



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

PERSONNEL AND
READINESS

JUN 28 2023

The Honorable Patty Murray
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chair:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, to report on the use of healthcare provider appointing authorities set forth in 38 U.S.C., Chapter 74, as authorized by 10 U.S.C. § 1599c, to appoint and pay for critically needed healthcare occupations.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees, the Committee on Homeland Security and Governmental Affairs of the Senate, and the Committee on Oversight and Accountability of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

cc:

The Honorable Susan Collins
Vice Chair



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

PERSONNEL AND
READINESS

JUN 28 2023

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, to report on the use of healthcare provider appointing authorities set forth in 38 U.S.C., Chapter 74, as authorized by 10 U.S.C. § 1599c, to appoint and pay for critically needed healthcare occupations.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees, the Committee on Homeland Security and Governmental Affairs of the Senate, and the Committee on Oversight and Accountability of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

cc:
The Honorable Adam Smith
Ranking Member



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

PERSONNEL AND
READINESS

JUN 28 2023

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, to report on the use of healthcare provider appointing authorities set forth in 38 U.S.C., Chapter 74, as authorized by 10 U.S.C. § 1599c, to appoint and pay for critically needed healthcare occupations.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees, the Committee on Homeland Security and Governmental Affairs of the Senate, and the Committee on Oversight and Accountability of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

cc:

The Honorable Roger F. Wicker
Ranking Member



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

**PERSONNEL AND
READINESS**

JUN 28 2023

The Honorable Kay Granger
Chairwoman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, to report on the use of healthcare provider appointing authorities set forth in 38 U.S.C., Chapter 74, as authorized by 10 U.S.C. § 1599c, to appoint and pay for critically needed healthcare occupations.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees, the Committee on Homeland Security and Governmental Affairs of the Senate, and the Committee on Oversight and Accountability of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

cc:
The Honorable Rosa L. DeLauro
Ranking Member



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

PERSONNEL AND
READINESS

JUN 28 2023

The Honorable Gary C. Peters
Chairman
Committee on Homeland Security and
Governmental Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, to report on the use of healthcare provider appointing authorities set forth in 38 U.S.C., Chapter 74, as authorized by 10 U.S.C. § 1599c, to appoint and pay for critically needed healthcare occupations.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the congressional defense committees and the Committee on Oversight and Accountability of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

cc:

The Honorable Rand Paul
Ranking Member



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

PERSONNEL AND
READINESS

JUN 28 2023

The Honorable James R. Comer
Chairman
Committee on Oversight and Accountability
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, to report on the use of healthcare provider appointing authorities set forth in 38 U.S.C., Chapter 74, as authorized by 10 U.S.C. § 1599c, to appoint and pay for critically needed healthcare occupations.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the congressional defense committees and the Committee on Homeland Security and Governmental Affairs of the Senate.

Sincerely,

A large black rectangular redaction box covering the signature area.

Gilbert R. Cisneros, Jr.

cc:

The Honorable Jamie Raskin
Ranking Member

ANNUAL REPORT TO CONGRESS FOR FISCAL YEAR 2022



**In response to: Senate Report 112–173, Pages 132–133,
Accompanying S. 3254, the National Defense Authorization Act
for Fiscal Year 2013, “Health Care Provider Appointment and
Compensation Authorities”**

June 2023

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$4,640 in Fiscal Year 2022. This includes \$0 in expenses and \$4,640 in DoD labor.

Generated on 2023Feb24
RefID: C-CE83F96

FISCAL YEAR 2022 REPORT TO CONGRESS ON DEPARTMENT OF DEFENSE HEALTH CARE PROVIDER APPOINTMENT AND COMPENSATION AUTHORITIES

Senate Report 112–173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year (FY) 2013, requests that the Department of Defense (DoD) report annually to specified congressional committees on its use of flexibilities to recruit and retain trained, experienced civilian healthcare professionals in critically needed healthcare occupations. This report summarizes the extent to which such authorities are being used successfully throughout the DoD. The authority granted by 10 U.S.C. § 1599c to exercise the authorities in 38 U.S.C., Chapter 74 continues to be used extensively throughout the DoD and has contributed to successful recruitment and retention efforts for critical healthcare positions. In this report, we describe progress made during FY 2022 and include recruitment and retention analyses that are being used to mitigate problems and/or undesirable trends. As requested, the Department consulted with the Office of Personnel Management (OPM) on this report.

