Critical Care Nurse 66S7T	Yes	1. Critical Care CNS (MSN/DNP) 2. Adult/Med Surg CNS (MSN/DNP)	1. ANCC's Clinical Nurse Specialist in Adult Health (ACNS-BC) 2. ANCC's Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) 3. AACN's Acute Care Clinical Nurse Specialist (Adult-Gero) (ACCNS-AG) 4. AACN's Critical Care CNS (CCNS)-Legacy board for renewal only
Emergency Nurse 66T	Yes	Emergency Nursing Course	BCEN's Certified Emergency Nurse (CEN)

Table 3: (continue)

Nurse Specialty AOC	TSG Appd AOC Crs.	Qualifying Graduate Program	Recognized Boards for HPO IP or RB
Emergency Nurse 66T7T	Yes	1. Critical Care CNS (MSN) 2. Adult/Med Surg CNS (MSN) 3. Emergency Trauma CNS (MSN)	1. ANCC's Clinical Nurse Specialist in Adu Health (ACNS-BC) 2. ANCC's Adult-Gerontology Clinical Nur Specialist (AGCNS-BC) 3. AACN's Acute Care Clinical Nurse Specialist (Adult-Gero) (ACCNS-AG) 4. AACN's Critical Care CNS (CCNS)- Lega board for renewal only
Nurse Midwife 66W	Yes	Certified Nurse Midwife (MSN/DNP)	American Midwifery Certification Board (AMCB)

Specialty HPO IP[4] & HPO RB Rates

[4] General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the fully qualified HPO IP rate only.

SPECIALTY	HPO IP Rate/Year with or without HPO RB (prorated monthly)	HPO RB 2-Year Rate (paid annually)	HPO RB 3-Year Rate (paid annually)	HPO RB 4-Year Rate (paid annually)	HPO RB 6-Year Rate (paid annually)
Optometrist - 67F	$1,200			$10,000	
Pharmacist - 67E				$15,000	
Physician Assistant - 65D	$5,000			$20,000	
Psychologist - 73B	$5,000	$10,000	$15,000	$20,000	$35,000
Social Worker - 73A				$10,000	
Veterinarian - 64-Series	$5,000	$2,500	$3,750	$5,000	

Finally, this is a memorandum for record that Army issued to ensure accuracy of student qualifications and performance data entry.

DASG-PSZ-M 13 July 2018

MEMORANDUM FOR RECORD

SUBJECT: Reminder of Accuracy Expected on Input of MCAT and GPA Scores

b. This memorandum is a reminder that while verifying the student information during the initial input of the record received from the Recruiting Command that the standards for eligibility are:

- MCAT Score of no less than 500 with individual score no lower than 124
- Undergraduate GPA of no less than 3.2

Should you receive a record that does not meet these standards, you are to immediately verify that the student was granted a waiver from our office. If no waiver can be located, notify Mr. Covi, or in his absence Mr. Simmons of the deficiency so that they can verify from the Recruiting Command at Fort Knox that a waiver has been granted.

c. As a reminder, the date that Part/Step one of the licensure examination are due to our office is 15 September between the second and third year of medical school. Part/Step 2 is 15 October of the fourth year and the Clinical Skills/Performance Evaluation is due 15 February of the year of graduation. Should the student miss these suspense's, or fail any of the examinations, they will immediately placed on leave of absence from the scholarship and be offered a due process for termination. Should they fail a second time, we will complete the due process, and the Director will opine on each individual case if the student will continue in HPSP or be terminated from the Program.

d. The undersigned is the POC for any questions now or in the future.

Alandar L Covi
HPSP Program Manager

APPENDIX C: Department of Navy

DEPARTMENT OF THE NAVY
OFFICE OF THE ASSISTANT SECRETARY
(MANPOWER AND RESERVE AFFAIRS)
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

JAN 30 2019

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Follow-up on Final Report, GAO-18-77, MILITARY PERSONNEL: "Additional Actions Needed to Address Gaps in Military Physicians Specialties," dated February 28, 2018 (GAO Code 101138)

The Department of the Navy (DON) Corrective Action Plans (CAPs) in response to recommendations of Final Report, GAO-18-77, MILITARY PERSONNEL: "Additional Actions Needed to Address Gaps in Military Physicians Specialties," dated February 28, 2018 (GAO Code 101138) is provided. The DON CAP includes 2018 efforts to identify and correct gaps in recruiting and retaining highly qualified physicians to address critical wartime specialties. The CAP for GAO recommendation two has been initiated with ongoing actions for full implementation, while the CAPs for recommendations five and eight have been fully implemented. The DON's full CAP and supporting documents are provided as attachments.

My point of contact for this matter is Commander Lakesha Chieves at 703-693-0238, or Lakesha.chieves1@navy.mil.

Russell W. Beland
Deputy Assistant Secretary of the Navy
(Military Manpower and Personnel)

Attachment:
As stated

ACTION MEMO

January 23, 2019

FOR: DEPUTY CHIEF, TOTAL FORCE

FROM: CAPT Valerie Morrison, Director for Military Personnel Policy, Plans, and Special

Pays (M13)

SUBJECT: FOLLOW-UP ON GAO FINAL REPORT, GA0-18-77. MILITARY PERSONNEL: "ADDITIONAL ACTIONS NEEDED TO ADDRESS GAPS IN MILITARY PHYSICIAN SPECIALTIES," DATED FEBRUARY 28, 2018

- TAB A is the coordinated response reflecting an updated Corrective Action Plans through calendar year 2018.
- TABB is Office of Secretary of Defense (Health Affairs) Memorandum, dated December 27, 2018.
- The Corrective Action Plans (CAPs) were updated to demonstrate recruitment and retention efforts to improve manning in key Medical Corps specialties. The Navy Medicine CAP for recommendation 2 have continued ongoing actions. The Navy Medicine CAP for recommendations 5 and 8 have been fully implemented.
- Recommendations for policy changes to aid in recruitment and retention of critical Medical Department specialties are outlined.

RECOMMENDATION: Deputy Chief approve TAB A.

Approve  Disapprove__

COORDINATION: TAB C

ATTACHMENTS:

As stated

Prepared By: CAPT Valerie Morrison, Ml 3, (703) 681-9256

Subject: Follow-up Status on Report No. **GAO-18-77, "Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties". February 2018.** GAO Project Number GAO-18-77.

Recommendation# 2: The Secretary of the Navy should develop targeted strategies for using its recruitment, training, and retention programs collectively to address key military physician gaps in a coordinated manner, and metrics that would monitor the effectiveness of its programs collectively in reducing gaps.

DoD Position: Deputy Chief, Navy Medical Corps, Office of the Corps Chiefs

Status Update: Key Corrective Actions listed.

Estimated Completion Date: FY30

Corrective Action Plan (CAP): Accession/retention in each specialty as below to meet target goal.

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
AC Residency in **Aerospace Medicine**	30 Sep 22	TBD	100% manning	Access 10 yearly, maintain loss rate below 16%
TIS Training Plan	30 Sep 18 30 Sep 19	30Sep18 30 Sep 19	10 Gains FYI 8 Projecting 13 Gains FY19	Manning increased from 72% to 82% (FYI 7 to FYI 8). Projecting 90% manning FYI 9
Loss Projections	30 Sep18 30 Sep 19	30 Sep18 30 Sep19	13.7% 5-yr loss rate	3 Losses FY18 Projecting 8 Losses FY19
Special Pays Incentives	30 Sep 18	30Sep18	RB Takers increased from 31 to 36 FYI 7 to FY18	36 RB Takers

				(IP $43,000, 4 yr RB $25,000, BCP $6,000) Note: Many Aerospace Medicine physicians have completed a residency in another specialty. As some of these specialties offer a higher RB rate, they may preferentially take the RB for that specialty. Of the 36 RB takers 6 are under the AeroMed RB,and 30 are under the RB for other specialties.
AC Cardiothoracic Surgeon	30 Sep 26	TBD	100% manning	Access 3 fellows yearly, maintain loss rate below 10%
FTIS Training Plan	30 Sep 18 30Sep19	30 Sep 18 30 Sep 19	0 Gains FY18 Projecting 1 Gain FY19	Manning decreased from 71% to 60% (FYI 7 to FYI 8) Projecting 67% manning FYI 9
Loss Projections	30 Sep 18 30 Sep 19	30Sep18 30 Sep 19	7.7% 5-yr loss rate	1 Loss FY18 Projecting O Losses FY19
Special Pays Incentives	30 Sep 18	30 Sep 18	RB Takers remained unchanged from FYI 7 to FY18 with 4 takers each year	4 RB Takers (IP $59,000 w/o RB $80,000 with RB, 6 yr RB $75,000, BCP $6,000) The RB was increased in FY19

				with the implementation of the 6 yr RB
AC General Surgery	Unknown	TBD	100% manning	79%manned
FY18 Direct Accession FYI 9 Direct Accession	30Sep18 30 Sep 19	30Sepl8 30 Sep 19	I attained TBD	Goal: 3 Goal: 4
Total Accessions (including FTIS/FTOS, NADDS, etc).	30 Sep 18 30 Sep 19	30Sepl8 30 Sep 19	30 Gains Total FY18 Projecting 26 Gains FY19	Manning decreased from 81% to 79% (FYI 7 to FYI 8). Projecting 79% manning FYI9
Loss Projections	30Sep18 30 Sep 19	30 Sep 18 30 Sep 19	11.9% 5-yr loss rate	31 Losses FYI 8 27 Projected Losses FY19
Special Pays Incentives	30Sep18	30Sep18	RB Takers decreased from 30 to 29 (FYl 7 to FY18)	29 Total RB Takers (IP $52,000 w/o RB $73,000 with RB, 6 yr RB $75,000, BCP $6,000) The RB was increased in FY19 with the implementation of the 6 yr RB
RC Anesthesiology	30 Sep 23	TBD	100% manning	Currently 104% manned
Direct Commission	30 Sep 18 30 Sep 19	30 Sep 18 30 Sep 19	6 attained TBD	FY18 Goal: 6 FYI 9 Goal: 1-2
Loss Projections	30Sep18	30 Sep 18	Maintain loss rate below 14%	

Special Pays Incentives			# RB Takers	Increased RC retention pay to $40,000/year in FY19
Training Medical Specialties (TMS) Program eligible			#TMS Takers	Recruitment program that offers residents $2,000/month, with payback obligation of 1 year for every 6 months of pay received.
RC Cardiothoracic Surgery	30 Sep 26	TBD	100% manning	Currently 78% manned
Direct Commission	30 Sep 18 30 Sep 19	30Sep18 30 Sep 19	2 attained TBD	FY18 Goal: 0- 1 FY19 Goal: 2
Loss Projections	30 Sep 18	30 Sep 18	Maintain loss rate below 14%	
Special Pays Incentives			# RB Takers	Special Pay: $50,000/year
Training Medical Specialties (TMS) Program eligible			#TMS Takers	Recruitment program that offers residents $2,000/month, with payback obligation of 1 year for every 6 months of pay received.
RC Critical Care Medicine	30 Sep 30	TBD	100% manning	Currently 14% manned
Direct Commission	30 Sep 18 30 Sep 19	30Sep18 30 Sep19	0 attained TBD	FY18 Goal: 0- 2 FY19 Goal: 8-10
Loss Projections	30Sep18	30 Sep 18	Maintain loss rate below 14%	
Special Pays Incentives			#RB Takers	Increased RC retention pay to

				$50,000/year in FY19
RC General Surgery	Unknown	TBD	100% manning	Currently 68% manned
Direct Commission	30 Sep 18 30 Sep 19	30Sep18 30 Sep19	5 attained TBD	FY 18 Goal: 18 FY19 Goal: 22 - 25
Loss Projections	30 Sep 18	30 Sep 18	Maintain loss rate below 14%	
Special Pays Incentives			#RB Takers	Increased RC retention pay to $50,000/year in FY18 and FY19
Training Medical Specialties (TMS) Program eligible			#TMS Takers	Recruitment program that offers residents $2,000/month, with payback obligation of 1 year for every 6 months of pay received.
RC Orthopedic Surgery	Unknown	TBD	100% manning	Currently 62% manned
Direct Commission	30 Sep 18 30 Sep 19	30 Sep 18 30 Sep 19	2 attained TBD	FY18 Goal: 9 FY19 Goal: 9 - 11
Loss Projections	30 Sep 18	30Sep18	Maintain loss rate below 14%	
Special Pays Incentives			#RB Takers	Increased RC retention pay to $50,000/year in FYI 8 and FYI 9
Training Medical Specialties (TMS) Program eligible			#TMS Takers	Recruitment program that offers residents $2,000/month, with payback obligation of 1 year for every 6

				months of pay received.
RC Preventive Medicine Direct Commission Loss Projections Special Pays Incentives	30 Sep 20 30 Sep 18 30 Sep 19 30Sep18	TBD 30Sep18 30 Sep 19 30 Sep 18	100% manning 0 attained TBD Maintain loss rate below 14% #Accession Bonus Takers	Currently 80% manned FY18 Goal: 0 FY19 Goal: 0 - 1 Accession/Affiliation Bonus of $1OK available. No special pay offered
Medical Education Policy Council Publication of Annual Training Plan	June 2018	Board Results Pending	100% fulfillment of Graduate Medical Education Selection Board (GMESB) Quotas	Meets quarterly, translates strategic needs into an annual training plan
CNRC participation at Medical Conferences: -American Academy of Orthopedic Surgeons -Academy for Orthopedic Surgery and Sports Medicine -American Association for the Surgery of Trauma -American College of Emergency Physicians -American College of Surgeons	Mar 2018 July 2018 Sept 2018 Oct 2018 Oct 2018	Mar 2018 July 2018 Sept 2018 Oct 2018 Oct 2018	# Leads/# Engagements	~14,000 Attendees ~5,500 Attendees ~6,000 Attendees ~9,000 Attendees ~12,000 Attendees

CNRC Emails/Mail-Outs -Orthopedic Surgeons -General Surgeons	 July 2018 July2018	 July 2018 July 2018	 # Leads/# Engagements	 10,000 sent 10,000 sent
Hometown Heroes Program	Dec 2018	Ongoing	# Leads/# Engagements	Supportive effort to improve access/availability of MC Officers to Medical Recruiters on request. Sends MC officers on no-cost TAD to their hometown to participate in recruiting efforts.
MC Informational Pamphlet	Mar 2018	TBD	TBD	Supportive effort to provide informational handout to offer prospective HPSP applicants.
Bi-Weekly CNRC Synchronization Meeting	Jan 2018	Ongoing	# Professional Review Board (PRB) approved candidates/Total #PRB candidates	Supportive effort to provide real-time feedback on quality of applicants at PRB and assist in efforts to meet goal accession timelines.

Subject: Follow-up Status on Report No. **GAO-18-77 "Military Personnel: Additional Actions Needed to Address Gaps** in **Military Physician Specialties", February 2018.** GAO Project Number GAO-18-77.

Recommendation# 5: The Secretary of the Navy should track complete, accurate, and accessible information on the qualifications, performance, and progress of Navy AFHPSP medical students.

DoD Position: Head of Student Programs, Accessions Department, Total Force
Status Update: Key Corrective Actions Listed
Estimated Completion Date: June 2019 (completed November 2019)
Corrective Action Plan (CAP): See below

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
Submit a Systems Change Request (SCR) to SPAWAR to add an undergraduate GPA (grade point average) data field to Navy Standard Integrated Personnel System (NSIPS). Undergraduate GPA will be obtained from Navy Recruit Command (CNRC) as part of the gains package and entered into NSIPS.	June 2019	November 2018	Data fields have been added and are functional (see screenshot).	The additional data fields in NSIPS will allow all objective performance measures to be tracked in a single data base. NSIPS allows system queries and ad hoc data pulls for detailed analysis. Other medical school performance measures are already being tracked and recorded in NSIPS.
Submit an SCR to SPAWAR to add a Medical College Admissions Test (MCAT) score data field to NSIPS. MCAT Score will be obtained from CNRC as part of the gains package and entered into NSIPS.	June 2019	November 2018	Data fields have been added and are functional (see screenshot).	Adding these data fields to NSIPS will allow all objective performance measures to be tracked in a single data base. NSIPS allows system queries and ad hoc data pulls for detailed analysis.
Utilize the "add value" option in NSIPS to activate a field for COMLEX/USMLE Step 3 scores. COMLEX/USMLE Step 3 scores will be obtained	June 2019	TBD	Observing the activated data field in NSIPS (see screen shot).	COMLEX/USMLE Step 3 is already an option in NSIPS to track COMLEX/USMLE Step 3 scores for Navy Active Duty

from the Graduate Medical Education Office (GME) and entered into the activated data field for PGY 1 residents. Will need to work with GME Office for a process for tracking the in-service COMLEX/USMLE Scores				Delay for Specialists (NADDS) and Financial Assistance Program (FAP) participants. Activating this field for all PGY 1 residents, will capture the scores for all PGY 1s in the Navy. Will have to collaborate with GME Office on a process to obtain in-service USMLE/COMLEX Step 3 scores. Will also have to collaborate with NSIPS support to have access to in-service resident pages for entering and tracking data. This is a more complex undertaking and involves at least 2 other offices. NSIPS allows system queries and ad hoc data pulls for detailed analysis. Other objective medical school performance measures are already being recorded and tracked in NSIPS .

Recommendation# 8: The Secretary of the Navy should use information on medical student performance to evaluated medical accessions programs.

DoD Position: Head of Student Programs, Accessions Department, Total Force
Status Update: Key corrective actions listed

Estimated Completion Date: November 2018

Corrective Action Plan (CAP): See below

Key Corrective Actions	Estimated Completion Dates	Actual Completion Date	Measure(s) Capturing Demonstrated Results	Clarifying Comments
Utilize the analytic ad hoc capability of NSIPS to do information queries and data pulls on performance measures at any stage in training and any point after graduation. This data can be pulled, reviewed and analyzed for a broad range of potential questions.	June 2019	Ad hoc function is currently available for all data present in the HPIP Maintenance realm of NSIPS. This is completed for all recorded data in NSIPS.	The system can be queried to pull requested pre-matriculation and medical student performance measures.	GPA and MCAT data fields are now present and functional. The COMLEX/USMLE "add" function is available. NSIPS can be a single database to record and track all recorded, objective performance measures. The data can easily be queried, pulled, and analyzed. This information can be used to assess the performance of medical students from recruitment, through medical school and through their Post Graduate Year (PGY) 1. The addition of the new data fields in combination with the data fields already in place, will offer a plethora of information to query, analyze and assess various aspects of the accessions programs.

APPENDIX D: UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES

NOTE: The following email response was edited to remove Approach 2 as it covered matters not pertaining to Corrective Action Plans.

Subject: [Non-DoD Source] Fwd: Need USUHS Input to the HASC/SASC Tasker

Becki,

First I want to acknowledge that you are in the middle of this and my comments below are really for those involved in potentially making changes to our system, should they consider them. Please let me know if there is another format requested for responses other than this email.

Below is a much longer response than I believe you are interested in, however, I feel obligated to share it with you, as well as any action officers and decision makers in the MHS, Services, and DHA as warranted. If this tasker is intended to go back to Congress, then we need to focus on the issue they are interested in addressing. The GAO report and recommendations were flawed in that they maintained the old approach of the Services and USU addressing the problem in their respective stove pipes (just look at the way the 10 recommendations are structured, tasking each entity separately). This is not what Congress wants. Congress wants us to fix the issue, noting it should be addressed as an enterprise-wide solution, with the Services, DHA, and USU to answer with a unified response, rather than separate responses you compile from the Services and USU, "updating" the GAO recommendations.

Thus, I have included two approaches. The first is the simple response to update the GAO recommendations in our stove-piped methodology:

Approach 1 (USU's response to the two recommendations that mention us specifically)

GAO Recommendation 7: The President of the Uniformed Services University of the Health Sciences (USUHS) should track complete, accurate, and accessible information on the performance and progress of USUHS medical students.

Updated Response to Recommendation 7: The Long-term Career Outcome Study (LTCOS) continues to research issues relevant to tracking USU student performance and progress. We have offered to collaborate with the MHS and Service components to look at enterprise-wide queries. Attached are a report and a several recent abstracts demonstrating the LTCOS products (Attachments A and B).

GAO Recommendation 10: The Assistant Secretary of Health Affairs should require that the President of USUHS develop a reliable method to accurately determine the cost to educate its medical students.

Updated Response to Recommendation 10: The University has acquired the Institute for Defense Analyses (IDA) to determine the value proposition of USUHS students. That report is well underway, with a projected completion of October 2019(Attachment C).