

MS 261 Medical Offices and Peace Corps Medical Officers

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Attachments

Attachment A – Post Medical Office Staffing Methodology

Attachment B – Regional Health Unit Staffing Methodology

1.0 Purpose

- (a) This Manual Section prescribes the establishment of a medical office and the selection of at least two Peace Corps Medical Officers (PCMOs) by the Associate Director of the Office of Health Services (AD/OHS) for each Peace Corps Post, and summarizes the responsibilities and working relationships of PCMOs. Although the term PCMO includes the word “officer,” this designation does not grant employee status or employee benefits to a PCMO. As used in this Manual Section, the term “Volunteers” includes Trainees and, where appropriate, minor dependents and pregnant spouses of Volunteers and Trainees.
- (b) The responsibilities of the AD/OHS under this Manual Section may be delegated to other employees in OHS. Procedures implementing this Manual Section are contained in the Medical Technical Guidelines.

2.0 Medical Offices

Each overseas Peace Corps Post will have a medical office consistent in size and scope with the needs of the Peace Corps program at the Post unless the AD/OHS, after consultation with the relevant Country Director, decides to adopt a different arrangement (*see* Medical Technical Guidelines). Volunteers will receive care at the medical office from a PCMO whenever possible.

3.0 Peace Corps Medical Officers

3.1 Staffing of Medical Offices

- (a) Each medical office will have at least two PCMOs, who may be a physician, nurse practitioner, or registered nurse. For a registered nurse to serve as a PCMO they must have been hired before January 1, 2018. The professional qualifications required of a PCMO staffing a particular medical office will be determined by the AD/OHS. A Volunteer may not serve as a PCMO.
- (b) Each medical office will have at least one medical assistant or medical secretary. The professional qualifications required of a medical assistant or medical secretary staffing a particular medical office will be determined by the AD/OHS. A Volunteer may not serve as a medical assistant or medical secretary.
- (c) The Peace Corps shall ensure that each overseas Post has the services of a medical office that is consistent in size and scope with the needs of the agency at such Post. Each Post shall annually assess medical office staffing needs using the methodology described in Attachment A to ensure that the medical office has sufficient clinical and administrative support staff. As Posts and OHS use the methodology in Attachment A to assess the degree to which Post medical offices are sufficiently staffed, they should also consider any Post-specific contextual information, which may have a material impact on final staffing decisions.

- (d) The AD/OHS may accept a detail of a licensed medical professional from other United States departments, agencies, or establishments if the licensed medical professional meets the selection criteria in 3.3 below (*see also MS 673 Detailing Direct Hire Employees*).

3.2 Volunteer Medical Care Needs

The AD/OHS, in consultation with the Country Director, will determine the medical care needs of Volunteers at the Post and, in making this determination, will consider the following:

- (a) The medical delivery system available to Volunteers in the country.
- (b) Past experience in that country with regard to endemic diseases, serious illnesses, medical evacuations, and environmental hazards.
- (c) Transportation infrastructure in the country.
- (d) Medical profiles of Volunteers in the country.

3.3 Selection Criteria

After consideration of the medical care needs of Volunteers at the Post, the AD/OHS will, in consultation with the Country Director, determine the number and professional qualifications of PCMOs required to staff the medical office and the selection criteria for those PCMOs. The selection criteria for PCMOs may include, but need not be limited to, the following criteria:

- (a) Medical training, accreditation, experience, and other qualifications.
- (b) Administrative capabilities.
- (c) Understanding of the local language and culture.
- (d) Ability to work in the English language.
- (e) Interpersonal skills.
- (f) Record of past performance.
- (g) Such other factors deemed appropriate by the AD/OHS.

The AD/OHS will, in consultation with the Country Director, determine the relative importance to be assigned to each of the selection criteria.

3.4 Selection Process

- (a) The AD/OHS will seek to select a PCMO who is a citizen or legal resident of the host country unless the AD/OHS, after consultation with the Country Director, determines that suitable candidates are not available locally or that, because of other circumstances, it is desirable to select a U.S. national or third country national.

- (b) The AD/OHS may, in consultation with the relevant Country Directors, the Regional Director(s) and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer, transfer a PCMO from another Peace Corps Post if (1) the PCMO consents to the transfer, and (2) the AD/OHS determines that such a transfer will be the most effective means of securing the needed professional skills or will otherwise promote the efficiency and effectiveness of the Peace Corps' medical services.
- (c) If a PCMO is not being transferred from another Peace Corps Post and the PCMO position is to be filled with a personal services contractor, the following procedure will be used for selecting the PCMO:
- (1) The Office of the Chief Financial Officer/Acquisition and Contract Management (OCFO/ACM) and the cognizant Contracting Officer will assist the AD/OHS in preparing an advertisement that complies with host country standards. Once the advertisement is finalized, the cognizant Contracting Officer will place the advertisement, within one week, in the appropriate media; specifically overseas when recruiting local candidates and in the United States when recruiting for a U.S. citizen. The advertisement should be placed for a period of no less than two weeks and no more than four weeks.
 - (2) The Contracting Officer will, within two weeks of the close of applications, (1) screen all applicants for any factors that would, under Peace Corps policies, disqualify them from consideration, and (2) arrange for all applicants who are resident in the host country and are not so disqualified to be interviewed. The interview panel will include, but not be limited to, the Country Director or their designee and, if applicable, any current PCMOs and the Regional Medical Officer. All interviews should be scheduled no more than two weeks after the close of applications and completed no more than three weeks after the close of applications.
 - (3) The Country Director will rate each candidate as "desirable," "acceptable," or "unacceptable" based on the selection criteria (other than medical training and experience and cost). For any candidate rated by the Country Director as "unacceptable," the Country Director will make a detailed notation in the candidate's file of the reasons for such rating. The Contracting Officer will make a notation of the disqualifying factor in the file of any applicant who is disqualified on the basis of such interview or on the basis of other factors and, within one week of completing the interviews, forward the files of all other applicants to the AD/OHS. The Contracting Officer will include in the applicant files the ratings of the Country Director, along with any other comments on the candidates (including, if they have interviewed the candidates, those of the current PCMOs and the Regional Medical Officer).
 - (4) The AD/OHS will review the applicant files. This includes applicant files of local candidates forwarded by the Contracting Officer and U.S. citizen or third country national applicant files in the absence of a suitable local candidate. The AD/OHS will prepare a shortlist of candidates.

- (5) Within two weeks of receiving the applicant files from Post, the AD/OHS will interview the candidates on the shortlist, consider those candidates based on the selection criteria and the comments (if any) received from the Country Director, the current PCMOs and the Regional Medical Officer, and recommend the selection of the preferred candidate, provided that the AD/OHS will not recommend for selection as the preferred candidate any candidate rated as “unacceptable” by the Country Director. Once the preferred candidate is recommended for selection, the AD/OHS will prepare a Summary Evaluation/Competition Sheet of all the candidates and the selection recommendations.
 - (6) The AD/OHS will forward all documentation to the cognizant Contracting Officer in order to initiate negotiations with the preferred candidate. The Contracting Officer will conduct negotiations within the parameters determined by the AD/OHS, in conjunction with the Contracting Officer, with the preferred candidate recommended for selection by the AD/OHS.
 - (7) Upon successful negotiation of the contract terms, the Contracting Officer will award the contract to the preferred candidate. If negotiations are not successful, the AD/OHS will be so advised and will have the option of offering alternative terms to the preferred candidate or considering an alternate candidate.
 - (8) At any point in the selection process, the AD/OHS may, in consultation with the Contracting Officer, reevaluate the candidates, declare a failed search and reinitiate the selection process or consider other alternatives.
 - (9) If a candidate requests a debriefing, the AD/OHS may, in consultation with the Country Director and the Contracting Officer, provide a debriefing to each candidate who was not selected, including the reasons that the candidate was not selected.
- (d) If the PCMO is to be engaged other than as a personal services contractor, a personnel selection process involving the AD/OHS and the Country Director equivalent to that set out in (c) above will be used.
 - (e) The Post and OHS will make all reasonable efforts to complete the hiring process as set out above as quickly as possible.
 - (f) OHS is responsible for funding temporary duty (TDY) PCMOs if needed at Post until a vacancy is filled by a newly hired PCMO. However, if a position remains vacant because staff at Post have failed to complete the tasks for which they are responsible within the applicable time frames specified above, the Post will be responsible for funding any required TDY PCMO for the period corresponding to the delay in filling the position which is caused by such failure. For example, if the cognizant Contracting Officer delays placing an advertisement for one week and a TDY PCMO is required at Post for four weeks, OHS will fund three weeks of that TDY and the Post will fund one week of that TDY. Where the CD believes that delays were caused by circumstances beyond the Post’s control, the CD may ask the Regional Director to request a waiver (or partial waiver) from the AD/OHS of the Post’s responsibility to pay TDY costs.

3.5 Responsibilities of the PCMO

- (a) The PCMO will perform all of the functions and duties set forth in the statement of work in the PCMO's personal services contract (or, in the case of a PCMO who is not a personal services contractor, the PCMO's position description) and such other functions and duties as may be specified from time to time by the AD/OHS. The Country Director may ask the PCMO to perform other functions and duties from time to time if those duties are within the parameters of the PCMO's statement of work (or position description).
- (b) The primary responsibility of the PCMO is to provide the medical and administrative services described in MS 262 and in the Medical Technical Guidelines. Except as otherwise provided by the AD/OHS, all medical activities of the PCMO must conform to the Peace Corps Manual and the Medical Technical Guidelines for Overseas Medical Staff.
- (c) The PCMO serves as a regular member of the Post staff and as a medical advisor to the Country Director. In this capacity, the PCMO will, among other duties:
 - (1) participate in staff meetings and Volunteer conferences;
 - (2) visit Volunteers on site;
 - (3) to the extent consistent with MS 294 *Confidentiality of Volunteer Information*, share with the Country Director and other staff members information and ideas gained through travel and visits with Volunteers and inform the Country Director on a regular basis of medical information which affects programs in-country;
 - (4) provide advice to the AD/OHS and the Country Director regarding matters relating to Volunteer health in-country, including site selection and assignment;
 - (5) to the extent consistent with MS 294 *Confidentiality of Volunteer Information*, keep the Country Director informed during medical emergencies so that the Country Director may assist in providing administrative and logistical support; and
 - (6) provide assistance to the Country Director in an emergency, as outlined and defined in the Post's Emergency Action Plan.

3.6 Supervision of PCMOs

- (a) The AD/OHS has overall responsibility for managing and supervising each PCMO. The AD/OHS will annually evaluate the performance of each PCMO in accordance with the requirements of the statement of work or position description of the PCMO, relevant professional standards, and Peace Corps policies, practices, and Medical Technical Guidelines.
- (b) The Country Director has responsibility for the day-to-day management and supervision of each PCMO based at the Post on non-clinical issues, including all routine administrative matters such as time and attendance, scheduling of leave and customer service. The Country Director will keep the AD/OHS and (in the case of a PCMO who is a personal services

contractor) the cognizant Contracting Officer informed regarding the performance of each PCMO based at the Post.

- (c) The AD/OHS may, in consultation with the Country Director of the Post where the PCMO is based, the Regional Director, and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer, (1) recommend that a PCMO's contract be terminated by the Contracting Officer (or, in the case of a PCMO who is not a personal services contractor, request that the PCMO's appointment be terminated) or (2) transfer a PCMO to another Post. If the transfer involves an inter-regional transfer, the Associate Director of Global Operations should be informed.
- (d) If the Country Director advises the AD/OHS that a PCMO is no longer acceptable at the Post, the AD/OHS will either (1) request that the cognizant Contracting Officer terminate the contract or that the appointment of the PCMO be terminated or (2) in consultation with the Regional Director, the Associate Director of the Office of Global Operations, and (in the case of a PCMO who is a personal services contractor) the cognizant Contracting Officer, transfer the PCMO to another Post. Any transfer of a PCMO requires the consent of the person to be transferred as well as negotiation of a new contract, if a host country national is to be transferred, to reflect the person's change in status to a third country national.
- (e) On an annual basis, the AD/OHS must provide information to the Office of Congressional Relations confirming that the performance evaluations conducted pursuant to section 3.6 (a) above have been completed.

3.7 Limitations on Providing Medical Care

3.7.1 Medical Care Provided to Volunteers without their Consent

- (a) Ordinarily medical care may not be provided to Volunteers without their consent. However, when the PCMO determines that failure to provide such care could result in serious harm to the Volunteer or others, the PCMO may dispense treatment without the Volunteer's or Trainee's consent, provided that such care is in accordance with local law. In making such a decision, the PCMO should consult, when appropriate, with the best available host country medical professionals and with the AD/OHS.
- (b) If questions arise concerning proper procedures in this matter, the PCMO should seek advice from the AD/OHS and the Office of the General Counsel.

3.7.2 Non-Volunteer Care

- (a) PCMOs are not responsible, except in emergency situations or except where an agreement with the Department of State otherwise provides, for the medical care of Peace Corps staff or dependents, other U.S. government employees or their dependents, Peace Corps contractors, or any other persons who are not current Volunteers.
 - (1) For purposes of this subsection, the term "emergency situation" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe

pain) that a prudent layperson could reasonably expect the absence of immediate medical attention to result in any of the following:

- a. placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- b. serious impairment to bodily functions; or
- c. serious dysfunction of any bodily organ or part.

(2) In emergency situations in which no other qualified physician is available, PCMOs should not hesitate to treat Peace Corps staff or dependents, other U.S. government employees or their dependents, Peace Corps contractors, or any other persons who are not current Volunteers until another qualified physician becomes available. However, once another qualified physician becomes available, responsibility for care should be transferred as soon as practical.

(b) At Posts where adequate alternative medical resources are not otherwise available and where appropriate written agreements have been entered into with the Department of State or relevant embassy, PCMOs may be required as part of their contract to provide care to U.S. government employees (including U.S. Direct Hire (USDH) Peace Corps staff) and their dependents as set forth in such agreements. Any such agreement with the Department of State (including reciprocal arrangements with Department of State medical personnel for emergency back-up support or coverage during short term absences) may be entered into only with the approval of the AD/OHS, the Regional Director, and the Office of the General Counsel.

(1) Prior to entering into any agreement with the Department of State or relevant embassy for PCMOs to provide medical care to USDH Peace Corps staff and their dependents, the Post and relevant embassy shall provide written documentation of the methodology used to assess the availability of adequate alternative medical resources. The documentation shall also identify any services or medical care, which could reasonably be obtained from a source other than the PCMO.

(2) Any agreement entered into with the Department of State or relevant embassy for PCMOs to provide medical care to USDH Peace Corps staff and their dependents must require:

- a. All non-emergent care to begin with the USDHs contacting the health unit and medical officer at the relevant embassy;
- b. The medical officer at the relevant embassy to take responsibility for the care and directing the PCMO in the delivery of appropriate care;
- c. The medical officer at the relevant embassy to be responsible for documenting the medical care provided consistent with the Department of State's documentation requirements; and

- d. The identification of any limitations in the PCMO's training or experience that would limit the type of care that could be provided (e.g., pediatric care or prescribing and monitoring certain classes of medications).

4.0 Training

The AD/OHS is responsible for establishing the requirements for ongoing training for the PCMOs to ensure that the PCMOs maintain their technical skills and satisfy their licensing and credentialing standards. The AD/OHS, in consultation with the Regional Directors, shall ensure that the PCMOs attend Overseas Staff Training (OST) and continuing medical education conferences or other educational opportunities. With respect to any malaria-endemic country, the AD/OHS shall ensure that each PCMO receives training in order to recognize the side effects of anti-malarial medications.