Hiring Authorities: The DoD regularly uses a single hiring authority that is applicable to the Military Health System (MHS) and a full range of Government-wide hiring authorities administered by OPM. A summary of the MHS and the Government-wide hiring authorities is provided in the table below.

Authority/Flexibility	Scope & Coverage	MHS Specific	Gov't Wide
Direct Hire Authority for the Department of Defense in 5 U.S.C. § 9905 enacted December 20, 2019	Authority to appoint qualified candidates to any category of medical or health professional positions within the Department designated by the Secretary as a shortage category or critical need occupation. Appointments may be made to positions in the competitive service in the DoD without regard to chapter 33, subchapter I of title 5, U.S.C., other than sections 3303 and 3328. This authority expires September 30, 2025.	✓	
Delegated Examining processes	OPM authorizes agencies to fill competitive civil service jobs with applicants from outside the Federal workforce or Federal employees with or without competitive service status.		✓
Various non-competitive authorities	Such as Veterans Recruitment Appointment Authority, which allows non-competitive appointment of 30 percent disabled veterans leading to the conversion of career or career conditional appointment.		✓
Temporary and term appointments	Temporary and term appointments are used to fill positions when there is not a need for the job to be filled on a permanent basis.		✓
The Pathways Program	Targets internships and recent graduates.		✓
Presidential Management Fellows	Matches outstanding graduate students with exciting Federal opportunities.		✓
Schedule A for appointing individuals with disabilities and support personnel.	Allows for appointment of people with severe physical disabilities, psychiatric disabilities, and intellectual disabilities. Another Schedule A authority can be used to appoint readers, interpreters, and personal assistants for disabled employees.		✓

Table 1: MHS and OPM Hiring Authorities

Results of Using Hiring Authorities: Servicing Human Resources Offices continue to make good use of the Direct Hire Authority (DHA) under 5 U.S.C. § 9905 (and, in the past, the Expedited Hiring Authority (EHA) which ended in April 2020), demonstrating a solid MHS commitment to using the enhanced hiring authorities and streamlining the hiring processes. Use of this critical hiring authority continues to rise and is shown in this 5-year growth pattern.

- FY 2018, 41.3 percent of all hiring actions filled by using EHA/DHA authorities.
- FY 2019, 50 percent of all hiring actions filled by using EHA/DHA authorities.
- FY 2020, 61.9 percent of all hiring actions filled by using EHA/DHA authorities.
- FY 2021, 75 percent hiring all actions were filled using DHA authorities.
- FY 2022, 81 percent of hiring all actions were filled using DHA authorities.

Types of Compensation Authorities: Compensation authorities fall into two broad categories. Title 38 authorities (in accordance with 10 U.S.C. § 1599c) and title 5. These two authorities include: Special Salary Rate (SSR) Authority (which allows DoD to increase rates of basic pay to amounts competitive within the local labor market, including the Department of Veterans Affairs (VA); Physicians and Dentists Pay Plan (PDPP); Nurse Locality Pay System; Head Nurse Pay; and premium pay. In addition the DoD uses Government-wide title 5 authorities which include, but are not limited to, the Superior Qualifications and Special Needs Pay-Setting Authority (SQA); recruitment, relocation, and retention incentives (3Rs); Student Loan Repayment Program; service credit for leave accrual; and SSR authority (which allows OPM to increase pay to address existing or likely significant handicaps in recruiting or retaining well-qualified employees due to factors such as significantly higher non-Federal pay rates than those payable by the Federal Government within the area, location, or occupational group involved; the remoteness of the area or location involved or the undesirability of the working conditions or nature of the work involved).

