

# Post Medical Office Staffing Methodology

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## 1.0 Purpose

This attachment describes a methodology for assessing and setting the appropriate staffing of Posts' medical offices with Peace Corps Medical Officers (PCMOs), Medical Assistants (MAs), and Medical Secretaries (MSs). For purposes of this methodology, MAs and MSs are grouped together and called Medical Support staff.

The methodology provides a framework for estimating the number of full-time equivalent (FTE) PCMOs and Medical Support staff needed at a Post. The methodology frequently identifies the need for partial FTEs, consequently a Post may have slightly more or less staff than the estimated need. As Posts and OHS use the methodology to assess the degree to which Posts' medical offices are sufficiently staffed, they should also consider any Post-specific contextual information, which may have a material impact on final staffing decisions.

## 2.0 Step 1 – Assessing Medical Support Staffing Needs

The estimated need for Medical Support staff is calculated using all the following factors:

- (a) A Post must have at least one Medical Support staff.
- (b) A Post should have at least one Medical Support staff for every 100 Volunteers.
- (c) A Post should increase the number of Medical Support staff needed to account for the additional workload associated with medical accommodations. A Post should increase the number of FTEs needed based on the number of types of medical accommodations which can be supported at the Post as determined through OHS' annual Country Health Resource Survey. The FTEs needed should be increased as follows:

Table 1 - Number of Types of Medical Accommodations	
Number of Types of Medical Accommodations that Post Can Accept	Increase in Medical Support Staff Needed
1-10	.1 FTE
11-20	.2 FTE
21-30	.3 FTE
31-40	.4 FTE

- (d) If a Post has only one Medical Support staff, a Medical Assistant should be considered a higher need than a Medical Secretary.

### 3.0 Step 2 – Assessing PCMO Staffing Needs

The estimated the need for PCMOs is calculated using all the following factors:

- (a) A Post must have at least two PCMOs
- (b) A Post should have one PCMO for every 75 Volunteers.
- (c) A Post should increase the number of PCMOs needed to account for the additional workload associated with any reduced medical infrastructure or capabilities within the country. A Post should increase the number of FTEs needed based on the rating of the country’s health resources as assessed and reported in the most recent Country Portfolio Review process. The FTEs needed should be increased as follows:

Table 2 – Health Resource Rating	
Health Resource Rating in the Most Recent Country Profile Review Process	Increase in PCMOs Needed
1-2	.2 FTE
3-4	.1 FTE
5	0 FTE

- (d) A Post should increase the number of PCMOs needed to account for the additional workload associated with any reduced acute care hospital capabilities within the country. A Post should increase the number of FTEs needed based on the rating of the country’s acute care hospital resources as assessed and reported in the most recent Country Portfolio Review process. The FTEs needed should be increased as follows:

Table 3 – Acute Care Hospital Rating	
Acute Care Hospital Rating in the Most Recent Country Profile Review Process	Increase in PCMOs Needed
1	.2 FTE
2	.1 FTE
3	0 FTE

- (e) A Post should increase (decrease) the number of PCMOs needed to account for the increased (decreased) workload associated with deviations between the actual FTEs of Medical Support staff and the estimated FTEs of Medical Support staff. The FTEs should be adjusted by adding (or subtracting if negative) the following amount of PCMOs needed:

$$[(\text{Estimated number of FTEs of Medical Support staff needed using the methodology in Step 1}) - (\text{Actual number of FTEs of Medical Support staff employed at Post})] * .4$$

#### 4.0 Calculation Tables for Assessing Medical Office Staffing

Table 4 – Assessing Medical Support Staffing Needs						
A	B	C	D	E	F	G
Number of PCVs at Post	One Medical Support Staff per 100 PCVs <i>[Divide Column A by 100]</i>	Increase in FTEs based on Number of Types of Medical Accommodations <i>[Use the Table 1]</i>	Any Post-Specific Contextual Information, Which Has a Material Impact on Medical Support Staffing <i>[Additional FTEs]</i>	Estimated Number of Medical Support Staff FTEs Needed <i>[Add Columns B, C and D]</i>	Current Number of Medical Support Staff Employed at Post	Deviations between Estimated FTEs of Support Staff Needed and Current FTEs <i>[Column F minus Column E]*</i>

Table 5 – Assessing PCMO Staffing Needs								
H	I	J	K	L	M	N	O	P
Number of PCVs at Post	One PCMOs per 75 PCVs <i>[Divide Column H by 75]</i>	Increase in FTEs based on Health Resource Rating <i>[Use the Table 2]</i>	Increase in FTEs based on Acute Care Hospital Rating <i>[Use the Table 3]</i>	Adjustment to PCMOs based on Deviations between Estimated/Actual Medical Support Staff <i>[Column G in Table 4 Multiplied by -.4]</i>	Any Post-Specific Contextual Information, Which Has a Material Impact on PCMO Staffing <i>[Additional FTEs]</i>	Estimated Number of PCMO FTEs Needed <i>[Add Columns I, J, K, L M]</i>	Current Number of PCMOs Employed at Post	Deviations between Estimated FTEs of PCMOs Needed and Current FTEs <i>[Column O minus Column N]*</i>

\* Positive values in columns G and P indicate that current staffing is greater than the estimated need, whereas negative values indicates that current staffing is less than the estimated need.