

GME Salaries, Benefits, Terms and Conditions

Below, you will find a summary of the key terms, conditions and benefits of appointment in ACGME-accredited training programs sponsored by the NIH. More detailed information regarding the terms, conditions and benefits of appointment within a specific training program is available from the Program Director or the Program Coordinator.

Duration of Appointment: The duration of appointment in a program extends for one year at a minimum. It is predicated on satisfactory clinical and academic performance, and may be subject to renewal. The Letter of Agreement of Appointment, available from the Program Director, specifies the duration of the program and the conditions for re-appointment, if applicable.

Salary: For 2021-22, the minimum salary* for incoming residents or clinical fellows, who are not members of the Public Health Service Commissioned Corps, by PGY level of training is as follows:

PGY Level Salary*

1	\$66,318
2	68,160
3	\$70,004
4	\$75,014
5	\$79,213
6	\$87,507
7	\$95,799

**Title 42 Pay Model*

NIH Loan Repayment Program: As a resident or clinical fellow enrolled in an ACGME-accredited training program at NIH, you can apply to receive loan repayment for up to \$20,000 per year of your qualified educational debt or you may qualify for the "Competitive Loan Repayment Program" which could repay as much as \$50,000 per year. Prospective applicants are strongly encouraged to submit their electronic application upon acceptance into an ACGME-accredited training program. More information about eligibility for these loan repayment programs and the deadline for applications is posted on the NIH Division of Loan Repayment website at <https://www.lrp.nih.gov/eligibility-programs#intramural-tab>.

Vacation: Annual leave is accrued at a rate of 4 hours every pay period (two weeks) for all newly hired civilian government employees, or 13 paid days off per year. Newly hired civilian employees with at least 3 years of prior clinical work and/or creditable research experience relevant to their position at NIH may be eligible for a higher rate of accrued leave (6 hours/pay period) under the Federal Workforce Flexibility Act, or 20 paid days off per year, as a recruitment incentive. Eligibility for the higher rate of accrued leave must be discussed with the Program Director and approved in advance of a formal appointment at the NIH. For current civilian employees with over 3 years of credited Federal Government service, annual leave is accrued at a higher rate.

Professional Liability Insurance: NIH acknowledges that clinical fellows are employees of the United States Government and are acting within the scope of federal employment while participating in their training programs, pursuant to the Federal Tort Claims Act (28 U.S.C. §§ 1346(b), 2401(b), 2671-80) and section 224 of the Public Health Service Act (42 U.S.C. § 233). The Federal Tort Claims Act provides for damages or injuries that arise from actions occurring within the scope of a clinical fellow's employment and assigned official duties. It is understood that in the event that a clinical fellow is named as a defendant in a claim or lawsuit stemming from participation in the training program, pursuant to 28 U.S.C. §2679(d)(1), the United States may certify that the is acting within the scope of his or her federal employment, and the United States may assert any defense available to the United States under State or Federal Law. Fellows who leave NIH do not need to purchase "tail insurance."

Disability Insurance: Compensation for work-related injuries is available to Fellows under the Federal Employees Compensation Act (FECA), 5 USC 8101 et seq. Additional information about FECA is available for review on-line at <https://www.dol.gov/owcp/dfec/regs/statutes/feca.htm>.

As federal employees, Fellows participate in the Federal Employees Retirement System (FERS), a defined retirement benefit plan that provides for a long-term disability benefit. To be eligible for this benefit, employees must complete 18-months of federal service and the disability must be expected to last at least one year. The application review and decision for disability retirement under FERS is made by the Office of Personnel Management (OPM). Participation in FERS does not prohibit employees from obtaining

commercially available disability insurance.

Health Insurance: Several health insurance plans are available through the Federal Employees Health Benefits (FEHB) Program. Available plans include Fee-for-Service Plans, Health Maintenance Organizations, High-Deductible Health Plans, and Consumer-Driven Health Plans. Payment of premiums for health insurance is shared by the Federal Government and the Fellow on a pre-tax basis. In accordance with regulations, coverage under an FEHB plan takes effect on the first day of the first pay period that begins after the Office of Human Resources receives the Fellow's Health Benefits Election Form, SF 2809, and that follows a pay period during any part of which the Fellow is in pay status. Temporary health insurance is available during the interim period under the Consolidated Omnibus Budget Reconciliation Act (COBRA) to eligible individuals when they move between jobs. COBRA is offered by the former employer and provides individuals the right to choose to continue the health insurance provided by their former group health plan for a limited period of time.

Parental Leave Benefits: Employees may invoke the Family Medical Leave Act (FMLA) if they have at least one-year of Federal service and are on a current appointment with a duration of at least 13 months. Employees eligible for FMLA are also eligible for Paid Parental Leave (PPL). PPL grants employees up to 12 weeks of paid leave for the birth, adoption, or foster care placement of a child. All Federal Government employees are covered.

Sick Leave Benefits: Sick leave is accrued at the rate of 4 hours/pay period.