Results of Using Compensation Authorities: The new delegated agreement between DoD and OPM, signed June 22, 2022, has reduced pay gaps between DoD and the VA. The use of compensation authorities continues to be robust. The MHS currently has approximately 1,994 physicians and dentists under the PDPP and there are 177 SSR tables in place. The flexibilities of the PDPP are making DoD more competitive with the VA for these in-demand resources, due primarily to the fact that salaries of PDPP employees are reviewed and adjusted every 2 years. This ensures that DoD keeps up with competing salaries being offered by the VA. The use of title 38 compensation authorities covers more than 23,798 employees or ~60 percent of the MHS workforce. The DoD also continues to make use of the SQA, 3Rs, and, where appropriate, uses a combination of SSRs, 3Rs and the SQA. These compensation authorities span more than 28 occupations, dispersed around the world.

Loss rates¹ for all medical occupations: As the following chart demonstrates, the loss rates for the 53 MHS medical occupations were essentially within the same margin of few hundred or so from FY 2018 to FY 2020. The loss rate of last year, FY 2021 demonstrates a high for the last 4 years, but FY 2022 loss rate continues to grow despite use of increase compensation authorities. The loss rate in FY 2022 is at a 5-year high.

¹ Within DoD, the loss rate is defined as losses to DoD, and not internal movement within the Military Departments. Data in the Corporate Management Information System (CMIS), which houses civilian data from the Defense Civilian Personnel Data System, is the source for loss rate calculations.

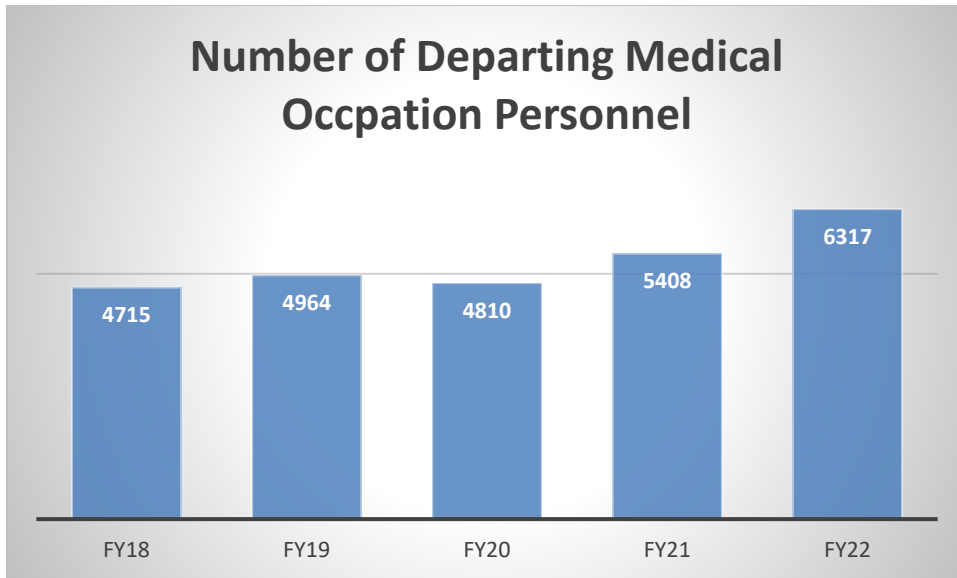


Table 2: Number of Personnel in 53 Medical Occupations Departing DoD FY 2017 – 2022
 Source: CMIS as of September 30, 2022

Analysis of the loss rate data shows that 54 percent of the employees who left resigned (did not stay in Federal service) and 22 percent retired. Retirements have slightly reduced from last year FY 2021 24 percent to the current rate in FY 2022 of 22 percent. The Department is tracking retirement eligibility and it is discussed later in this report. A total of 1007 remained in Federal service and account for 16 percent of all losses. Of the 1007 (16 percent) transferring employees 93 percent went to the VA and 3 percent went to the Department of Health and Human Services. Analysis does show the Registered Nurses and Licensed Practical Nurses are the highest mission critical occupations that have left the DoD, but they account for majority 46 percent of the overall Defense Health Agency workforce population. Table 3 depicts resignation (not retirement) rates in years of age of the DoD Medical Occupation employees. Resignations peak in the age categories of 30 to 49, but from ages 50-62 resignations start to decline with the fewest at 63 and above years of age. Resignations are continuing to rise but do fall with in DoD overall rates of 10.12 percent.

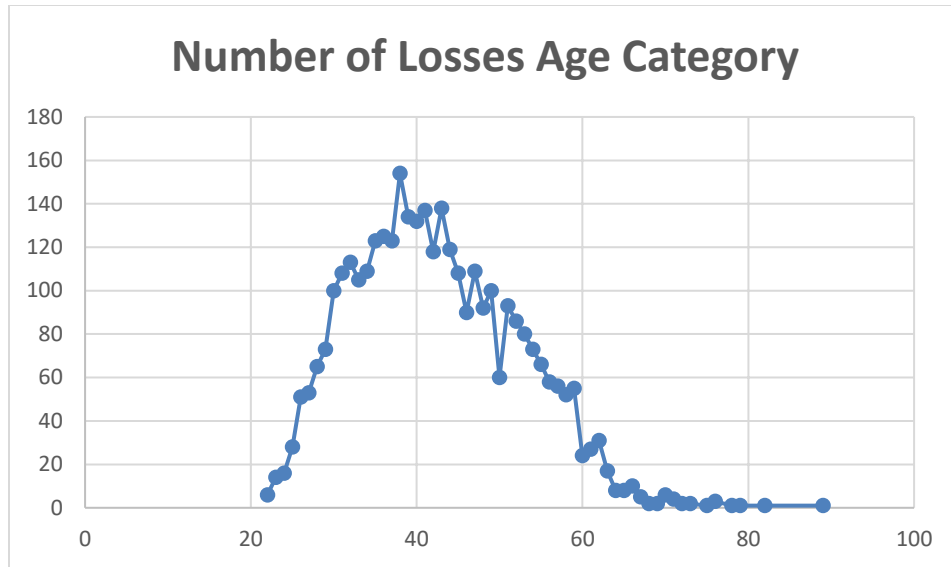


Table 3: Resignation rates by age DoD Medical Occupations FY 2022
 Source: CMIS as of September 30, 2022

While higher than the 5-year average, losses due to resignations in FY 2022 are the just behind the lost rate in FY 2019 (previous highest rate), demonstrating that last year is the highest of the 5-year trend. This trend is showing a high and then a two-year drop-in resignation.

- FY 2018: 2,792
- FY 2019: 3,057
- FY 2020: 2,461
- FY 2021: 2,992
- FY 2022: 3,478
- 5-year average: 2,965

Mission Critical Occupations (MCO) Loss Rates: One area that is carefully monitored is loss rate trend data for MCOs. These occupations are listed in the following chart.² The loss rate for all our MCOs decreased from FY 2019 to FY 2020 which was very good news. Current loss rate (FY 2022) indicates all nine MCOs have increased. All but two, Pharmacists and Licensed Clinical Social Worker, of the MCOs demonstrate a double-digit number higher than 10 percent in losses. Registered Nurse (17.9 percent), Licensed Practical Nurse (24.2 percent), and Physician Assistants (16.6 percent) exhibit approximately a 5-8 percent gain over last year (FY 2021). FY 2022 represents the highest loss rate, further analysis of the MCO loss rate is shown below.

² Dentist was added as an MCO in 2021, due to anticipated significant number of retirements. See Table 4.

Occupational Series	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Licensed Clinical Social Workers	11.2%	12.7%	10.6%	5.0%	8.9%
Physicians	11.3%	9.8%	8.8%	11.0%	11.6%
Physician Assistants	12.3%	14.1%	11.9%	11.0%	16.6%
Registered Nurses	10.8%	12.2%	10.3%	12.0%	17.9%
Pharmacists	7.8%	7.4%	7.1%	9.0%	9.3%
Clinical Psychologists	7.8%	10.4%	7.6%	11.0%	13.1%
Licensed Practical Nurse	13.9%	18.2%	13.5%	16.0%	24.2%
Dentists	*	*	8.8%	3.0%	13.0%
Physical Therapist	9.5%	11.3%	5.5%	5.0%	10.8%

Table 4: MCO Loss Rate FY 2018 – FY 2022

Source: CMIS as of September 30, 2022

MCO Loss Rate Analysis: DoD continues to track losses and gather critical qualitative information on employees’ choice to exit employment with the Department. Employees are given the opportunity through employee surveys such as the annual OPM Federal Employee Viewpoint Survey, agency or unit climate assessments, and supervisors working with their staff to understand why an employee chose to stay or leave. Supervisors are reporting their staff are experiencing survey fatigue. Departing employees are provided an opportunity to comment on their SF52 Request for Personnel Action of resignation form, unfortunately many declined, as it is optional. However, we can determine what percentage of employees resign, retire, or transfer to another Government agency. Based on input from the Military Departments (MILDEPs) and the Defense Health Agency MHS MCO employees who leave to go to organizations or facilities where they are paid more money and/or to obtain better career progression. This conclusion is borne out by input from the MILDEPs/Defense Health Agency in the Strategic Recruitment and Retention analysis below.

MCO Gains and Losses: MCO gains, and losses are compared each FY. The following FY 2022 data shows outstanding results in recruitment. Vacancies are filled at a much higher rate using a DHA. Defense Health Agency in FY 2022 has utilized a physician recruitment team concept (Headquarters Defense Health Agency Recruitment Cell) to actively recruit, advertise, and generate awareness for employment opportunities as a Defense Health Agency civilian because USAJOBS is a passive recruitment system. (This cell’s success will be discussed later in the report). The results of this recruitment cell demonstrate vacancies are being filled at a higher rate and much quicker than in previous years when the DoD did not have access to multiple hiring and compensation authorities. DoD employees are free to apply for any vacancy announcement they feel they are qualified for. The general timeline for employees to progress or advance to the next higher grade is at least 1 year. Not all positions, but many do, offer growth

or promotion potential. It is recommended for all employees have an active Individual Development Plan and fully understand the competitive process as it is their responsibility to apply for their next position and or promotion. For instance, Physicians are almost always hired at the GS-15 level and have no promotion potential beyond GS-15. Similarly, many Nurse vacancies are filled at the “full-performance level,” meaning selectees are hired at the highest grade possible in that line of work in the unit that hired them. An example of an MCO that might have promotion or growth potential is the Licensed Practical Nurse. Often, but not always, Licensed Practical Nurse vacancies are filled below the full-performance level to give employees growth potential. Even when reaching the full-performance level, many Licensed Practical Nurses leave for positions with more growth potential and/or money. Like many other Federal jobs, the work being done by MCO employees is graded by OPM’s position classification standards which ultimately determine the grade of (and pay range for) that work.

Mission Critical Occupation	Gains	Losses	Net Results
Licensed Clinical Social Worker	565	104	+461
Physician	1,556	209	+1,347
Physician Assistants	444	78	+366
Registered Nurse	8,328	1,483	+6,845
Pharmacist	1,008	99	+909
Licensed Clinical Psychologist	543	98	+445
Licensed Practical Nurse	2,670	636	+2,034
Physical Therapist	363	39	+324
Dentist	182	27	+155

Table 5: MCO gains and losses in FY 2022
 Source: CMIS as of September 30, 2022

Projected Retirement Eligibility: There are numerous efforts underway to improve recruitment and retention, but these initiatives alone may not be successful in meeting future

MCO needs. The Bureau of Labor Statistics (BLS) forecasts that the demand for all but one of the MCOs is expected to rise across the United States, led by the need for physician assistants. Comparing the expected retirement losses suggests there may be recruiting and retention challenges in the near and long term due to competition with the private sector and supply and demand issues.

