



## Tier Assignment Guide

### Introduction

The purpose of classification is to (1) determine the appropriate grade level of positions considering the levels of difficulty, complexity, responsibility, controls over work, knowledge required, and scope of impact and (2) insure equal pay for work of equal value. Tier assignment in the Physician and Dentist Pay Plan (PDPP) is similar to a classification exercise because the PDPP tiers define the salary ranges appropriate for positions of equal value. While the General Schedule (GS) grade is determined by the application of the Office of Personnel Management (OPM) classification standards, the “classification” of a physician or dentist in the PDPP is determined by assignment to a table, which is dependent upon a medical specialty, and a tier, which is defined by a combination of factors associated with the level and complexity of work and the position’s scope of impact. Under PDPP, the GS grade determines the base pay while the tier assignment defines the appropriate salary range within which base pay and market pay combined (annual pay) can be set.

Medical specialty determines assignment to a specific table. Within each table there are four tiers (the exception is Table 5), each having different pay range values. The pay range values of the tiers vary from table to table. Regardless of table assignment, tier assignment follows the same protocol. Within each tier there are three criteria that must be considered: position, scope and definition. “Position” addresses the type of positions included (e.g., nonsupervisory direct patient care, medical program managers, researchers, and experts). There is considerable overlap for physicians and dentists involved in direct patient care services and training of medical students, interns, and residents.

“Scope” further clarifies the extent of the care and the type of medical facility in which the physician or dentist typically practices. There is an assumed relationship between type of facility, complexity of cases and staff member involvement. This assumption is based on the statistical probability a physician or dentist will be afforded the opportunity to regularly perform duties at the level presented in the tier definition. Not all positions that fit within a tier’s scope will meet the tier definition.

The “Definition” provides further clarification and examples within the medical treatment hierarchy of patient services and research responsibilities. ***This is the most important criteria in the determination of the appropriate tier for any physician or dentist position regardless of its location.*** When assigning the appropriate tier definition, careful consideration must be given to the purpose and expectations of the position and the level of difficulty and responsibility performed by the incumbent on a regular and recurring basis.

*All three criteria must be considered in designating a tier assignment.* The satisfaction of one of the criteria in isolation does not justify assignment to any particular tier. Consider the breadth of the description, the level of complexity being described and the overall intent of the coverage definition. It is helpful to review all of the tier definitions to understand the gradual increase in complexity and levels of responsibility, recognition and status.

### GS Classification and PDPP Tier Assignment

The GS grade of both physicians and dentists is based on an evaluation of (1) the level of difficulty and responsibility of the assignment and (2) the level of professional development and experience of the physician or dentist. Tier assignment considers only the level of difficulty and

responsibility while level of professional development and experience is taken into account when setting market pay.

The grade of **properly** classified positions in the Medical Officer, GS-0602, and Dental Officer, GS-0680, series can be used as a guide to tier assignment because of the similarity of factors considered in determining both the classification and tier assignment including:

- complexity of cases/medical problems dealt with;
- variety of types of problems;
- degree of responsibility for recommendations and extent decisions/opinions are accepted;
- extent of ingenuity/insight required for diagnosis and treatment/prevention of disease/disability;
- professional judgment/skill required;
- medical setting; and
- extent and kind of professional guidance/consultation received or given.

It should be noted that the Dental Officer, GS-0680, classification standard only applies to clinical positions. Tier assignment of dentist positions to tiers 3 and 4, therefore, requires careful consideration.

Where available, review the classifier's evaluation statement to gain an understanding of the level of difficulty and responsibility credited to the position. Generally, the classification relates to the tier definition as shown in the table below. Refer to the applicable OPM classification standard for more detail regarding Levels and Types. (Descriptions are at Appendix 2.)

