



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

OCT - 9 2008

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Fiscal Year 2009 Early Career Incentive Special Pay For Medical Officers

References: (a) Title 37, United States Code, section 301d
(b) Department of Defense Instruction (DoDI) 6000.13
(c) PDUSD (Personnel and Readiness) Directive-Type Memorandum,
Repayment of Unearned Portions of Bonuses, Special Pay, and
Educational Benefits or Stipends, dated May 21, 2008

In accordance with References (a) through (c), the Fiscal Year (FY) 2009 Early Career Incentive Special Pay Plan is attached.

In determining the FY 2009 rates for Special Pays, the Health Professions Incentives Working Group considered manning, civilian income data, Military Health System requirements, and Service budget impact.

The Early Career Incentive Special Pay shall be administered in accordance with the policy established herein. Please provide this office a copy of your implementing guidance within 30 days of the date of this memorandum.

S. Ward Casscells, MD

Attachment:
As stated

cc:
PDUSD (P&R)
ASD (RA)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director, Defense Finance and Accounting Service
Acting Surgeon General of the U.S. Public Health Service

HA POLICY: 08-014

**FISCAL YEAR 2009
EARLY CAREER INCENTIVE SPECIAL PAY PLAN
FOR MEDICAL OFFICERS**

A. PURPOSE: To promulgate pay rates and policy for the Fiscal Year 2009 (FY 2009) Early Career Incentive Special Pay Program

B. APPLICABILITY: The provisions of this pay plan memorandum apply to the Office of the Secretary of Defense and the Military Departments.

C. TERMS AND DEFINITIONS:

1. Medical Corps Officer. An officer of the Medical Corps of the Army or Navy, or an officer of the Air Force designated as a medical officer, who is on active duty under a call or order to active duty for a period of not less than one year.

2. Creditable Service. Includes all periods that the officer spent in graduate medical education while not on active duty and all periods of active duty as a Medical Corps officer.

3. Subspecialties. Specialties grouped for pay purposes into the following categories:

a. Subspecialty Category I. Includes cardio-thoracic surgery, colon and rectal surgery, oncology surgery, pediatric surgery, plastic surgery, organ transplant, trauma/critical care surgery, vascular surgery and fellowship trained orthopedic surgeons.

b. Subspecialty Category II. Includes nuclear medicine physicians.

c. Subspecialty Category III. Includes physicians residency trained and fellowship in allergy/immunology, nephrology, hematology/oncology, pediatric cardiology, neonatology. Includes Pediatric subspecialties of all specialties listed.

d. Subspecialty Category IV. Includes and all internal medicine/pediatric subspecialties not listed in Subspecialty Category I or III or listed separately in the tables appearing in table 1.

e. Subspecialty Category V. Includes physicians who are fellowship trained in Ophthalmology, Otolaryngology, Obstetrics/Gynecology, and Urology.

4. Residency. A successfully completed formal program of medical specialty or subspecialty training.

5. Specialty. Medical specialty for which there is an identifying specialty skill identifier number, a Naval Officer Billet Classification code, or an Air Force specialty code.

D. ELIGIBILITY. A Medical Corps officer:

1. who is below the grade of O-7, and
2. who has a current, valid, unrestricted license or approved waiver, and
3. who is within 18 months of completing their medical education and training obligation, and who has completed initial residency training, or is scheduled to complete initial residency training before October 1, 2008, and
4. who executes a written agreement to remain on Active Duty for a period of not less than four years beginning on the date for which the Early Career Incentive Special Pay (ECISP) is to be paid.
5. who is in a specialty designated by the Service Surgeon General as eligible for this pay, and
6. who has completed specialty qualification before October 1, 2008, except for cases listed in paragraph E.2.

Note: Subject to the acceptance by the Secretary (or designee) of the Military Department concerned, a medical officer must be currently credentialed and privileged at a military treatment facility in the specialty for which ECISP is to be paid.

E. ADMINISTRATION.

1. ECISP payments for contracts executed beginning on or after October 1, 2008, will be in the amounts indicated in the attached Table. Unless otherwise listed, subspecialties of the primary specialty are included with the primary specialty.
2. ECISP shall not be paid for the same fiscal year in which the qualifying residency training is completed. However, if the qualifying training is completed out of cycle (at a time prior to the end of June) due to circumstances beyond the member's control, the Surgeons General are delegated the authority to waive the Department of Defense policy and authorize ECISP during the same fiscal year in which the qualifying residency is completed. The effective date for ECISP shall be calculated from the completion of the qualifying training plus three months. This keeps all medical officers eligible for ECISP consistent in how their eligibility date is calculated
3. The Secretary (or designee) of the Military Department concerned may approve recommendations for ECISP payments to fully qualified physicians assigned to positions requiring a substantial portion of time performing military unique duties under adverse

conditions or in remote outside the continental United States (OCONUS) locations or that preclude the ability to spend appropriate time in a clinical setting.

4. ECISP recipients are not precluded from transitioning into the regular multi-year pay program i.e., the coupled Multiyear Incentive Special Pay (MISP) and Multiyear Special Pay (MSP) for the same specialty once they are eligible to do so.

5. ECISP is a one-time offer and once entered into an ECISP agreement, a recipient cannot terminate the ECISP agreement. However, if the individual becomes eligible for the coupled MISP and MSP, he/she can terminate the ECISP in order to enter into a coupled MISP and MSP that has an equal or longer obligation. The new active duty obligation has to be at least as long as the time remaining on the original special pay agreement.

6. An ECISP recipient cannot receive a regular ISP, MISP, or MSP in addition to ECISP pay. Those on an ISP that meet eligibility requirements for ECISP may terminate their ISP and apply for an ECISP.

F. **REPAYMENT**: Repayment of ECISP shall be conducted in accordance with Section 303a(e) of Title 37, United States Code and in accordance with the repayment policy guidance established by the Principal Deputy Undersecretary of Defense (Personnel and Readiness) policy memorandum, Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends, dated May 21, 2008 (reference c.) The regulations regarding repayment shall be stipulated in the written service agreement.

**FY 2009 Annual ECISP Pay Rates
(62.5% of combined 4-year MISP and MSP rate)**

Specialty	ECISP/yr (4 yr contract)
Adult Cardiology	\$58,000
Anesthesiology	\$69,000
Dermatology	\$36,000
Emergency Medicine	\$44,000
Family Practice	\$36,000
Gastroenterology	\$49,000
General Surgery	\$69,000
Internal Medicine	\$34,000
Neurology	\$28,000
Neurosurgery	\$75,000
Obstetrics/Gynecology	\$41,000
Ophthalmology	\$34,000
Orthopedics	\$63,000
Otolaryngology	\$43,000
Pathology	\$31,000
Pediatrics	\$31,000
Physical & Aerospace Medicine	\$25,000
Preventive & Occupational Medicine	\$31,000
Psychiatry	\$39,000
Pulmonary & Critical Care	\$44,000
Radiology	\$64,000
Subspecialty Category I	\$70,000
Subspecialty Category II	\$34,000
Subspecialty Category III	\$32,000
Subspecialty Category IV	\$28,000
Subspecialty Category V	\$54,000
Urology	\$46,000