



## DoD INSTRUCTION 1400.25, VOLUME 543

# DoD CIVILIAN PERSONNEL MANAGEMENT SYSTEM: DoD CIVILIAN PHYSICIANS AND DENTISTS PAY PLAN (PDPP)

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<b>Reissues and Cancels:</b>	DoD Instruction 1400.25, Volume 543, "DoD Civilian Personnel Management System: Pay Plan for DoD Civilian Physicians and Dentists Covered by the General Schedule," August 18, 2010
<b>Approved by:</b>	Robert L. Wilkie, Under Secretary of Defense for Personnel and Readiness

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**Purpose:** This instruction is composed of several volumes, each containing its own purpose. In accordance with the authority in DoD Directive 5124.02:

- This instruction establishes and implements policy, establishes procedures, provides guidelines and model programs, delegates authority, and assigns responsibilities regarding civilian personnel management within the DoD.
- This volume:
  - Establishes policy, assigns responsibilities, and provides procedural guidance for setting the pay of DoD civilian physicians and dentists consistent with Sections 1104 and 5371 of Title 5, United States Code (U.S.C.), and Section 7431(c), (e)(2)-(4), (f), and (h) of Title 38, U.S.C., as authorized by the July 1, 2014 Delegation Agreement between the Office of Personnel Management (OPM) and the Department of Defense (DoD).
  - Establishes the Health Professions Civilian Compensation Standing Committee (HPCCSC), chartered to provide assistance to DoD components in implementing, sustaining, and measuring civilian physician and dentist pay in accordance with the provisions and authorities of DoD Instruction 5105.18, DoD Instruction 5120.39, Section 7431(c) of Title 38, U.S.C., and the 2014 OPM/DoD Delegation Agreement.

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## SECTION 1: GENERAL ISSUANCE INFORMATION

### 1.1. APPLICABILITY. This volume:

a. Applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

(2) DoD civilian physicians and dentists (full-time or part-time with tours of at least 20 hours per pay period) at GS-15 and below, who provide direct patient care services or services incident to direct patient care.

b. Does not apply to employees who are:

(1) Serving in an internship or residency training program.

(2) Employed on less than a quarter-time basis or on an intermittent basis.

(3) Reemployed annuitants.

(4) In the Senior Executive Service.

(5) In senior level or scientific or professional positions paid pursuant to Section 5376 of Title 5, U.S.C., or hired as highly qualified experts paid pursuant to Section 9903 of Title 5, U.S.C.

(6) Foreign nationals paid consistent with local national pay schedules.

### 1.2. POLICY. Within the DoD:

a. Eligible civilian physicians and dentists employed by the DoD will be paid subject to the requirements and restrictions contained in the 2014 OPM/DoD Delegation Agreement.

b. The HPPCCSC, operating under the direction of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), will determine the structure and location of compensation panels.

c. Physicians and dentists will be compensated at levels that are reasonably comparable to the total pay of physicians and dentists employed in similar positions in other federal healthcare facilities and in the private and non-federal sectors. Compensation levels will be reviewed for internal and external equity periodically in accordance with this volume.

## SECTION 2: RESPONSIBILITIES

**2.1. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)).** Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(M&RA) has overall responsibility for the development of DoD civilian personnel policy covered by this volume.

**2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR CIVILIAN PERSONNEL POLICY (DASD(CPP)).** Under the authority, direction, and control of the ASD(M&RA), the DASD(CPP):

- a. Supports the development of civilian personnel policy covered by this volume and monitors its execution by DoD Components, ensuring consistent implementation and continuous application throughout DoD.
- b. Serves as the DoD liaison with the OPM and other agencies regarding the provisions of this volume.
- c. Exercises final approval authority on HPCCSC recommendations concerning the structure, function, and location of compensation panels.

**2.3. ASD(HA).** Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Assists the ASD(M&RA) in developing civilian personnel policy covered by this volume.
- b. Through the HPCCSC, develops recommendations regarding DoD civilian physicians and dentists compensation policies and for the development of guidance for DoD compensation panels to use in determining the tier assignments and market pay for individual physicians and dentists.

**2.4. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY.** Under the authority, direction, and control of the USD(P&R), the Director, Department of Defense Human Resources Activity, provides support to the DASD(CPP), as appropriate, in executing the duties and responsibilities of this volume.

**2.5. DOD COMPONENT HEADS WITH INDEPENDENT APPOINTING AUTHORITY.** The DoD Component heads with independent appointing authority:

- a. Ensure that the procedures in Section 3 are followed by their respective Components.
- b. May delegate, in writing, the authority to implement the PDPP to the command or activity level, but **no lower** than to an O-6 level officer or civilian equivalent (normally the head of a military treatment facility (MTF) or equivalent).

c. May delegate, in writing, the authority to serve as the authorized management official (AMO) within the area of responsibility to the command or activity level with authority to further delegate, but not lower than the Executive Officer or Deputy Commander (or equivalent) of the command or activity.

## SECTION 3: PDPP PROCEDURES

### 3.1. GENERAL INFORMATION.

a. Pursuant to the provisions of the 2014 OPM/DoD Delegation Agreement between OPM and DoD, DoD is authorized to use personnel authorities codified in Section 7431(c) of Title 38, U.S.C., to compensate physicians and dentists.

b. DoD follows the pay table and tier structure established by the Secretary of the Department of Veterans Affairs (VA), published according to Section 7431(c) of Title 38, U.S.C., or by any published VA update superseding such pay table and tier structure, to the extent appropriate. In consultation with the VA, DoD-specific specialties necessary to meet mission requirements can be added to the table and tier structure in accordance with the 2014 OPM/DoD Delegation Agreement and will be published in the Federal Register. DoD may modify the established VA table and tier structure to meet mission requirements in accordance with the 2014 OPM/DoD Delegation Agreement.

c. The pay grades of individual physicians and dentists subject to the provisions of this volume are determined by the general schedule (GS) classification system as codified in Title 5, U.S.C. Base pay (excluding locality-based comparability pay, a special rate supplement, or additional pay of any kind) is set at the appropriate GS grade and step as described in this section.

d. Eligible physicians and dentists, as outlined in Paragraph 1.2.a. of this volume and in accordance with this section, will receive market pay, a basic pay supplement determined as described. The sum of base pay and market pay equal the employee's annual pay as defined in the Glossary.

e. Physicians and dentists covered by this volume remain eligible for performance awards under the provisions of Chapter 45 of Title 5, U.S.C.

### 3.2. APPROVALS.

a. The HPCCSC is chartered to provide assistance to DoD Components in implementation, sustainment, and measurement of physicians and dentists pay and will:

(1) In coordination with the applicable DoD Component heads, ensure the establishment or coverage of activity compensation panel(s) (ACPs) for physicians and dentists located in organizations that are not part of an MTF.

(2) Determine the compensation, location, and operation of ACPs to ensure consistency in application, propriety in market pay decisions, and avoid conflicts of interest.

(3) Ensure joint compensation panels (JCPs) are established where necessary in specific geographic locations.

(4) Provide recommendations to the DASD(CPP) concerning compensation levels and concerning the structure, function, and location of compensation panels.

b. DoD Component heads will, within their respective areas of responsibility:

(1) Implement and oversee the use of PDPP pay authorities.

(2) Serve as the AMO in all determinations of market pay amounts for civilian physicians and dentists covered by this volume. May delegate authority to serve as AMO as outlined in Paragraph 2.5.c. The AMOs:

(a) Grant a market pay value for individual physicians and dentists within the minimum and maximum range of the applicable pay table and tier.

(b) Approve setting pay up to the next highest tier maximum as described in this section.

(c) Approve tier assignment as described in this volume.

(d) Ensure consistent and equitable treatment of similarly situated physicians and dentists.

(e) Determine the geographic area and healthcare labor market for the specialty or assignment.

(3) Serve on the JCP as a voting member or chairperson. The JCP chair is an AMO among its region components, occupied on a rotational basis established by the JCP, and serves for a period of not less than 2 years. This role can only be delegated to the equivalent level of the AMO.

c. The commanders of DoD Component MTFs (or their equivalents):

(1) Operate the local ACP according to guidelines established by this volume.

(2) Provide supplemental guidance, direction, and resources necessary to ensure the effective operation of local ACPs under their jurisdiction.

(3) Monitor local ACP reviews and pay administration practices to ensure equity and consistency in local ACP operations.

(4) Ensure that any applicable collective bargaining obligations are satisfied.

(5) Ensure all pay setting documents are provided to the JCP or HPCSC as requested.

### **3.3. PAY RANGES.**

a. At least once every 2 years, the Secretary of the VA reviews and may issue changes to the tables, tiers, and tier minimums and maximums published in Title 5, Code of Federal

Regulations (CFR). DoD will review the updated table and tier structure, and may adopt changes in accordance with the 2014 OPM/DoD Delegation Agreement and Paragraph 3.1.b.

b. Approved and classified position descriptions are assigned a table and tier designation based on the specialty and scope of responsibilities. This table and tier designation (each tier with its own minimum and maximum pay rates) outlines the minimum and maximum pay for the physician or dentist occupying the position.

c. When the minimum and maximum amounts of the assigned pay grade designation in Title 5, CFR, decrease, the downward adjustment will not cause a reduction in market pay while the physician or dentist is in the same position or assignment at the same duty station or facility.

d. The AMOs will determine individual market pay for physicians and dentists within the rate ranges of the applicable pay tables and tiers as outlined in Paragraph 3.1.b. or in accordance with Paragraph 3.6.b. and consistent with the guidelines established by the HPCCSC.

### **3.4. BASE PAY.**

a. Physicians and dentists covered by this volume receive a rate of base pay from the GS pay table as defined in Section 5332 of Title 5, U.S.C.

b. The maximum base pay rate for physicians or dentists covered by this volume is the GS rate for a GS-15, Step 10, excluding locality-based comparability pay, a special rate supplement, or any kind of additional pay.

c. The base rate is adjusted by the same percentage and on the same effective date as the GS annual adjustments in accordance with Section 5303 of Title 5, U.S.C.

d. The AMO will not reduce the physician's or dentist's market pay to offset base pay increases.

### **3.5. MARKET PAY.**

a. Physicians and dentists covered by this volume will receive market pay in lieu of locality pay established in Section 5304 of Title 5, U.S.C., or a special rate supplement established by either Section 5305 of Title 5, U.S.C. or Section 7431(c) of Title 38, U.S.C. Market pay is an element of annual pay.

b. The ACPs apply pay administration practices in accordance with HPCCSC guidance and this volume to ensure consistency in application. ACPs:

(1) Are comprised of physicians and dentists and human resources specialists with appropriate pay setting competencies.

(2) Are full-time or permanent part-time government employees or Service members.



(3) Cannot be members of the compensation panel that makes recommendations about their personal market pay rates.

c. The ACPs review the following criteria for individual physicians and dentists and recommend corresponding market pay amounts to the AMO:

(1) The physician's or dentist's level of military or civilian experience in the specialty or assignment with DoD or another government or non-government entity.

(2) The need for the specialty at the MTF or organization to which the physician or dentist is assigned.

(3) The healthcare labor market for the specialty or assignment, which covers the geographic area the AMO deems appropriate. Labor market information is based on health professional salary surveys obtained by DoD for this purpose.

(4) The physician's or dentist's board certifications.

(5) The accomplishments of the physician or dentist in the assigned specialty or assignment.

(6) Other unique circumstances, qualifications, or credentials the compensation panel considers appropriate.