<b>Tier</b>	<b>Series</b>	<b>Grades Covered</b>	<b>Level of Responsibility/Difficulty</b>
1	0602	GS-11, 12, 13, 14	All Level 1 and Level 2, Type A
	0680	GS-11, 12, 13	Tier 1 dentists are typically general dental practitioners regularly performing the full range of professional dental duties requiring standard to greater-than-usual difficult corrective, restorative, and preventative treatments. Their work may be performed in full patient care hospitals or other component designated facilities, such as community clinics. Tier 1 dentists may regularly deal with dental health cases complicated by patients unable or unwilling to cooperate. Dentists at the upper level of this tier routinely treat the very difficult cases.
2	0602	GS-14, 15	Level 2, Type B and Level 3, Type A
	0680	GS-13, 14	Tier 2 dentists are specialists who treat very difficult and/or unusual cases within the specialty requiring advanced training/education. Many are recognized experts in the dental specialty and serve as consultants to other dentists on difficult or

			unusual cases in the area of specialty. Tier 2 dentists may work in full patient care hospitals or other facilities equipped to support advanced diagnostic and treatment procedures.
3	0602	GS-15	Level 3, Type B and Level 4, Administrative and Nonsupervisory Positions
	0680	Beyond the scope of the GS-0680 classification standard. Dentists at this level are graded by standards such as the Research Grade Evaluation Guide or the Supervisory Grade Evaluation Guide. Tier 3 dentists are highly specialized. The nature of their work demands cutting edge treatment techniques for patients who have been unresponsive to previous treatment regimens.	
4	0602	GS-15	Tier 4 definition is beyond the scope of the GS-0602 classification standard.
	0680	Beyond the scope of the GS-0680 classification standard. Dentists assigned to this tier are graded by standards such as the Research Grade Evaluation Guide or the Supervisory Grade Evaluation Guide. These positions normally have Component-wide scope and impact and/or national recognition for work in their specialties.	

For reference and perspective, the Veterans Administration (VA) assigns their physicians to tiers on a functional basis and pay within that range is based on years of experience.

Tier 1—Staff physicians

Tier 2—Service Chiefs, Section Chiefs and other supervisors and managers

Tier 3—Network-level program manager and/or Network-level supervisory responsibilities. “Network” equates to Regional Medical Centers in the Army, Echelon 3 Commands in the Navy, and Regions in the Air Force.

Tier 4—National program responsibilities that may include designation as a Chief Officer or Chief Consultant, or other assignment that meets the level of responsibility equivalent to that of a national level.

Both DoD and VA consider the scope of impact a physician exercises on a regular basis. The Tier Definitions for the PDPP demonstrate an incremental increase in the scope of impact and level of complexity and responsibility required of physicians and dentists assigned to a particular tier. In determining the appropriate tier to assign to a physician or dentist position, careful consideration needs to be given to the expectations associated with the position and how the position functions on a day-to-day basis. The “Scope” criteria in the PDPP Tier Definitions is included as an illustration of the environment most conducive to the regular and recurring performance of the level of difficulty and responsibility described in the “Definition.” Not all positions within the defined environment will function at the level of complexity described in the “Definition.” In all cases, tier assignment is driven by the “Definition” with “Scope” and “Positions” serving a supporting, or point of reference role.

Tier <sup>1</sup>	Coverage
<b>Tier 1</b>	<p><b>Positions:</b> Nonsupervisory direct patient care services.</p> <p><b>Scope:</b> Clinic, dispensary, ambulatory care or ambulatory military treatment facility.</p> <p><b>Definition:</b> Tier 1 physician and dentist positions involve the full range of cases, from those where the patients have common ailments to the very difficult, in a medical specialty. The most difficult and complex diagnostic cases may be referred to consultants at specialized facilities. Tier 1 positions may be responsible for medical students, interns, or residents assigned for training in their specialty. They may also engage in some research projects. This level is appropriate for most clinical and dispensary assignments.</p>
<b>Tier 2</b>	<p><b>Positions:</b> Direct patient care services and medical program managers. May involve program responsibility for Tier 1 facilities. All Tier 1 and Tier 2 supervisory positions are considered Tier 2 positions.</p> <p><b>Scope:</b> Full patient care hospital.</p> <p><b>Definition:</b> Tier 2 physician and dentist positions involve the full range of cases, from those where the patients have common ailments to the very difficult, in a medical specialty and are located in full patient care hospitals. They serve as consultants on the most difficult cases and perform the most advanced diagnostic and treatment procedures at their facility. The most difficult and complex diagnostic cases may be referred to consultants at special facilities. Tier 2 positions may be responsible for medical students, interns, or residents assigned for training in their specialty. They may also engage in some research projects. This level is appropriate for most hospital assignments.</p>
<b>Tier 3</b>	<p><b>Positions:</b> Direct patient care services and medical program managers or researchers at medical centers and research facilities.</p> <p><b>Scope:</b> Headquarters of major commands, medical centers, or medical research facilities.</p> <p><b>Definition:</b></p> <p>(A) Patient Care. Tier 3 physician and dentist patient care positions are typically located at specialized medical centers and are responsible for the most difficult cases where they routinely diagnose rare and difficult-to-identify symptoms and are responsible for developing a full-treatment regimen using emerging techniques and/or prolonged or complicated procedures. Cases are often critical and require immediate decisions because patients have failed to respond to previously-tried regimens. Within the Department of Defense, this level is typically found at medical research facilities and special DoD medical facilities (e.g., Walter Reed Army Medical Center for prosthesis, Brooke Army Medical Center for burn treatment, etc.).</p> <p>(B) Research and Administration. Tier 3 physician and dentist positions are typically located at headquarters of major medical commands with responsibility for medical program development and/or oversight of significant Command and/or Component or DoD level programs. Program development and/or oversight at this level do not require the physician and/or dentist to perform direct patient care functions. Tier 3 may also be appropriate for positions performing significant medical research.</p>
<b>Tier 4</b>	<p><b>Positions:</b> Component- or Department-wide specialty expert, specialty program manager, or nationally recognized researcher.</p> <p><b>Scope:</b> Typically Command/Component headquarters or medical research facilities.</p> <p><b>Definition:</b> Tier 4 physician and dentist positions are typically located at Command and/or Component headquarters and are Component- or Department-wide specialty experts, program managers of unique medical specialties, or nationally recognized researchers. Tier 4 positions do not require the physician and/or dentist to perform direct patient care functions.</p>

<sup>1</sup> Appendix 2 to Enclosure 3, DoD Physicians and Dentists Tier Coverage, DoDI 1400.25–V543, August 18, 2010, p. 17.

## Level 1<sup>2</sup>

Medical officers at this level receive general technical supervision from higher grade medical officers, who are almost always in the same medical specialty. Assignments typically involve work of a somewhat limited nature, in that the majority of patients seen have fairly common ailments and disabilities, and courses of treatment are fairly well known. Often, though not entirely, the scope of assignments are limited by lack of facilities or by policies of referral of patients requiring the full range of diagnostic or treatment services for unusual or complicated conditions to other medical facilities or specialists. Work which involves out-of-the-ordinary diagnostic decisions or treatment is discussed with the supervisor who keeps aware of the condition of the patients and all aspects of the treatment regimen.

## Level 2

### *Type A*

Medical officers have responsibility for all cases within a particular specialty in a medical setting in which the more difficult or complex diagnostic problems are referred to other hospitals or to consultants. However, the medical officers have responsibility for seeing that all available services are provided to patients. Typical of this type of responsibility is the position of chief of service in a non-teaching hospital, such as Chief of Radiology, Chief of Pathology.

Medical officers receive only general professional direction, typically from a medical officer in another specialty and work with considerable freedom from technical supervision in their own specialties. Recommendations for referrals and for changes in service or equipment are cleared with the supervisor.

Patient care duties cover the full range of cases as represented in the setting limited by policies of referral and consultation. However, medical officers are responsible for recognizing disease syndromes which require referral, even when they are difficult to discern or identify. They are also responsible for carrying on treatment procedures for patients who do not present major complications.

Medical officers provide consultation in the specialty to others in the hospital or clinic or to a few medical officers working in the same specialty. Acceptance of recommendations is typical in connection with referrals, emergency treatments, and normal treatment procedures.

Training and research are not typical functions at this level in this situation.

### *Type B*

Also at this level are positions of medical officers, serving as individual workers, who have assignments of a more difficult nature than those described in the Type A situation, but which are carried out under general technical supervision (typically of a medical officer of higher grade in the same specialty). Cases cover all levels of difficulty in the specialty and assignments run the gamut of complexity characteristic of a teaching and research hospital. Typically, cases may be complicated by indistinct or overlapping findings or by the critical condition of the patient (e.g., a secondary condition may make relative less difficult surgery more complex, difficult

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<sup>2</sup> U.S. Office of Personnel Management, Medical Officer Series GS-0602, TS-12 March 1973, TS-52 June 1964, TS-44 February 1963, TS-34 June 1961, pp. 15-26.

emergency cases may require immediate decisions where the consequences of the decisions are critical.)

Medical officers are responsible for evaluating findings and making technical recommendations fairly independently, but a higher level medical officer provides frequent and continuing consultation, guidance, and direction and determines when such guidance must be provided. Generally, case findings and recommendations are discussed with the supervisor and notes for clinical conferences are cleared in advance with the supervisor.

Medical officers may participate in the teaching of interns or residents by giving them day-to-day supervision of their work.

### **Level 3**

#### *Nonsupervisory Positions*

#### *Type A*

Characteristic of this level are medical officer positions which involve assignment of the full range of cases, including the very difficult, in a specialty, with very little or no technical guidance in the specialty.

In non-teaching hospitals, medical officers serve as consultants on the most difficult cases in the specialty, and perform the most advanced diagnostic and treatment procedures without professional direction. They have no training or research responsibilities, but do serve as consultants to all others in the hospital.

In teaching hospitals, where there is unlimited range of difficulty of cases represented, medical officers have responsibility for the full range of cases in their specialty. There is considerable freedom from technical guidance, since typically the supervisor is in another specialty, or in a broader parent specialty.

Assignments involve the full range of cases and problems in the specialty, including the very difficult where there is responsibility for recognizing rare and difficult-to-identify symptoms or signs, and responsibility for developing a full treatment regimen involving a knowledge of new techniques or the use of prolonged or complicated procedures or advanced and delicate skills. Cases are often critical and require immediate decisions or are complicated because patients fail to respond to previously-tried treatment regimens.

Medical officers also have responsibility for the medical students, interns or residents assigned for training in their specialty. They may also engage in or supervise some research projects.

Considerable weight is given to the medical officers' recommendations in their technical specialties, by their supervisors and colleagues.

#### *Type B*

Also at this level are medical officers who serve as individual workers, under the guidance of higher-level medical officers in the same specialty. They are assigned the full range of cases, including the most difficult, in their specialty, and are responsible for determining when they should seek advice and guidance.

Assignments are often complicated by the following:

Symptoms are often abstruse, or there are overlapping symptoms due to the presence of more than one condition or ailment, or the symptoms might be indicative of either a simple or complicated condition and require involved and complicated diagnostic and testing procedures.

Considerable ingenuity is required in identifying these symptoms and developing a proper treatment regimen. The condition of the patient is often very critical and complicated. Treatment requires very advanced knowledge and/or skill (e.g., thoracic or cardiovascular surgery, prolonged intensive psychotherapy) and the selection from a variety of alternatives. Often it is necessary to select the one and only proper course of treatment immediately to avoid or minimize subsequent critical consequences.

At this level, the medical officers typically work in a teaching hospital and assignments reflect the wide range of cases which come into such a hospital. They usually provide training to medical students, interns, and/or residents by giving lectures, demonstrations, conducting ward rounds, and by supervision and consultation. They usually perform, direct, or supervise research in their specialty.

Recommendations on major diagnostic and treatment decisions carry considerable weight in discussions with supervisors and colleagues, and in clinical conferences. They seek consultation and advice on critical or controversial cases.

