THE ONLY NEWSLETTER REPORTING ON NEWS AFFECTING ALL FEDERAL PHYSICIANS

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FEDERAL PHYSICIAN

FPA is Working to Document Effects of Physician Vacancies and Government Shutdowns

Last year, the *Federal Physician* reported on the problems in the Bureau of Prisons and the Veterans Health Administration in filling federal physician jobs. The problems of filling and retaining medical personnel will likely get worse because in 2023 the number of federal employees eligible to retire will increase substantially, creating more medical staff vacancies. Although the number of physicians eligible to retire is unknown, in 2023, almost 30 percent of federal employees will be eligible to retire at the Departments of Defense and Veterans Affairs, 27 percent will be eligible to retire at the Department of Health and Human Services.

The current and potential vacancies of federal physicians raise questions about the effects on federal health and medical programs. In addition, the 35 day government shutdown certainly impacted health and medical programs and documenting that impact in a report to Congress could add support to Congressional efforts to pass legislation to eliminate future government shutdowns.

The only organization that represents physicians in every government agency is the Federal Physicians Association, which positions the Association to look at the impact of medical officer vacancies across the entire government. FPA will be asking members, anonymously, as members of FPA, not in their official positions as federal employees, to assist in collecting anecdotes on the shutdowns impact and the impact of vacancies in their immediate organization. FPA will also be asking members for their ideas to improve retention and recruitment of federal physicians.

A summary of the issues facing agencies where medical officer recruitment and retention issues are a concern follows.

See **VACANCIES** *page 2*

Unions and Administration back in Court on President's Three Executive Orders on Firing Federal Employees and Limiting the role of Unions

The government is appealing an August 2018 U.S. District Court ruling that overturned much of the President's three May 2018 Executive Orders on performance plans, limits on collective bargaining and employees' use of official time for union activities. The Judge's decision prevented agencies from implementing many of the provision in the President's orders. The Judge's ruling did not declare the Executive Orders a violation of the law, but the provisions overturned conflicted with the 1978 Civil Service Reform Act and Federal labor-Management Relations Statutes.

The Department of Justice and the unions will be providing their oral arguments to the U.S. Court of Appeals on April 4.

If the Administration's position is upheld by the Court and the Executive Orders allowed to go into effect, it is the first order dealing with employee accountability that has the greatest impact on federal physicians. Titled "Promoting Accountability and Streamlining Removal Procedures Consistent with Merit System Principles," it sets forth principles for agencies to apply in the discipline and removal of employees due to misconduct or poor performance. Those principles include: (i) not requiring progressive discipline; (ii) not prohibiting discipline in one situation because it was not applied in another; (iii) not suspending employees if removal is appropriate; and (iv) not taking into account past work history and disciplinary record.

The Order also directs agencies to streamline the firing process by standardizing performance improvement plans (PIPs) to 30 days. Currently, PIPs vary between agencies and generally run from 60 to 120 days. Additionally, the Order seeks to exclude appeals of firings from review by negotiated grievance procedures, although current contracts will need to be renegotiated to provide for that. Where new regulations are required to further these principles, the Order also directs OPM to

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VACANCIES *from page 1*

Department of Veterans Affairs

According to the latest report from the Department of Veterans Affairs, there are 49,000 vacancies across all occupations in the VA, and the majority of the vacancies are in the Veterans Health Administration (VHA) which has a vacancy rate of 11 percent. This vacancy rate has increased 22 percent since 2017. The VA notes that part of the vacancy problem is due to the rapid growth in the size of the workforce which has increased 61 percent in the last 15 years.

Congress has provided the VA with special hiring authorities to assist in reducing the number of vacancies. In addition, Congress has passed legislation in 2014 and 2017 to extend the Veterans Choice Act to allow more access to private care for veterans and reduce the need to depend on VHA resources.

Indian Health Service

In a 2018 report from the General Accountability Office, vacancy data "… show sizeable vacancy rates for clinical care providers in the eight geographic areas where the agency provides substantial direct care to American/Alaska Native (AI/AN) people. The overall vacancy rate for health professionals, which includes physicians, was 25 percent and ranged from 13 to 31 percent across the eight areas. The IHS said the vacancies have a negative impact on patient access, quality of care and employee morale. IHS also noted that it faces challenges matching local market salaries. According to GAO, IHS contracts with local temporary providers that are more costly than federal physicians and can disrupt quality of care.

Food and Drug Administration

The FDA staff has more than doubled in the past 10 years, and the number of employees in the Center for Drug Evaluation and Research has increased 50 percent since 2012. In addition, rapid advancements in medicine demand that the FDA hire the best minds in medicine and other disciplines.

To meet the challenges, FDA is developing a new alternative pay system to comply with the mandate from Congress in the 21st Century Cures Act which gave the agency the authority to develop its own alternative pay system and authorizes FDA to set annual salaries up to a maximum of $400,000. FDA identified 38 occupations to include in the new pay system.

FDA officials say that pay is a problem, since the private sector can offer significantly higher salaries. FDA estimated that the pay of Medical Officers is 46 percent below private sector pay. In addition, turnover is a problem because when employees become proficient and gain regulatory experience, they become extremely attractive to industry, which offers significantly higher pay.

Bureau of Prisons

While the most recent comprehensive report on medical staffing in the Bureau of Prisons (BOP) is from 2016, that report found that only 24 of 97 BOP institutions had a medical staffing rate of 90 percent or higher and 12 BOP institutions were medically staffed at only 71 percent or below, which the BOP's former Assistant Director for Health Services described as crisis level. The report found that the salaries and incentives the BOP offers are not competitive with those of the private sector.

The BOP is the largest employer of physicians and dentists still using the Physicians Comparability Allowance (PCA) which allows the BOP to increase compensation by up to $30,000 a year. The FPA has recommended that BOP make use of the modified T38 pay system currently used by the Departments of Defense and Health and Human Services.

Retirement Wave in 2019?

While it's tough to say whether 2018 brought the beginning of the long-dreaded "retirement tsunami," the past year's numbers will certainly stoke the fears of some who say the federal workforce is headed for a crisis. Nearly 12,000 more federal employees retired in 2018 compared to 2017, according to a Federal News Network analysis of the past year's data from the Office of Personnel Management. OPM processed 107,612 retirement applications in 2018, a five-year high. Federal retirements haven't reached a peak that high since 2013, when 114,697 employees left their agencies. By all accounts, 2013 was certainly a tumultuous year for the federal workforce, which experienced a third consecutive year of frozen pay, administrative furloughs due to sequestration and a 16-day government shutdown.

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propose such regulations.

The second Order deals with federal employee labor unions and limits the use of "official time" through which federal employees are compensated by their agency for performing their representational union duties instead of their regular work. The Order limits union officials to spending no more than 25 percent of their work hours on official time. It also limits official time to one hour per bargaining unit employee per year, down from three hours currently. It also prevents use of official time for lobbying or to prepare or pursue grievances brought against the agency. This order also prohibits union access of agency resources, including office space, meeting rooms and computers, unless paid for by the union.

The third Order also deals with federal employee unions and aims to limit the scope and influence of their collective bargaining agreements with government agencies. (Federal employee unions are prohibited by law from negotiating over pay and are only able to arrive at collective bargaining agreements over working conditions.) The Executive Order calls for all collective bargaining agreements (CBAs) to be opened for negotiation at the earliest possible date, and for renegotiations to be concluded within a year. It also calls for accelerating CBA negotiations by setting time limits on the process and restricting which topics are eligible for bargaining. It sets forth policy and principles, such as greater employee accountability, for the new CBAs to achieve. The order also directs the creation of a Labor Relations Group to aid in the negotiation and renegotiation of CBAs.

The Indian Health Service (IHS) has published a notice advising potential applicants for health care positions that budget for FY 2019 includes $27,500,000 for the IHS Loan Repayment Program (LRP) for health professional educational loans (undergraduate and graduate) in return for full-time clinical service. More information is available from the FPA office.

President's FY 2020 Budget Request Includes Pay Freeze, Benefit Cuts, Again

On March 11, 2019, the President released his FY 2020 budget which includes the same request made in the FY 2019 budget: no pay increase in January. Congress rejected the pay freeze for January 2019 and approved an increase averaging 1.9 percent. Unfortunately, the federal government seems to be very slow in including the additional money in federal employee pay checks.

The budget also includes the same cuts to federal employee benefits rejected by Congress, including: an increase in federal employee retirement contributions by 1 percent each year for five years, eliminating the cost-of-living adjustments (COLAs) for FERS and CSRS retirees and basing future retirement benefits on the average of an employee's highest five years of salary instead of an employee's highest three years of salary. The budget also includes requiring employees and retirees to pay more for the Federal Employees Health Benefits Program and reducing the interest rate on the TSP G fund.

The budget includes providing six weeks of paid family leave to new mothers and fathers, including adoptive parents, but leaves how to pay for the benefit unspecified. The budget also continues the Administration's emphasis on improving employee performance management and employee engagement.

Among other highlights of the budget request are: a request for $8 billion for the Department of Veterans Affairs to consolidate existing programs giving veterans access to private health care, a plan by the Health and Human Services Department to trim its Public Health Service Commissioned Corps to make it "leaner" and "more efficient," a proposal to cut $897 million from the National Cancer Institute's budget and more than $1 billion in cuts to other NIH institutes and reducing funding for the Department of Health and Human Services by 12 percent.

The budget enhances recruitment and retention efforts for qualified health professionals in the Indian Health Service by funding competitive employment packages for positions with high vacancies and building new staff quarters at remote sites. It also includes $100 million to support CDC's global health security activities, an increase of $50 million compared to 2019 enacted amount and provides $6.1 billion in total resources for FDA, $643 million more than the 2019 estimated amount.

2018 Best Places to Work® in Federal Government Ranking Released

In December 2018, the Partnership for Public Service released survey rankings for the Best Places to Work in the Federal Government.

The 2018 federal government-wide Best Places to Work employee engagement score is 62.2 points out of 100, a 0.6 point decline from the modified 2017 government-wide score. The Department of Veterans Affairs did not participate in the Federal Employee Viewpoint Survey in 2018.

The Best Places to Work data shows that employee engagement declined in 59 percent of the federal organizations included in the rankings, while only 39.6 percent of federal organizations registered increases and 1.3 percent stayed the same.

The National Institutes of Health ranked highest among agencies employing federal physicians, 61 out of 415 agency subcomponents. The Substance Abuse and Mental Health Services Administration ranked lowest, 413 out of 415.

The overall score is calculated using a weighted formula that looks at responses to three different questions in the Office of Personnel Management's Federal Employee Viewpoint Survey:

See **BEST PLACES** *page 10*

New Report Addresses Effectiveness of Addressing Employee Misconduct

A report by the General Accountability Office (GAO) on *Federal Employee Misconduct – Actions Needed to Ensure Agencies Have Tools to Effectively Address Misconduct* concluded that the process for dismissing an employee for misconduct can be complex and lengthy. However, the report also said many of the process challenges can be avoided or mitigated with effective performance management.

Chapter 75 of title 5 of the U.S. Code specifies the formal legal process that most agencies must follow when taking adverse actions, i.e., suspensions, demotions, reductions in pay or grade, and removals, for acts of employee misconduct. Chapter 75 details the built-in procedural rights certain federal employees are entitled to when faced with adverse actions.

Depending on the nature of misconduct, an agency may use alternative discipline approaches traditionally used in government to correct behavior. Alternative discipline is an approach to address misconduct that is available to agencies in lieu of traditional penalties (e.g., letters of reprimand and suspensions of 14 days or less). An example is a last chance agreement, whereby an employee recognizes the agency's right to terminate him or her should another act of misconduct occur.

Based on the data collected by the Office of Personnel Management (OPM), agencies formally discipline an estimated 17,000 employees annually under Chapter 75, or less than 1 percent of the federal workforce, for misconduct. Based on OPM data, in 2016, agencies made 10,249 suspensions, 7,411 removals, and 114 demotions for misconduct.

Misconduct is generally considered an action by an employee that impedes the efficiency of the agency's service or mission. Misconduct incidents can affect other aspects of employee morale and performance and impede an agency's efforts to achieve its mission. Examples of employee misconduct can include:

- time and attendance infractions
- intoxication
- workplace violence
- physical aggression toward an employee
- improper use of a government-issued credit card
- misuse of government equipment (such as viewing pornography or gambling)
- use of public position for private gain
- behavior that affects national security

The GAO report detailed the lengthy and elaborate process agencies and supervisors have to go through to address federal employee misconduct issues under Chapter 75 of title 5, US Code.

The report said that: "Our prior work on poor performers found that adverse actions, including suspensions, demotions, and removals, take time to resolve and because of a lack of internal support, concerns over litigation and other factors, supervisors may be hesitant to initiate required procedures outlined in the United States Code."

In addition, OPM officials said that according to MSPB past studies, if an agency views federal employee due process procedural rights as burdensome and restrictive, this may discourage supervisors from addressing misconduct as it occurs. An MSPB report addressed concerns that the culture in many federal agencies prevents them from effectively dealing with problem employees. Many of the subject-matter experts interviewed indicated that if an agency's culture is risk averse, it may be less aggressive in pursuing adverse actions, and instead either ignore misconduct or reassign an employee without holding him or her accountable for the misconduct.

President Nominates Former FLRA Chairwomen for OPM Director

On Monday March 4, 2019, President Trump nominated the former Chairwomen of the Federal Labor Relations Authority to be the next Director of the Office of Personnel Management. Ms. Cabaniss has served on the Senate Governmental Affairs Committee and as the Republican staff director of the Financial Services and General Government Appropriations Subcommittee where she help draft legislation to improve the Thrift Savings Plan.

The Partnership for Public Service and the Government Management Coalition, two groups that advocate for god government, have publically supported her nomination. The National Federation of Federal Employees opposes her nomination.

The previous Senate confirmed OPM Director was asked to resign last October because he was reluctant to support the President's OPM reorganization plans which proposed a full reorganization of OPM, including: transferring elements of workforce policy and strategy functions to the Executive Office of the President, transferring the conduct of background investigations functions to the Department of Defense, transferring all remaining functions to the General Services Administration (GSA), including oversight and transactional functions from OPM's Human Resources Solutions, Retirement Services, Healthcare & Insurance, Office of Inspector General, and Merit System Accountability and Compliance organizations.

Federal Physicians can Appeal Overpayments of Basic Pay

The regulations governing federal physician pay are complicated and sometimes agency HR personnel make mistakes which results in physicians being overpaid and the fault does not lie with the individual physician. Unfortunately, the result of an HR error often results in a physician receiving a bill and having their pay reduced to recover the overpayment. The government has well established policies and procedures for individuals to appeal overpayments which are summarized here.

Under the federal code, 5 U.S.C. 5584, an authorized official may waive recovery of overpayments resulting from erroneous payment to an employee of (1) pay or allowances or (2) travel, transportation, or relocation expenses and allowances. Use of the waiver authority is discretionary on the part of the authorized official. An employee's overpayment debt may be waived in whole or in part. A waiver decision must be based on a finding that collection would be against equity and good conscience and not in the best interests of the United States. An erroneous payment for which collection is waived is deemed to be a valid payment.

The heads of Executive agencies have full authority to waive the overpayment debts owed to their respective agency regardless of the amount of the debt. The head of each Executive agency is responsible for establishing waiver policies and standards and determining levels of approval. Waiver of overpayment requests must be directed to the agency that made the erroneous payment.

The waiver authority applies to employees of all executive branch agencies. While the erroneous payment must be directed to a current employee (i.e., compensation for service as an employee) in order for § 5584 to apply, **a former employee may pursue waiver of collection of a covered erroneous payment.** Also, an employee's surviving beneficiary or estate that is liable for repayment of an erroneous payment directed to the employee (based on service performed before death) may also seek a waiver.

The following conditions apply to waiver authority:

- A waiver may be granted only if the authorized official determines that collection of the overpayment debt would be against equity and good conscience and not in the best interests of the United States.
- A waiver may not be granted if, in the opinion of the authorized official, there is an indication of fraud, misrepresentation, fault, or lack of good faith on the part of the employee or any other person with an interest in obtaining a waiver, in connection with the overpayment debt. (In connection with the issues of fault and good faith, formerly applicable GAO policy considered whether an employee knew or reasonably should have known that an erroneous payment had occurred and whether an employee reasonably could have been expected to make inquiries regarding an unexplained increase.)
- A waiver may not be granted unless an application for waiver is received within three years of the date on which the erroneous payment was discovered.

If an agency collected some or all of an overpayment debt prior to the granting of a waiver, the agency must refund any amount covered by the waiver if an application for refund is made within two years of the date of the waiver.

Overpayment debts not waived by the head of an agency may be recovered by offsetting a current federal employee's salary payment.

FPA is working to collect the overpayment policies for each agency.

New Contract Awarded for Credit Monitoring/Identity Theft Protection

The Office of Personnel Management (OPM) has awarded a new contract to ID Experts, the same company that has provided the services for the last three years, to provide credit monitoring and identity theft protection for the 20 million victims of the 2015 data breach. The new contact lasts through June 2020, and can be extended for five years.

In 2015, in two separate OPM data breaches occurred. The first one affected the personnel files of 4.2 million current and former federal employees, the second one involved the personnel information in background investigations of 21.5 million employees, contractors, applicants and family members. OPM contracted with ID Experts to provide credit monitoring and identity theft protections.

Victims of the data breaches receive full-service identify restoration support and victim recovery assistance, identify theft insurance, identity monitoring for minor children, continuing credit monitoring and fraud monitoring services beyond credit files and $5 million in identify theft insurance.

ID Experts is open six days a week, 12 hours a day. More information on OPM's identity theft protection is available on the OPM website at: https://www.opm.gov/cybersecurity.

Survey Suggests Connection between use of Work-Life Programs and High Performance

OPM has issued the first Government-wide Federal Work-Life Survey to evaluate the relationship between work-life programs and organizational benefits, and help individual agencies understand their employees' work-life needs and priorities. According to OPM, the data presented in the report provides strong evidence of the positive association between employee use of work-life programs and high organizational performance, retention, and job satisfaction. The key findings from the survey are summarized below.

Work-Life Programs have a Positive Impact on Recruitment, Retention, and Performance

Federal employees that use workplace flexibilities and participate in health and wellness programs are more likely to exceed performance standards and positively impact other organizational needs: Employees who telework or participate in agency wellness programs were significantly more likely to report ratings that indicate exceeding the standards on their last performance appraisal. Additionally, those who engaged in telework, work schedule flexibilities, or health and wellness programs were more likely to be satisfied with their jobs.

Work Life Conflict

Most employees (83%) report that their professional and personal and/or family life needs interfere with each other to some degree. Also, approximately one out of every three employees report having little to no flexibility to manage their work schedule, use an alternative work schedule, or take time off to manage personal and family responsibilities.

Multiple survey items asked employees whether they desired to use a variety of work-life programs, if they were available. Across all of the items, nearly all Federal employees (96%) expressed the desire to use one or more work-life programs, highlighting the importance of (1) offering a variety of work-life programs, and (2) understanding the specific needs of employees.

The number of employees with adult dependent care responsibilities (i.e., elders, adult dependents) is expected to double over the next five years (from 14% to 31%), while the number of employees with child care responsibilities is expected to remain virtually the same (from 36% to 33%).

Barriers to Work-Life Program Participation

The survey found that supervisors are supportive of employee needs, but not work-life programs: The majority of employees (82%) perceive their immediate supervisor as responsive to and understanding of employees' personal needs. However, only about half of employees (46%) indicate they experience positive supervisory support for the use of work-life programs.

Lack of awareness of program availability among all employees is a primary barrier to program participation and the lack of perceived supervisory support for programs may be a contributing factor. Increased program awareness and a greater understanding on how to strategically use programs to support organizational and employee needs may help overcome this barrier according to the report. Managers recognize the benefits of telework, but indicate they lack the competencies to effectively manage the performance of teleworkers; only 48% of supervisors reported being able to manage and assess the performance of teleworkers.

Because of the nature of federal physician jobs, FPA wonders if any of the workplace flexibilities are available to medical officers. FPA welcomes comments on this issue from federal physicians.

New TSP Rules will be Implemented by September 2019

The 2017 TSP Modernization Act, which was signed into law in November 2017, makes it easier for federal employees and retirees to make withdrawals from their account, as well as change the amount and frequency of their annuities. It allows employees to make multiple age-based withdrawals from their TSP accounts while remaining eligible for partial withdrawals after leaving government. The law also allows those who have already left government to make multiple partial post-separation withdrawals. And retirees receiving monthly payments would be able to change the amount and frequency of their payments at any time, instead of only once per year.

Paid Leave Legislation Proposed for Birth of Child, Adoption and more

Rep. Carolyn Maloney (D-NY), who has been sponsoring legislation for years to provide six weeks of paid parental leave to federal employees, has introduced the 2019 Federal Employees Paid Leave Act to provide paid 12 weeks leave to federal employees who have a child or adopt or foster a child. The bill includes paid leave to care for a spouse, parent or child who is ill or has a serious medical condition. Currently, federal employees are entitled to 12 weeks of unpaid leave under the 1993 Family and Medical Leave Act.

Changes in Benefits for 2019

The limit on Thrift Savings Plan investments increases from $18,500 to $19,000 in 2019. The limit on catch-up contributions for those over the age of 50 will continue to be $6,000. According to the Washington Post, the average balance for a FERS covered employee was $145,000 in August 2018.

The Internal Revenue Service has announced that the tax free transit subsidy for 2019 will increase from $260 to $265 and the annual limit on health care Flexible Spending Accounts will increase to $2700.

Ignorance is Expensive

As federal physicians, you are vulnerable to allegations of professional misconduct, negligent performance of duties, ethics violations, and even certain types of lawsuits where you have to provide your own defense and can be held personally liable. We have compiled a short list of recently paid claims to put your exposure—while performing as a federal physician—into perspective. These are paid claims by those physicians who had the foresight to obtain FEDS Protection. You'd have to ask those who didn't have FEDS Protection how they managed to finance their defense.

VA Physician

Insured is defending against allegations that he misread a CT scan and made an improper diagnosis. *$70,000 paid to date, claim is ongoing.*

VA Physician

The insured was issued a Letter of Reprimand resulting from allegations that he failed to adhere to VA policies regarding the processing of Focused Professional Practice Evaluations and the approval of physician's clinical privileges. *$7,000 total paid, claim is closed.*

DOD, Dept. of Army Physician

The insured is the subject of an OIG investigation over allegations that he retaliated against an alleged whistleblower when he took a credentialing allegation against a subordinate physician. *$22,000 paid to date, claim is ongoing.*

BOP Physician

The insured was issued a proposed thirty day suspension for alleged professional misconduct. The proposed suspension was mitigated down to a one day suspension. *$76,000 paid to date, claim is still open.*

VA Physician

The insured is the subject of a Department of Health investigation based on a single patient's allegation that the insured refused to treat him, defamed him, acted unethically, and falsified his medical records. These allegations were made when the insured refused to renew the patient's opioid prescription. *$12,000 paid to date, claim is ongoing.*

Whether you work for the VA, NIH, DOD, HHS, BOP, FDA or another federal agency, complaints run the gamut from negligent performance of duties, to professional misconduct, to ethical violations and have come from patients, special interest groups, politicians, coworkers, subordinates and more. As a physician, **you need to understand that being "cleared of misconduct" does not mean that you are cleared of legal bills you ran up to defend yourself**.

FEDS Protection is recommended by the Federal Physicians Association because access to an attorney through professional liability insurance would:

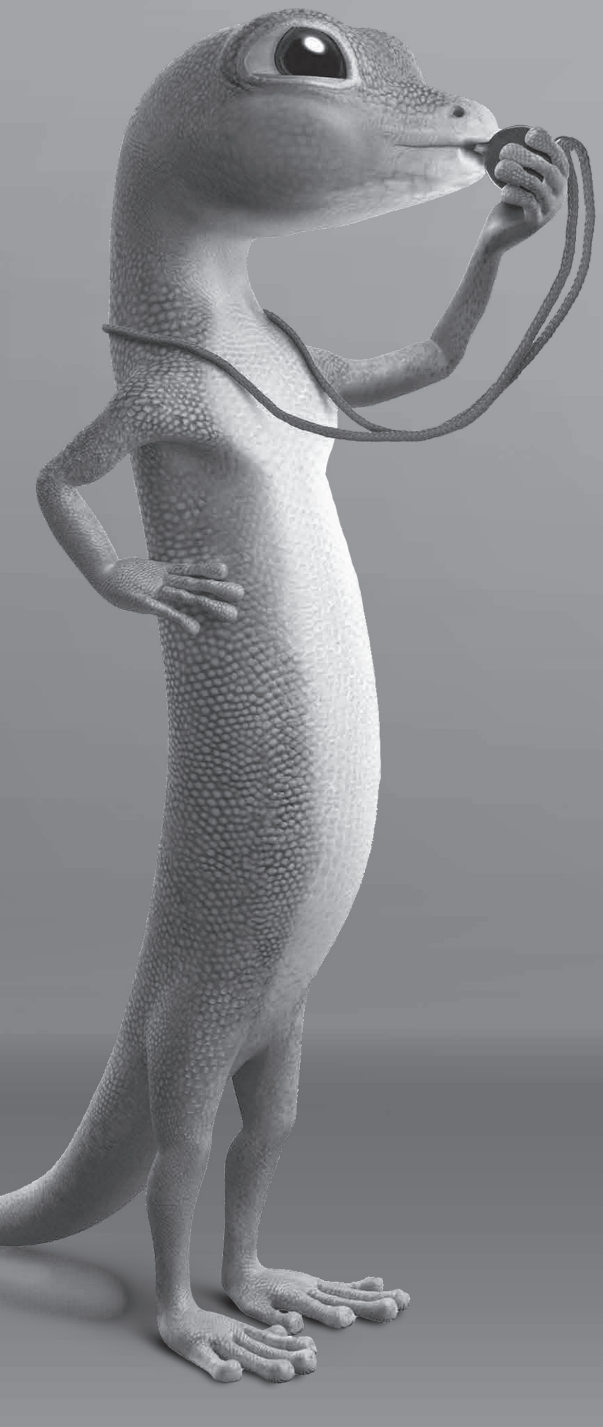
- defend against allegations;
- prepare you for the agency administration or investigation process;
- attend the investigative interview with you; and
- defend you in any resulting disciplinary action (both at the agency level and at the MSPB).

While it is rare, the policy also provides legal defense and indemnification if you are held liable in a civil suit. Under the Federal Tort Claims Act (FTCA), federal physicians, psychologists and other medical personnel are essentially given malpractice protection for actions within their scope of employment—this means that federal medical personnel have financial protection from most common malpractice lawsuits. The FTCA does not, however, provide immunity for personal capacity lawsuits or constitutional torts—this means that federal medical personnel can be vulnerable to some types civil actions/commonly referred to as a *Biven's* actions for alleged violations of an individual's constitutional rights.

Ignorance is expensive—so know your exposures. The insurance is very inexpensive—$280 per year—with the Federal Physicians Association's discount. This covers administrative, civil and criminal allegations/investigations you are subjected to while in the course and scope of your federal employment. Some physicians, those classified as managers or supervisors, are eligible for agency reimbursement up to half the cost. All physicians are eligible for payroll deduction regardless of reimbursement eligibility.

Enrollment takes less than 5 minutes.

Call the FPA office, 800-403-3374, to get the FPA discount code. Call FEDS Monday–Friday 8am–6pm ET at 866.955.FEDS or enroll online anytime at www.fedsprotection.com.



Federal Physician Vacancies means many Opportunities for those looking for a New Position

The Federal Physicians Association is receiving almost 100 federal physician vacancy announcements a week. The vacancies include many different specialties, geographic locations around the world, the agency where the vacancy is located and the deadline for applications. In addition, the announcements emailed to federal physicians include a link to the full job announcement, including qualifications, duties and responsibilities and other information about the position.

Members of the FPA can receive announcements for only certain geographic areas, specialties and/or agencies by sending an email to Dennis@fedphy.org.

A sample of some of the recent announcements follows.

Job Title	Job Location	Public	Department	Deadline
Physician Chief Neurologist	WHITE RIVER JUNCTION, VT	Pub	Veterans Affairs	04/29/2019
Physician Comp and Pen	KERNERSVILLE, NC	Pub	Veterans Affairs	03/27/2019
Psychiatrist Apu Medical Director	ROSEBURG, OR	Gov	Veterans Affairs	03/21/2019
Physician Occupational Health Preventive Medicine	ORLANDO, FL	Pub	Veterans Affairs	03/20/2019
Staff Physician Patient Aligned Care Team	ALTOONA, PA	Pub	Veterans Affairs	10/31/2019
Physician Primary Care Lasalle Cboc	LA SALLE, IL	Pub	Veterans Affairs	03/25/2019
Research Physician Physiatry Amputee Focus	SEATTLE, WA	Pub	Veterans Affairs	03/22/2019
Staff Physician Primary Care	MCALLEN, TX	Pub	Veterans Affairs	09/30/2019
Staff Physician Primary Care	LAREDO, TX	Pub	Veterans Affairs	09/30/2019
Staff Physician Primary Care	HARLINGEN, TX	Pub	Veterans Affairs	09/30/2019
Staff Physician Primary Care	CORPUS CHRISTI, TX	Pub	Veterans Affairs	09/30/2019
Physician Orthopedic Surgery	LEESVILLE, LA	Pub	Army	03/18/2019
Physician Vaccine and Immunization	WASHINGTON, DC	Gov	Health and Human Services	03/21/2019
Physician Fp Im	WHITE EARTH, MN	Gov	Health and Human Services	12/31/2019
Physician Fp Im	REDLAKE, MN	Gov	Health and Human Services	12/31/2019
Physician Fp Im	CASS LAKE, MN	Gov	Health and Human Services	12/31/2019
Physician Fp Im	WHITE EARTH, MN	Pub	Health and Human Services	12/31/2019
Physician Fp Im	REDLAKE, MN	Pub	Health and Human Services	12/31/2019
Physician Fp Im	CASS LAKE, MN	Pub	Health and Human Services	12/31/2019
Physician Psychiatrist Multiple Mental Health Specialties Knoxville Va Outpatient Clinic	KNOXVILLE, TN	Pub	Veterans Affairs	06/28/2019
Physician Associate Chief Of Staff Primary Care	SAINT LOUIS, MO	Pub	Veterans Affairs	06/06/2019
Physician	ROCKVILLE, MD	Pub	Health and Human Services	03/18/2019
Physician	ROCKVILLE, MD	Pub	Health and Human Services	03/18/2019
Physician	CEDAR RAPIDS, IA	Gov	Veterans Affairs	03/20/2019
Physician Chief Of Staff	WALLA WALLA, WA	Pub	Veterans Affairs	05/06/2019
Supervisory Physician	ROCKVILLE, MD	Pub	Health and Human Services	04/05/2019
Physician Chief Community Based Outpatient Clinics	HINES, IL	Gov	Veterans Affairs	03/20/2019
Physician Spinal Cord Injury Hospitalist	HINES, IL	Pub	Veterans Affairs	06/07/2019

The Impact of the Shutdown on Federal Employees

A January survey of 352 furloughed or unpaid federal employees and contractors conducted by Prudential Financial from January 29-31, 2019 revealed that:

- More than 80 percent said their stress levels increased,
- 62 percent depleted all or most of their savings,
- Half the respondents fell behind on their bills,
- 42 percent took on new debt,
- More than a quarter missed a mortgage or rent payment,
- 27 percent used some of their retirement savings to pay bills, and
- 23 percent reduced or stopped spending on health and medical expenses.

The survey of federal employees coincided with a poll of 1,959 adults from the general population conducted during the same period. The survey also revealed that federal employees entered the shutdown more likely to have emergency savings than the general population. Sixty-one percent of survey respondents said they entered the shutdown with $1,000 or more in emergency savings and 29 percent said they had less than $1,000. This compares to 46 percent of the general population who had more than $1,000 in emergency savings.

The survey also revealed the women suffered more than men from the shutdown and caregivers also suffered more. As a result of the shutdown, 52 percent of federal employees said they plan to add more money to their emergency funds. The survey also revealed that the shutdown could affect retention—34 percent of those surveyed said that a person in their household is actively looking for work outside the federal government.

Can Federal Physicians help avoid Future Shutdowns?

The release of the President's FY 2020 budget has already started discussions of another government shutdown. Several associations of federal employees have released anecdotes about the impact the December 2018–January 2019 shutdown has on the delivery of government services to the public. Because federal physicians play an important role in the nation's health care and medical programs, FPA is asking members send in anecdotes about how the shutdown affected the delivery of services they provide. These anecdotes should be submitted not as a statement from a federal employee, but as a member of FPA. They should not be submitted using federal agencies resources or from official agency email addresses.

Please submit your anecdotes to dennis@fedphy.org.

OGE issues Guidance on Gifts/Outside Employment for Furloughed Federal Employees

Some federal employees who were furloughed during the 35 day partial government shutdown may have taken advantage of various offers for free food, various discounts and low interest loans, outside employment and in a few cases, "crowdsourcing" campaigns through platforms such as GoFundMe. The Office of Government Ethics (OGE) issued five pages of guidance on whether these forms of assistance comply with ethics regulations, since federal employees are subject to all ethics rules during non-pay status.

The OGE guidance states that federal employees "… may not accept any gift given (1) because of the employee's official position or (2) from a prohibited source… A prohibited source is any person who is seeking action from the employee's agency…"

The complete OGE legal advisory is on the FPA website: www.fedphy.org.

BEST PLACES *from page 3*

- I recommend my organization as a good place to work.
- Considering everything, how satisfied are you with your job?
- Considering everything, how satisfied are you with your organization?

Other rankings (out of 415) of agencies employing federal physicians were: Centers for Medicare and Medicaid Services (61), Centers for Disease Control and Prevention (66), Health Resources and Services Administration (66 tie), the Food and Drug Administration (68), Indian Health Service (252), Office of the Secretary, HHS (317), US Army Medical Command (325), Naval Medical Command (338), and the Defense Health Agency (348).

Although the survey rankings include all occupations, employees of agencies with a large number of federal physicians are dissatisfied with pay according to the survey results. Only the Health Research and Services Administration, which ranked 42 out of 415 sub-agencies, the Centers for Medicare and Medicaid and the Centers for Disease Control and Prevention ranked in the upper half of agencies on pay. The Food and Drug Administration, the Indian Health Service, the Defense Health Agency, and the US Army Medical Command ranked in the bottom 10 percent of all sub-agencies on pay.

The 2018 Best Places to Work rankings include the views of more than 847,000 federal employees from 488 federal organizations on a wide range of workplace topics.

The 2018 federal government-wide Best Places to Work employee engagement score is 62.2 points out of 100. In contrast, the private sector employee engagement score is 77.1 out of 100, 14.9 points higher than the government's, according to data provided by employee research firm Mercer | Sirota. Only 13 of the government's 73 large, midsize and small agencies included in the Best Places to Work rankings scored above the private sector average.

Federal Physicians Association seeking Candidates for Board of Directors

In accordance with the bylaws of the Association, FPA will be holding elections for members of the eight member Board of Directors this spring. FPA members in good standing are encouraged to submit a statement of interest to the FPA office to serve on the 2019–2021 Board. There are no out of pocket costs to serve on the Board and meetings are held by conference call. The Board of Directors of the Association consists of the Immediate Past President, President, President-Elect, Secretary, Treasurer, all ex-officio, and three elected member, one of whom shall be elected annually to hold office for a term of three years. Board members vote on FPA policy positions and set the priorities for the Association. Board members are the key to communications between their agency and the FPA office.

The Federal Physicians Association is not a union, it is a professional association, which means it does not have bargaining rights. However, there are federal rules (5 C.F.R. 251.202) which allow agencies to "(a) … provide support services to an organization when the agency determines that such action would benefit the agency's programs… including (1) Permitting employees … to use agency equipment or administrative support services for preparing papers… (2) … to pay expenses of employees to attend professional organization meetings … "(b) Agencies may provide Government resources support to organizations (such as space in Government facilities for meeting purposes and the use of agency bulletin boards, internal agency mail distribution systems, electronic bulletin boards and other means of informing agency employees about meetings and activities) in accordance with appropriate General Services Administration regulations contained in title 41 of the Code of Federal Regulations. "

FPA members who are not interested in serving on the Board can serve as contacts for their division/branch/unit. These are important volunteer positions also because they provide information on local issues affecting federal physicians.

FPA members who are interested in serving on the Board should send an email to Dennis@fedphy.org.

Federal Physicians Association Membership Application

www.join.fedphy.org

Name: ______________________________ Office Phone: ______________
last *first*

Address: ______________________________ Email: ______________
street

Address: ____
city *state* *zip*

Agency: ______________________ Medical Specialty: ______________________

Grade: __________ Yrs Service: __________ Type Pay System: ______ Total Pay: __________
**PCA, T38, PDPP*

☐ Annual: $100/year $185/2 years ☐ Check enclosed payable to FPA ☐ Payroll deduction for HHS members

☐ Amex ☐ MasterCard ☐ Visa Account Number: _____-_____-_____-_____ Exp Date: ___ / _____

Mail to: FPA, 5868 Mapledale Plaza, Suite 104, Woodbridge, VA 22193

May we print your name as a new member in the newsletter? ☐ yes ☐ no

30% of dues is attributable to nondeductible lobbying activity and is therefore not deductible under Internal Revenue Code Section 162 as an ordinary and necessary business expense.

1ST QUARTER 2019

Federal Physician
5868 Mapledale Plaza, Suite 104
Woodbridge, VA 22193

Locality Pay – Who Decides How Much and Where?

The Federal Salary Council was established to provide recommendations on the locality pay program created by the Federal Employees Pay Comparability Act of 1990. The President appoints the members of the council, which include three experts in labor relations and pay policy and six representatives of federal labor unions and other employee organizations representing large numbers of GS employees. The Council submits recommendations on the locality pay program to the President's Pay Agent.

The Council's recommendations include the establishment or modification of pay localities, the coverage of salary surveys used to set locality pay, the process for making pay comparisons, and the level of comparability payments that should be made. The FSC's recommendations are advisory only and are not binding on the President. The President's Pay Agent makes the final determination as to the establishment or disestablishment of locality pay areas and also makes the final recommendation to the President regarding the amount of the annual federal pay increase.

The President's Pay Agent includes the Directors of the Office of Management and Budget, Director, Office of Personnel Management and Secretary of Labor.

Based on the recommendations of the Council and the Pay Agent, in 2019 four regions will be added to the list of areas where federal employees will get greater than average pay increases: Birmingham-Hoover-Talladega, Alabama; Burlington-South Burlington, Vermont; San Antonio-New Braunfels-Pearsall, Texas and Virginia Beach, Virginia. In addition, the Albuquerque-Santa Fe-Las Vegas, New Mexico region will be expanded to include McKinley County NM and the Los Angeles-Long Beach, California will be expanded to include San Luis Obispo County.

The Council has recommended that Des Moines, Iowa be added to the locality pay areas in 2020 and that Imperial County California be added to the Los Angeles locality pay area and Pine County Minnesota be added to the Minneapolis-St. Paul locality area.

Late last year, the Council suggested that the pay comparisons be modified to include total compensation, including benefits, but the idea was rejected by the members representing unions. The Pay Agent has also voiced major concerns over the methodology used to make locality pay recommendations. Numerous studies have criticized the Council's conclusions that federal pay is 30 percent behind private sector pay for the same occupations because the comparisons do not include benefits.