

# State of the Category 2009

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# Welcome to Category Day!

## 2009 USPHS Scientific and Training Symposium

- Thank you to Symposium organizing committee -- chair LCDR Mary Glenshaw, co-chair LCDR Bayo Willis
- Thank you to TPAC and Chair CDR Laura Grogan
- Welcome to guests





# State of the Category

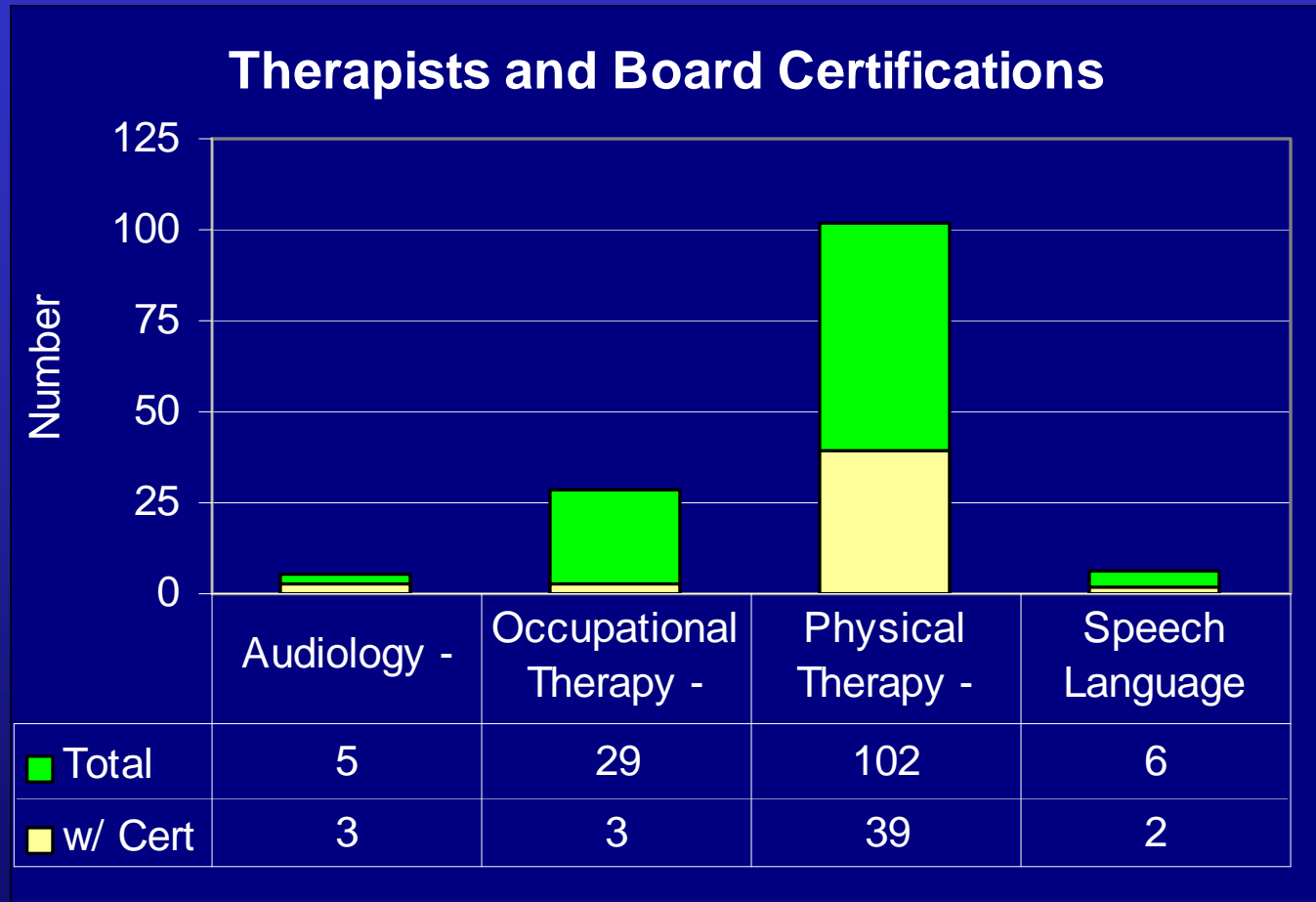
## Outline

- Who we are
- Where we work
- What we've done
- Promotion
- Readiness
- Transformation/Policies





# Who we are...



*Information is only as good as online database.  
Please check info in secure area of CCMIS website.*

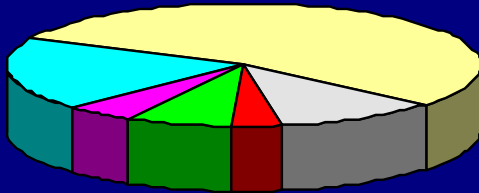




# Who we are...

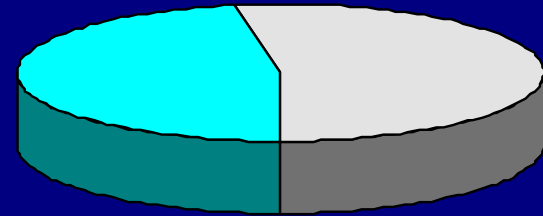
## Diversity

- American Indian or Alaskan Native - 16 or 11%
- Asian or Pacific Islander - 5 or 4%
- Black, not of Hispanic Origin - 10 or 7%
- Hispanic - 7 or 5%
- Unknown - 27 or 19%
- White, not of Hispanic Origin - 77 or 54%



## Gender

- Female - 67 or 47%
- Male - 75 or 53%

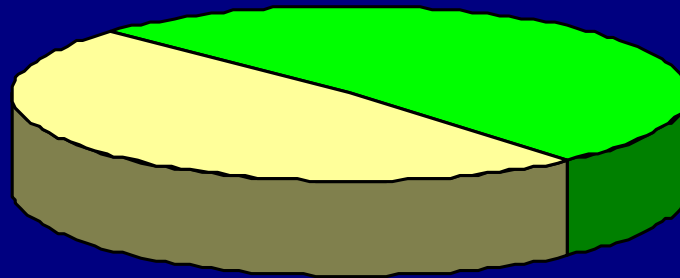




# Who we are...

## Corps

- Regular - 69 or 49%
- Reserve - 73 or 51%





# Who we are...

## Regular Corps

- Ceiling set by Congress – raised this year to 4000 from 2800 officers
- Apply early in career
  - Only 10% of total corps can be O-4 or above
  - Appointed at permanent grade held at time of nomination

## Advantages over reserve corps

- Promotion
  - Advantage if tied on rank order list
  - