

Comparison of Employment under T. 5 with T.38 Pay to Employment under the T.42 NIH/CC Clinical Research Support Program

	T.5 Employment with T.38 Pay	T. 42 NIH/CC Clinical Research Support
Statutory Basis and Type of Service	Title 5 USC (Government Organization and Employees) - Primarily Competitive Service	Title 42 (PHS Act) - Excepted Service
Scope of the System	<p>Title 5 covers all Executive Branch agencies in a full range of occupations. OPM provides overall guidance and management of the T. 5 system</p> <p>T.38 pay was extended to NIH nurses and allied health employees under special statutory authority.</p>	<p>Title 42 authority under 209(f) is available to PHS agencies for scientific positions. NIH administers T.42 programs for NIH ICs.</p> <p>Two Clinical Research Support Program (CRS) categories are established:</p> <ul style="list-style-type: none"> • Professional and Associated Clinical Service. This Clinical Service Category will include professional and associated clinical positions in the biological sciences, physical sciences, social sciences, nursing, allied health sciences, veterinary sciences, mathematics, statistics, and engineering. (Note: Physicians, and dentists may be appointed under other Title 42 programs). • Clinical Technical Service. This Clinical Service Category will include positions that provide technical clinical services, e.g., Ultrasound Technicians, Diagnostic Radiologic Technicians, etc. in support of the research effort.
Citizenship Requirements	US citizenship. Citizens of allied nations may be appointed on a limited basis.	US citizenship or resident alien status. Employment of nonresident aliens with an employment visa may be possible.
Qualifications Requirements	OPM establishes X-118 Qualifications Standards that reflect government-wide occupational requirements.	X-118 Qualification Standards to be used initially. Ability to establish CC specific qualification requirements based on competency requirements is a key element of the CRS program.
Appointment Types	Permanent, term (1-4 years) and temporary employment (one year)	Indefinite employment will be available for core positions (continuing). Supplemental positions (non-continuing) will be filled by renewable term and per diem employees, i.e., float pool.
Appointment Process	Competitive examination - applications are solicited through formal advertisement. Ranking of applicants is required. Selection is controlled within a specified order on registers of eligible candidates. Strong veterans' preference is extended to veteran applicants.	Open and fair consideration of applicants from one or more sources, e.g., job fairs, journal advertisement, etc. Ranking will not be required. Selection of any qualified applicant will be permissible. Fast track option with no formal recruitment permissible in unusual cases (with approval by Director, CC).
Probationary Period	One year for permanent appointments.	One to three years for indefinite core appointments.

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Grade Structure	<p>A fifteen grade General Schedule structure is based on statutory definitions.</p> <p>Government-wide classification standards are developed by OPM and contain specific occupational and grading criteria.</p> <p>Position titles are prescribed for government-wide use.</p> <p>Job evaluation is done by human resources specialist and is based on the characteristics of the position, not the person.</p> <p>Supervisory positions typically are classified one or two grades higher than the positions supervised.</p> <p>Position descriptions of duties and up to nine specific classification factors are required.</p>	<p>Three broad pay bands are available for each Clinical Service Category:</p> <ul style="list-style-type: none"> • Band I will represent a developmental continuum from the entry level through the full operating level. • Band II will represent an expert or specialist level that requires highly developed or specialized knowledge of an occupation. • Band III will represent a managerial, senior specialist, or executive level. <p>Position titles will be established by the CC to reflect occupational assignment and meet data collection needs.</p> <p>A short description of duties and a competency plan will describe positions. Managers with pay-setting authority will determine the placement of a position in one of the bands.</p> <p>Supervisory positions will be allocated to the appropriate band based on the function supervised. (Note: While no separate band assignment is made for supervisory duties, CRS supervisors generally receive a base salary that is 3% to 10% higher than would be paid if the position had no supervisory duties. – see the CC T42 CRS Compensation Plan, issued 3/2002.)</p>
Base Pay System	<p>Each of the 15 grades of General Schedule has a discrete pay structure with 10 steps. The pay range of each grade is approximately 30%. Intergrade differentials range from 10% to 19%.</p> <p>GS rates are established for the local area by Presidential Executive Order; these locality rates apply to occupations that are not covered by a special salary rate. Approximately 20 CC health care occupations are covered by Title 38 special salary rates and are paid more than the General Schedule because of recruitment/retention difficulties for these occupations.</p>	<p>The CC Director will establish broad stipend ranges for each band. Additional stipend ranges may be necessary to reflect market rates for specific occupations or categories. No "steps" will be established.</p> <p>The ranges will be established to:</p> <ul style="list-style-type: none"> • maintain pay alignment with equivalent occupations in the private sector or other Federal agencies; • facilitate appropriate internal pay alignment; and • meet CC budget needs and goals.
Individual Entry Rate	<p>Step 1 of the applicable grade is the normal entry rate for new hires. Higher entry may be based on the employee's superior qualifications or a special need for the candidate's service. In setting the appropriate step, consideration is given to the availability of other highly-qualified candidates, the existing compensation of the candidate (including any bona fide fringe benefits not offset by Federal benefits), and confirmed competing offers.</p>	<p>The manager with pay setting authority will establish individual stipend rates (Band I - Dept. Head; Band II - Assoc./Deputy Director; Band III - Director). As outlined in the CC T42 CRS Compensation Plan, issued 3/2002, the stipend rate will be set based on:</p> <ul style="list-style-type: none"> • the qualifications and competencies of the employee; • the individual's current salary and benefit package; • the criticality of the program assignment; • any supervisory/managerial responsibilities; • the market rate for the position; and • fund availability. <p>Generally, the lower half of each band range will be associated with position competencies from the fundamental level through the moderate level, while the upper half will represent advanced levels.</p>

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Base Pay Advancement	<p>Longevity based increases of 3% advance employees through the 10 steps of each grade; increases occur every year for steps 2-4; every 2 years for steps 5-7; and every 3 years for steps 8 through 10. Movement to a higher grade (typically a 6% increase) is non-competitive through the full performance level and usually competitive above that level. Competitive actions are advertised under merit promotion procedures and eligible candidates are ranked for referral.</p>	<p>Individual increases within a band range may be awarded at any time during the year but base pay will be reviewed annually, at a minimum. Stipend increases will be based on an assessment of the employee's growth in competencies vis-a-vis the employee's existing placement in his/her band range, and the availability of funds. See the CC T42 CRS Compensation Plan, issued 3/2002.</p> <p>Movement to a higher band may be done at any time based upon programmatic need. The band change may be done on a competitive or non-competitive basis.</p>
Supplemental Pay	<p>Three types of government-wide supplemental pay mechanisms are available for non-physician clinical occupations:</p> <ul style="list-style-type: none"> • a recruitment bonus of up to 25 percent of base pay. These may be granted if difficulty otherwise would be encountered in filling the position with a high quality candidate. Usually granted only when necessary to match prior earnings and/or benefits or a competing offer. • a retention allowance of up to 25 percent of base pay. These may be paid as an incentive to retain an employee because of a special need for the employee's services or the employee's specialized qualifications. Retention allowances usually are granted only when a competing offer or employment opportunity is documented. • a variety of monetary awards. These may be paid to reward group or individual accomplishments, suggestion or inventions. 	<p>A variable supplement may be established for employees on a discretionary basis. This pay will be set by the supervisor with pay setting authority based on the following needs or factors:</p> <ul style="list-style-type: none"> • recruitment/retention incentive; • referral bonuses for employees who refer applicants selected for hard-to-fill positions, e.g., critical care nursing; • achievement or accomplishment awards; • allowance for temporary roles that are not appropriately addressed through base pay (e.g. acting supervisor or mentor); and • other appropriate factors. <p>CC specific policies will govern the use of these authorities. The types of variable pay and the total amount or percentage paid will be subject to upward/downward adjustment.</p>
Premium Pay	<p>A comprehensive package of Title 38 premium pays are available to compensate for overtime, night, weekend, holiday, on-call and call-back work. Compensatory time off is allowed in lieu of overtime payment.</p>	<p>Premium pays will be payable initially under Title 38 provisions. Alternative premium pay options may be established by the CC Director based on CC-specific needs, e.g., revised weekend alternative, and a full time pay option (40 hours) for 36 hours of work (3 - 12 hours shifts over a workweek).</p>
Benefits	<p>A comprehensive benefits program is provided under government-wide OPM regulations, e.g., retirement and thrift savings, health and life insurance, worker's compensation, etc. Workplace benefits also are available, e.g., parking, fitness center, NIH day care center, etc. Travel and transportation benefits also may be authorized.</p>	<p>Many specific Title 5 benefits will be extended to core and temporary supplemental staff with appointments over 1 year*, e.g., retirement and thrift savings, health insurance, life insurance, training, worker's compensation, etc. Workplace benefits and travel and transportation benefits also will be provided. Paid and unpaid sabbaticals may also be approved for Band III employees on a case-by-case basis.</p> <p><i>* Per diem employees will not be eligible for Federal benefits although we are investigating options to provide them with access to private health plans.</i></p>