Grievance procedures: Grievances related to employment issues or complaints may be addressed via HHS Grievance Procedures (<http://www.hhs.gov/asa/ohr/manual/files/771-1.pdf>).

The NIH is committed to equal employment opportunity, diversity, and inclusion and ensuring that all employees experience employment decisions free from unlawful discrimination. Employment decisions are not to be made based on color, race, religion, national origin, sex (including pregnancy and gender identity), age, disability, protected genetic information, parental status, marital status, political affiliation, military service, sexual orientation, or reprisal based on prior equal employment opportunity (EEO) protected activity. Guidance about EEO rights and responsibilities are available from EDI's Counseling and Guidance website at <https://www.edi.nih.gov/consulting/guidance/about>. It is the focal point for proactive prevention and early intervention of EEO issues at NIH. For individuals who seek to file EEO complaints and resolve workplace conflicts, EDI's Resolution and Equity team provides unbiased counsel: Their website is <https://www.edi.nih.gov/resolutions/about>. Additional information about EEO policies and procedures is available at <https://www.edi.nih.gov/policy>. Information about the Notification and Federal Employee Anti-discrimination and Retaliation (No FEAR) Act of 2002 is available on the website at <https://www.edi.nih.gov/no-fear-act>.

Harassment: The NIH is committed to promoting and maintaining a work environment free from harassment. Harassment is unwelcome conduct that may be based on race, color, national origin, sex, religion, age, disability, genetic information, sexual orientation, gender identity or retaliation. Policies addressing harassment at the NIH are available for review at the NIH Civil Program website at <https://hr.nih.gov/working-nih/civil/anti-harassment-policies>.

The Clinical Center is committed to ensuring a culture of safety for Fellows by acknowledging and addressing inappropriate conduct and harassment by a patient or visitors toward clinical or administrative staff members (see http://intranet.cc.nih.gov/pt_care/ahart.html).

Effect of Leave on Completion of Program: If extended leave of greater than one month per year is taken due to illness, maternity/paternity or other approved circumstances, the duration of training in the Program may be extended in order to meet the American Board of Medical Specialties time-in-training requirement(s) for certification in a specialty or subspecialty, as applicable. An extension of time-in-training within the Program will be determined by Program leadership, subject to approval by the supporting NIH Institute or Center, on an individual basis and conforming to all ACGME and applicable specialty or subspecialty board requirements.

Conditions for Living Quarters, Meals, and Laundry: The NIH provides on-call sleeping quarters for those required to take overnight call in the NIH Clinical Center. Meals are available for purchase from the two cafeterias in the NIH Clinical Center and, twenty four hours a day, from vending machines located throughout the building. Laundry services are provided for clinically related garments (lab coats, scrub suits, etc.).

Counseling, Medical, and Psychological Support Services: Counseling and psychological support services are available through the NIH Employee Assistance Program (<https://www.ors.od.nih.gov/sr/dohs/HealthAndWellness/EAP/Pages/index.aspx>). Medical services for work-related injuries are available from the Occupational Medical Service, which is located on site in the NIH Clinical Center.

Professional Activities Outside of the Program (a.k.a, Moonlighting): Moonlighting may be allowed during training at the discretion of the program and in accordance with Federal Government regulations and NIH policies. The ability to moonlight is predicated on the resident or fellow's obtaining necessary approvals from the NIH Institute or Center administratively responsible for the training program, the NIH Deputy Ethics Counselor, and the Program Director. Program Directors must be aware of a resident's outside activities so they can monitor resident well-being and ensure that moonlighting does not interfere with patient safety and the ability of the resident to achieve the goals and objectives of the training program. It is the responsibility of the resident and/or the institution hiring the resident to moonlight to determine whether adequate licensure is in place, professional liability coverage is provided, and whether the resident has appropriate training and skills to carry out assigned duties. Residents are not required to moonlight as a condition of employment at the NIH.

Duty Hours: Residents are expected to perform their duties during such hours as the Program Director may direct and in accordance with the NIH Graduate Medical Education Committee's written *Policy on Clinical Fellow Duty Hours in the Learning and Work Environment*. This policy conforms to the limitations on duty hours required by the Accreditation Council for Graduate Medical Education (ACGME) [is available from the program director](#). Duty hours are subject to modification and variation depending upon the clinical site to which the resident is assigned and/or exigent patient care circumstances. The training program will construct all on-call assignments to be in compliance with both ACGME Common and Specialty/Subspecialty Program requirements and the NIH Graduate Medical Education Committee's *Policy on Clinical Fellow Duty Hours in the Learning and Work Environment*.

Public Health Service: At the discretion of the Program Director, residents and fellows may consider joining the U.S. Public Health Service Commissioned Corps, which has a separate pay and benefits structure and comes with additional responsibilities. Detailed information on the Commissioned Corps may be found at www.usphs.gov, or by calling the NIH Commissioned Core Liaison at (301) 402-9239.