Job Series	BLS Projected Increase by 2030 ³	Defense Health Agency Retirement Eligibility by 2027 ⁴
Clinical Psychologists	8%	13%
Licensed Social Workers	12%	15%
Physicians	3%	18%
Physician Assistants	31%	17%
Registered Nurses	9%	13%
Licensed Practical//Vocational Nurses	9%	12%
Physical Therapists	21%	10%
Pharmacists	-2%	9%
Dentists	8%	13%

Table 6: BLS Projected Demand and Retirement Eligibility

Source: CMIS as of September 30, 3022

Analysis of Retirement Eligibility: When combined with normal attrition rates, retirement eligibility among the MILDEPs, Defense Health Agency and the MHS, as shown in Table 7 below, will result in increased retention challenges in the future. Trends are monitored to identify circumstances which may require additional focus and expanded use of hiring and compensation authorities to maintain the needed staffing levels.

Occupational Series	Air Force	Army	Defense Health Agency	Navy	MHS Wide
Clinical Psychologists	26%	11%	12%	33%	13%
Licensed Clinical Social Workers	0%	21%	14%	0%	15%
Physicians	22%	14%	18%	13%	18%
Physician Assistants	20%	8%	17%	25%	17%
Registered Nurse	11%	20%	13%	3%	13%
Licensed Practical / Vocational Nurses	18%	11%	12%	25%	12%
Physical Therapist	8%	0%	11%	0%	10%
Pharmacist	17%	11%	9%	0%	9%
Dentists	0%	22%	12%	0%	13%

Table 7: Projected retirements in FY 2027 broken down by component and occupation

Source: CMIS as of September 2022

Strategic Recruitment and Retention Analysis: When the MILDEPs and Defense Health Agency were asked to identify current systemic problems with hiring and retention, Nurses (Registered and Licensed Practical/Vocational Nurses), Psychologists and Social Workers are identified as a difficult MCO to recruit and retain. The Defense Health Agency continues to

³ BLS: Employment in healthcare occupations is projected to grow 16 percent from 2020 to 2030, much faster than the average for all occupations, adding about 2.6 million new jobs. Healthcare occupations are projected to add more jobs than any of the other occupational groups. <https://www.bls.gov/ooh/healthcare/home.htm>.

⁴ Optional retirement eligibility is determined by a combination of age and years of service.

collaborate with OPM through Defense Civilian Personnel Advisory Service (DCPAS) to mediate and update classification guidelines and standards to bring a resolution in building a well-qualified DoD professional nurse corp.

Losses to the private sector are reported by the Defense Health Agency and the MILDEPs as a primary barrier to becoming more competitive as the DoD is unable to compete with compensation packages offered by private hospitals. Compensation inequities are exacerbated by supply and demand. The need for healthcare professionals across the nation as the population ages and there are insufficient people entering the healthcare field to meet the demand. Additionally, the pool of available skilled healthcare providers is also often limited by the remote geographic locations of many DoD military medical treatment facilities (MTFs).

Mitigation strategies and successes: By the end of FY 2023, all MTFs will be assigned to the Defense Health Agency. To mitigate MCO losses MILDEPs/Defense Health Agency are reporting successes in use of a strategic focal point to support medical units hiring needs. As most civilian positions will align to the Defense Health Agency it is critical for recruitment and hiring to have one focal point or conduit. The Defense Health Agency uses the Civilian Human Resources Agency Center of Excellence (COE) for personnel support. The COE is the main channel for recruiting, staffing, and hiring of medical personnel assigned to an MTF. The Air Force relies on the Air Force Personnel Center Talent Acquisition Division Medical Career Team to support all its medical unit's person hiring actions. This team provides maximum use of marketing and recruitment tools to expand talent candidate searches to reach highly qualified candidates for MCO vacancies. Having a single source of human resources (HR) servicing consolidates processes and affords military medical units access to a stable and experienced HR advisory workforce.

Civilian recruitment and staffing programs are enhanced by personnel in the Headquarters Defense Health Agency Physician Recruitment Team (PRT) Cell, which does nationwide recruitment for medical MCO and non MCO appropriated positions. This PRT Cell has made remarkable use of DHA, recruiting 689 medical professionals (586 MCOs/103 non-MCOs) in FY 2022. Without having this DHA, it would be very difficult to recruit and select a candidate in less than 20 days. In FY 2022 the PRT Cell conducted 4 focus groups with medical professionals to ensure their messages and targeted notifications are doing the right things to get the word out that DoD is looking for providers. This effort is also to confirm the DoD is advertising in the right journals (both print and electronic) and are in the right job boards that are accessible to providers. We also get their input on our website and the hiring process. This hard work is demonstrated with the success of their website civilianmedicaljobs.com. This site uses all available private sector hiring sites like Indeed and LinkedIn. In addition, the PRT Cell attended 64 medical conferences to publicize and recruit for MHS vacancies to the widest audience possible with targeted announcements to medical professional associations.

Retention, Recruitment, and Relocation incentives, student loan payment incentives, superior qualifications, flexible work schedules and telework are all programs in use across the MILDEPs to leverage and mitigate losses. The Air Force has invested \$545,000 in 3Rs for MCOs. The Army has reported using the 3Rs for 824 medical professionals' mission critical occupations. The majority use was for the MCO Registered Nurse and Licensed Practical/Vocational Nurses.

It is evident that retention is at the forefront of leadership to retain current, qualified, and seasoned medical personnel. The MILDEPs are reporting having the ability to match VA and / or private sector compensation/salary ranges is paramount the Department to keep qualified and trained staff. The MILDEPs continue to review and participate with the Office of the Assistant Secretary of Defense for Health Affairs, Defense Health Agency, and DCPAS to ensure title 38 SSR Tables are leveraged at the highest amount to ensure the DoD is not lagging behind the salary ranges of the VA.

Enterprise-level efforts: The Chief Human Capital Office (CHCO) in the Office of the Assistant Secretary of Defense for Health Affairs is continuing work to develop joint approaches to various human capital processes. The CHCO is heading an effort to collaborate with the MILDEPs, OPM through DCPAS, and the Defense Health Agency to develop and maintain successful human capital programs that will build a cadre of health care providers that support the war fighter and their families for today and tomorrow. The CHCO is also a member of the Tri-Service Nurse working group and provides the civilian perspective on recruitment and retention of both Nurses and Licensed Practical Nurses, DoD Medical Functional Community advisor and supports the following working groups: DCPAS Civilian Personnel Advisory Group, Interagency Committee on Health Care Occupations, Talent Management Executive Working Group, leads a joint committee to establish and publish salary tables, and spearheaded the implementation instructions for MHS military medical personnel.

Conclusion: The MILDEPs/Defense Health Agency are continuing to use multiple appointment and compensation approaches (Table 1) to ensure the Department can recruit and retain a highly qualified healthcare professional staff. The data in this report suggest that the MILDEPs/Defense Health Agency are having difficulty in maintaining current staffing levels. Seeking new methods, launching new pilot programs, and identifying new benchmark processes are critical as no one single solution will resolve MHS recruitment, retention, and compensation issues. Developing these new approaches will take support from our leaders, staff, and stakeholders. The impact of this approach will continue to be evaluated and results will be included in the FY 2023 report. DoD anticipates that the efforts of the MILDEPs and Defense Health Agency will, in combination with efforts at the MHS enterprise level, positively impact the ability to recruit and retain highly qualified healthcare professionals.