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Performance Management and Assessment	Annual performance appraisals are based on written position elements (critical and non-critical). The performance program currently is pass-fail.	<p>A CC-specific Performance Enhancement and Competency Assessment Program will be established to:</p> <ul style="list-style-type: none"> • meet requirements of the Joint Commission on the Accreditation of Hospitals; • reflect CC and NIH performance and organizational goals; and • permit the assessment of employee growth in competencies for stipend adjustments.
Adverse Action for Conduct or Performance Deficiencies	<p>Government-wide regulations authorize agencies to suspend, demote, furlough, or remove employees for "such cause as will promote the efficiency of the service." Such actions may be based on misconduct, unacceptable performance, or a combination of both. They may also be taken for non-disciplinary reasons such as medical inability to perform.</p> <p>Probationary or Temporary Employees may be separated for unsatisfactory performance or conduct without extensive formal procedures. Temporary employees also may be separated for lack of funds or other administrative reasons.</p> <p>Performance-Based Actions:</p> <p>Post-Probationary Employees Performance-based actions, including reduction in grade and removal, may be taken under highly detailed OPM regulations (5 USC, Part 432). Such actions would be based on unsatisfactory performance on one or more critical elements of the employee's position. Employees must receive formal notification of deficient performance, be given an opportunity to demonstrate acceptable performance, receive advance notice of any proposed action with a period of opportunity to respond, and receive written a decision of action with notification of appeal rights to MSPB and other appellate organizations. Inherent in this process are extensive documentation requirements, supervisory counseling and close monitoring of employee performance.</p>	<p>Simplified and streamlined procedures have been developed to efficiently address issues of performance, personal or clinical misconduct, while maintaining fair and due process.</p> <p>Temporary Supplemental Employees</p> <p>Temporary Supplemental Appointees may be terminated before their expiration dates for cause, e.g., personal or clinical misconduct; lack of satisfactory performance; or for administrative reasons including but not limited to programmatic changes, budgetary constraints, and lack of funds. A 30 day written notification is required (except in the case of personal or clinical misconduct).</p> <p>Conditional Core Employees</p> <p>Failure of core appointees to meet probationary requirements during the conditional period may result in: alternative placement, e.g., placement in a lower band (in which case a new conditional period may be required); or termination. A 30 day written notification will be given if a termination action is to be taken.</p> <p>Performance-Based Issues - Post-Conditional Core Employees</p> <p>Core employees who have completed the conditional period will be notified of unsatisfactory performance and given a 30-day opportunity to improve. During that time period, the employee's patient-care activities will be strictly monitored. Employees who fail to improve either will be placed in a lower band, reduced in pay or terminated. Employees will have the right to review the documentation supporting the charge(s), and prepare a response to the Deciding Official in writing and/or in person. The response must be made within 15 days of receipt of the proposal (unless extended in writing by the Deciding Official). Employees who are terminated will receive 30 days written notification and a separation incentive equal to 2 pay periods of their base stipend.</p>

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Adverse Action for Conduct or Performance Deficiencies, cont.	<p>Conduct Actions - Post-Probationary Employees Conduct-based actions including reprimands, suspensions, reductions in grade or pay, or removals may be taken under specific regulations (5 USC Part 752) and must be consistent with the NIH Table of Offenses and Penalties. Employees must receive formal notification of the disciplinary action, a period of opportunity to respond, and a written decision with notification of appeal rights to MSPB and other appellate organizations.</p>	<p>Conduct Issues - Post-Conditional Employees The following actions will be available for conduct-related issues: Reprimands, Suspensions, Reductions in Band or Pay, or Removals. For actions other than reprimands, the employee will have the right to review the documentation supporting the charge(s), and to prepare a response within 15 days to the Deciding Official in writing and/or in person. The Deciding Official will determine whether the charges are sustained and whether the penalty proposed is reasonable.</p>
Alternative Dispute or Discipline Resolution	<p>Alternatives to traditional performance and disciplinary processes include alternative dispute resolution through the NIH Ombudsman for Cooperative Resolution and other Alternative Dispute Resolution procedures. These services provide non-adversarial approaches in resolving disputes and correcting misconduct.</p>	<p>The services of the NIH Ombudsman for Cooperative Resolution and/or Peer Panels will be available to resolve disputes as an alternative to the disciplinary processes.</p>
Grievances and Alternative Dispute Resolution	<p>An employee may file a formal grievance concerning any matter relating to the employment, or a perceived violation of any law, rule, or regulation affecting conditions of employment. In addition, Alternative Dispute Resolution is available, e.g., mediation, fact-finding, ombudsman, and interest-based negotiation</p>	<p>A continuing and open dialogue regarding working conditions, assignments, performance and competency requirements, and other workplace issues is key to the success of the CRS Program. The services of the NIH Ombudsman for Cooperative Resolution and/or Peer Panels may be used when disputes arise.</p>
Reduction-In-Force	<p>In the unlikely event that employment reductions are necessary, government-wide regulations prescribe the system that is used to determine the retention standing of employees. Within the designated geographic and organizational “competitive area”, similar positions (grade, series and qualifications) with the same work schedule (full-time, part-time and intermittent) are grouped into competitive levels. Within competitive levels, employees are grouped into retention order by tenure, veterans’ preference, length or service and performance. When positions are abolished, employees are released from the competitive level in the inverse order of their retention standing. If an employee is released from his/her competitive level, he/she may be placed in an alternative position for which he/she qualifies by “bumping” an employee in a lower tenure group, or he/she may “retreat” to a previously-held position by displacing an employee who has less service.</p>	<p>In the unlikely event that the CC has a reduction in force (RIF), Title 42 (CRS) employees would not be grouped with Title 5 employees in a retention/release process. If NIH decided to reduce the number of Title 42 indefinites, a system for handling the reduction would need to be established since Reduction-In-Force is not a concept that is addressed in Title 42.</p>