5.0 Community Backup Medical Providers

- (a) Each medical office must have at least one backup medical provider from the community where the Post is located. This medical provider may be a physician, nurse practitioner, or registered nurse. Previous PCMO experience is a requirement for all registered nurse backup providers. The AD/OHS has overall responsibility for managing and supervising the backup medical providers, but the Country Directors are responsible for the day-to-day management and supervision of the backup medical providers.
- (b) At Posts with a single PCMO due to temporary vacancies or extended leave, the backup medical provider must provide coverage at least two weekends a month in order to provide the PCMO with adequate downtime. At other Posts, the backup provider must provide coverage at least once per quarter.
- (c) The backup medical provider may be used to provide assistance to the PCMO when needed or to provide continuing medical coverage at the Post during the absence of the PCMO on occasions such as when the PCMO is on leave, conducting in-country site visits or on official business.
- (d) The professional qualifications required of a backup medical provider will be determined by the AD/OHS in accordance with Medical Technical Guideline 185.
- (e) In order to ensure that the backup medical provider can provide high quality care, the backup medical provider must be sufficiently trained to provide such care in the Peace Corps context and must perform duty on a regular basis at the health unit. The AD/OHS is responsible for establishing the requirements for ongoing training for the backup medical providers and the PCMO is responsible for supervising training that takes place at Post. The Country Directors are responsible for ensuring that the backup medical providers have the necessary resources to complete such training in a timely manner.

- (f) The Contracting Officer is responsible for negotiating the contract terms with the backup medical provider and ensuring that there is appropriate compensation for the services provided.
- (g) Post is responsible for all back-up provider related costs. A competitive wage must be offered to include compensation for all times while carrying the medical duty phone. Payment must also be provided to allow for orientation to the job prior to providing coverage.
- (h) The Post should only request a TDY PCMO when the backup medical provider is unavailable.
- (i) Backup medical providers, or any providers who do not have access to the Peace Corps electronic medical records system, must follow documentation requirements as detailed in Medical Technical Guideline 185 *Credentialing, Training, and Responsibilities of Backup Healthcare Providers*. PCMO responsibilities include supporting the documentation requirements for backup providers, as detailed in Medical Technical Guideline 187 *Mentoring of New Peace Corps Medical Officers*.

6.0 Regional Health Units

Regional Health Units are components of the Volunteer health program, which are located overseas in countries where high-quality, local medical facilities and services are easily accessible by commercial and air ambulance transportation. Regional Health Units provide clinical consultative support and oversight to PCMOs in their respective regions. Staff at the Regional Health Units also oversee the care of Volunteers medically evacuated to the Regional Health Unit location and provide primary care to the Volunteers during the medical evacuation as needed.

6.1 Staffing of Regional Health Units

Regional Health Units are staffed by Regional Medical Officers (RMOs), who are responsible for the Regional Health Unit's clinical activities and Regional Health Coordinators (RHCs), who are responsible for providing overall support, including administrative, logistical, and clinical assistance, to Volunteers medically evacuated to the Regional Health Unit locations.

- (a) Each Regional Health Unit will have at least two RMOs, who must be physicians. The professional qualifications required of an RMO staffing a particular Regional Health Unit will be determined by the AD/OHS. The RMOs are under the direct clinical and administrative supervision of OHS in accordance with its policies and procedures.
- (b) Each Regional Health Unit will have at least one RHC. The professional qualifications required of an RHC staffing a particular Regional Health Unit will be determined by the AD/OHS. RHCs are under the direct supervision of the RMOs at the Regional Health Unit.

- (c) The Peace Corps shall ensure that each Regional Health Unit is appropriately staffed with clinical and administrative staff to provide adequate clinical, consultative support and oversight to PCMOs in their region and to provide adequate clinical and administrative support to Volunteers medically evacuated to the Regional Health Unit location. OHS, in collaboration with the Regional Health Unit, shall annually assess Regional Health Unit staffing using the methodology described in Attachment B to ensure that the medical office has sufficient clinical and administrative support staff. As OHS uses the methodology in Attachment B to assess the degree to which Regional Health Units are sufficiently staffed, OHS should consider any unique or unusual contextual information about the Regional Health Units or the Posts supported by each Regional Health Unit, which may have a material impact on final staffing decisions.
- (d) The Regional Health Units may also include other clinical staff, which are under the oversight and supervision of other OHS units (e.g., Regional Mental Health Officers).

7.0 Effective Date

The effective date of this Manual Section is the date of issuance.