(7) Compliance with merit systems principles.

d. The AMO, after considering the ACP's recommendations, determines the tier designation and the amount of market pay for the physician or dentist.

e. Once set, market pay will not be reduced unless there is a:

(1) Change in assignment, including a change in duty station or facility;

(2) Reassignment to a different position in the same facility;

(3) Change in the work schedule (e.g., from full-time to part-time);

(4) Change in board certification; or

(5) Reduction in privileges or demotion for cause.

f. When determining market pay for physicians and dentists in areas where employees receive either a foreign post allowance or a non-foreign cost of living allowance, the ACP will consider the allowance to ensure adequate, but not excessive, compensation.

g. The ACP will review the market pay of each physician and dentist upon change in assignment, but at least once every 24 months, and can recommend an adjustment to the AMO as a result of the review. The AMO will provide written notice of the results of this review to the physician or dentist. The review will **not** be used to reduce market pay while the affected

physician or dentist is in the same position or assignment at the same duty station or facility in accordance with Section 7431(c)(7) of Title 38, U.S.C., except as noted in Paragraph 3.5.e.

h. When physicians or dentists are newly appointed, the ACP should complete the market pay recommendation before the effective date of the appointment. Physicians or dentists appointed without the ACP's recommendation will receive only the base pay for the position. Market pay must be approved within 30 days of appointment and is effective the first day of the pay period following approval. Adjustments in market pay will not be retroactive unless the delay in the adjustment is attributable to administrative error.

### **3.6. PAY ADMINISTRATION.**

a. Personnel and pay actions (e.g., appointments, promotions, reassignments, and changes to lower grade) are accomplished through the procedures in Title 5, U.S.C., and Sections 511, 530, and 531, Paragraphs A-E of Title 5, CFR.

(1) New appointees covered by this volume are designated a grade and step (determined by the application of GS classification and pay administration rules) and receive market pay in lieu of locality pay or a special rate supplement described in Paragraph 3.1.d. The market pay amount is based upon the criteria in Paragraph 3.5.c. and cannot cause the employee's annual salary to exceed the pay range for the table and tier designation which the appointee is assigned, unless an exception is granted in accordance with Paragraph 3.6.b.

(2) Setting pay for promotions under the PDPP is in accordance with Section 5335 of Title 5, U.S.C. For example, a medical officer promoted from GS-14 to a GS-15 position has base pay determined by adding the equivalent of a two-step increase to base pay. The employee's base pay then is set at the lowest step of the GS-15 pay scale that at least equals a two-step increase. If the promotion results in an increase that is less than step one of the new grade, the employee's pay will be set at step one unless the maximum payable rate rule in Section 531.221 of Title 5, CFR, is applied. The employee's market pay will be reviewed by the appropriate ACP using the market pay criteria in Paragraph 3.5.c. and the table and tier designation which the employee is assigned. The ACP will recommend the market pay amount to the AMO for approval.

(3) For lateral moves (by transfer or reassignment) from one physician or dentist position to a different physician or dentist position without a break in service, the employee's base pay remains at the step in effect before the move. The employee's market pay will be reviewed by the appropriate compensation panel using the market pay criteria in Paragraph 3.5.c. and in the table and tier designation which the employee is newly assigned. The compensation panel will make a recommendation to the AMO for approval. The market pay rate can change depending on the results of the review.

(4) An employee who is demoted (except for cause) is entitled to the minimum payable rate of base pay for the lower grade unless the maximum payable rate rule in Section 531.221 of Title 5, CFR, is applied. If the employee's base pay from the previous position exceeds the top step of the grade to which demoted, the employee's market pay (including any decrease caused by the recalculation of the employee's base pay as a result of the demotion) will be reviewed by

the appropriate compensation panel using the market pay criteria in Paragraph 3.5.c. and in the table and tier designation which the employee is assigned. The compensation panel will make a recommendation to the AMO for approval.

b. Annual pay (base pay plus market pay) will not exceed the maximum amount in the prescribed tier for the appropriate specialty or assignment unless:

(1) The physician or dentist receives a GS rate increase (i.e., annual adjustment, promotion (permanent or temporary), within-grade increase, or quality-step increase), which causes the annual pay to exceed the maximum rate of the tier.

(2) The AMO grants an exception.

(a) The AMO can grant exceptions for an individual, a specialty or assignment, or a facility when failure to do so would significantly impair an organization's ability to recruit or retain well-qualified physicians or dentists. Pay may be set up to the next highest tier maximum in the pay table for recruitment or retention purposes. This action does not change the assigned tier, only the value of annual pay.

(b) The ACP may submit a written request for an exception to the AMO. Each request must provide evidence that the rates in the appropriate market area are higher than the existing maximum rate for the specialty or assignment, the organization cannot retain the affected employee(s), and the loss of the employee(s) would have an adverse impact on the organization.

(c) Exceptions will apply to physicians or dentists receiving pay that exceeds the maximum of the assigned tier.

(d) When requesting an exception to exceed the next highest tier maximum in the pay table, route the request through the appropriate internal DoD Component command channels to the HPCSC for review and approval.

(3) A previously granted exception, as provided for in Paragraph 3.5.b.(2) of this enclosure, is terminated but an individual physician's or dentist's annual pay exceeds the maximum of the tier and the physician or dentist did not change positions or assignments at the time the exception was terminated.

(4) The physician or dentist moves from a Senior Executive Service position to a position where market pay applies and the former Senior Executive Service pay is higher than the base pay rate range for the grade of the physician or dentist position. The physician's or dentist's base pay will be set at the maximum step of the appropriate grade and the remainder will be designated as market pay.

c. Physicians or dentists receiving pay that exceeds the maximum of the assigned tier will be eligible for full annual adjustments to their GS rate, promotion increases, within-grade increases, and quality-step increases under the applicable provisions of Title 5, U.S.C., but will not be eligible for within-grade increases or quality-step increases under the provisions of Title 5, U.S.C., if the individual's base pay is at the maximum of the GS rate range.

d. Foreign area cost-of-living (post) allowances and post differentials authorized under Sections 5924 and 5925 of Title 5, U.S.C., danger pay allowances authorized under Section 5928 of Title 5, U.S.C., and non-foreign area cost of living allowances authorized under Section 5941 of Title 5, U.S.C., will be computed as a percentage of a physician's or dentist's annual pay.

e. Physicians or dentists who receive market pay are not eligible for physician's comparability allowance in accordance with Section 5948 of Title 5, U.S.C.

f. Physicians or dentists who receive market pay are not eligible for premium pay pursuant to Chapter 55 of Title 5, U.S.C., (e.g., overtime, night pay, compensatory time off, compensatory time off for travel).

g. Physicians or dentists who receive market pay will not receive grade or pay retention under Chapter 53 of Title 5, U.S.C.

h. Except as provided in Paragraphs 3.6.e. and 3.6.f., physicians or dentists who receive market pay as an element of their annual pay can receive other payments authorized by Title 5, U.S.C., to include recruitment, retention, and relocation incentives and awards. The sum of all payments paid to a physician or dentist under authorities in Title 5, U.S.C., including the base pay rate established by the GS, but excluding market pay, is subject to the Executive Level I annual limitation pursuant to Section 5307 of Title 5, U.S.C., and Section 530 of Title 5, CFR.

i. The sum of payments subject to the Executive Level I annual limitation plus market pay will not exceed the annual salary of the President of the United States, excluding expenses, established by Section 102 of Title 3, U.S.C.

### **3.7. CONVERSION PROTOCOL.**

a. A physician or dentist will not suffer any loss in pay upon initial conversion to PDPP. In determining the amount of market pay at the time of conversion, the AMO must consider the payments made under Title 5, U.S.C., authorities so the employee does not lose pay, to include:

(1) The employee's physician's comparability allowance.

(2) The premium pay the employee was receiving or would have received under Chapter 55 of Title 5, U.S.C.

(3) The employee's locality payments.

(4) The employee's special rate supplement, if any.

b. The annual amount of the employee's GS rate will not be less than the minimum or more than the maximum rate of the applicable pay table and tier unless a higher rate is necessary to maintain the employee's salary upon conversion. Physicians and dentists whose annual pay falls below the prescribed minimum for the newly designated tier will receive an increase in market pay up to the minimum for the tier.

c. When an employee moves out of the PDPP, the pay-setting rules of the gaining system apply.