### *Administrative Positions*

Characteristic of this level are positions which involve responsibilities for:

1. The management of all professional services of a small (less than 300 beds) non-teaching hospital.

*or*

2. The management of a major (e.g., medicine, surgery, psychiatry) department in a large non-teaching hospital (around 750-1000 beds) which includes the responsibility for supervision of subordinate medical and para-medical support personnel, for coordination of activities with other departments and services; and for equipment and for continued services.

## **Level 4**

### *Administrative Positions*

Characteristic of this level is professional and management responsibility for all medical services in an average sized (500 beds) specialized hospital (one which provides diagnostic, medical, surgical and post hospital care for patients with a particular condition), which has a limited teaching program. Medical officers have responsibility for directing and coordinating activities of the medical staff, the ancillary hospital services, outpatient clinics, etc., as well as for the professional development and supervision of assigned medical personnel (medical officers and residents), for participating in the development of the course and focus of research done in the hospital, for chairing clinical conferences, for developing budget requests, etc.

Also characteristic of administrative positions at this level is responsibility for serving as assistant to the chief of a major department or service (e.g., department of medicine, department of surgery, department of psychiatry, department of pathology<sup>3</sup>) in a large general hospital (over 1,000 beds) (or comparable major segment in a large psychiatric hospital) which has broad programs for research and the teaching of medical students, interns, and residents in most of the medical specialties, where the department or segment is extensive in scope, has the most intensive, active, full and difficult patient care, training and research functions, has a major impact on the total hospital or medical program, and involves progressive and imaginative

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<sup>3</sup> These are only examples. Any and all departments regardless of specialty field of medicine are included if they meet the criteria as to scope and impact on the total hospital program.

professional and management programming. The department is large, active, and varied as to areas of specializations represented in organizational units of work including in many instances out-patient clinic services. For example, the department of medicine includes a number of services in specialized fields of medicine (cardiology, hematology, etc.), each staffed by a specialist in the particular field of medicine. The department provides substantially all the services available for the areas of services encompassed.

The departments in which the medical officers serve as assistants are typically in a dynamic state of development and change and require that the assistant as well as the department head make critical evaluations of established policy, concepts, and techniques; keep abreast of the latest developments in the specialty field and related fields; and institute or recommend changes.

Medical officers, as full assistants to the department heads, are required to exercise a high degree of judgment and leadership in coordinating the various segments within the department, in guiding the staff in solving difficult problems, and in promoting and maintaining effective work relationships between the department and the other medical services and para-medical services.

Medical officers are responsible for participating fully in the direction of the patient care program in their specialty and many of the cases regularly and on a continuing basis represent those of a highly complex or controversial nature and present highly difficult diagnostic or therapeutic problems. They guide, instruct and train residents in the specialty and instruct and train other resident physicians and interns in the aspects of the specialty which pertain or relate to their specialties. They participate in the management of the training program for the department.

In the capacity of alternates to the department head, medical officers may represent the hospital and participate in local and national meetings of medical societies and associations where such representation in the specialty is desirable or necessary.

Medical officers at this level typically serve under the department head and the medical director of the total hospital program. They secure professional consultation on the more difficult, borderline, and highly controversial cases in their specialty. They are responsible for reporting on problems of an administrative nature or of professional policies with recommendations for action.

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Also characteristic of administrative positions at this level is professional and management responsibility for the direction of major segment (e.g., a department or equivalent segment in a psychiatric hospital) in a hospital similar to that described immediately above, but where the segment or department is of smaller scope and does not have the most intensive, the most active, the fullest, or the most difficult patient care, training, and research functions.

### *Nonsupervisory Positions*

Positions at this level are characterized by very difficult individual work and/or consultative responsibility of a high level of professional competence. The advice and decisions of incumbents have considerable significance within a hospital, organization, or other type of medical or health facility or program. Incumbents have particularly outstanding, authoritative, broad and intensive knowledge of their specialty area. They are recognized for and exercise a high degree of professional leadership in their specialty area. They may, in certain positions, be looked to for advisory service in their specialty by members of a community or organizations within a wide geographic area.