(1) The employee's final pay under the PDPP is based on the employee's PDPP permanent position of record, official worksite, and pay as of the day immediately before the date of movement out of the PDPP.

(2) An employee on a temporary reassignment or temporary promotion will be returned to his or her permanent position of record before movement.

(3) Any personnel or pay action occurring on the date of movement will be processed under the rules of the gaining system. The PDPP does not have provisions for grade or pay retention; therefore, an employee's pay is limited to the maximum allowable for the employee's new position in the gaining system.

## GLOSSARY

### G.1. ACRONYMS.

ACP	activity compensation panel
AMO	authorized management official
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CFR	Code of Federal Regulations
DASD(CPP)	Deputy Assistant Secretary of Defense for Civilian Personnel Policy
GS	general schedule
HPCCSC	Health Professions Civilian Compensation Standing Committee
JCP	joint compensation panel
MTF	military treatment facility
OPM	Office of Personnel Management
PDPP	physicians and dentists pay plan
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs

**G.2. DEFINITIONS.** Unless otherwise noted, these terms and their definitions are for the purposes of this volume.

**ACP.** A group responsible for making individual tier assignment and market pay recommendations to the AMO, in accordance with HPCCSC guidance and this volume.

**annual pay.** This is the sum of the employee's base pay rate and market pay. Annual pay is basic pay for the purposes of computing civil service retirement benefits; lump sum annual leave payments; life insurance; thrift savings plan; worker's compensation claims; severance pay; foreign cost-of-living allowances; foreign and non-foreign differentials; danger pay; recruitment, relocation, and retention incentives; continuation of pay; and authorized advances in pay.

**AMO.** An individual with authority to assign table and tier to a physician or dentist position and to determine market pay for physicians and dentists in accordance with the guidance in this volume.

**base pay rate.** The GS rate for the physician or dentist occupying a position covered by this volume before any deductions and exclusive of additional pay of any kind.

**change in assignment.** A permanent change in official duty station, change in schedule (i.e., to or from full-time, part-time, or intermittent), change in tier, or a significant change in duties.

**HPCCSC.** A committee that develops recommendations to implement the compensation of DoD civilian physicians and dentists and for the guidance for DoD compensation panels to use in determining the tier assignments and market pay for individual physicians and dentists.

**JCP.** An oversight body in regions with more than one DoD Component, to ensure all regional component ACPs are consistent in the application of HPCCSC procedures and guidelines and that the assignment of table, tier, and market pay is equitable.

**market pay.** An element of annual pay intended to reflect the recruitment and retention needs for the specialty or assignment of a particular DoD physician or dentist covered by this volume.

**pay table.** A set of tiers for clinical specialties grouped together based on recruitment and retention considerations and comparable labor market characteristics.

**physician and dentist positions.** Positions, eligible for coverage under this volume, in the GS at GS-15 or below, that provide direct patient-care services or services incident to direct patient-care services.

**tier.** A pay range within a pay table that reflects the different professional responsibilities or administrative duties (i.e., scope of responsibility) of the physicians or dentists assigned to the tier.

## REFERENCES

Code of Federal Regulations, Title 5

Delegation Agreement between the Office of Personnel Management and the Department of Defense, “Concerning the Use of Certain Personnel Authorities for Healthcare Occupations,” July 1, 2014<sup>1</sup>

DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008

DoD Instruction 5105.18, “DoD Intergovernmental and Intragovernmental Committee Management Program,” July 10, 2009, as amended

DoD Instruction 5120.39, “DoD Wage Fixing Authority – Appropriated Fund and Nonappropriated Fund Compensation Programs,” October 1, 2015, as amended

United States Code, Title 3, Section 102

United States Code, Title 5

United States Code, Title 38, Section 7431

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<sup>1</sup> To obtain a copy, call the Defense Civilian Personnel Advisory Service at (571) 372-1676.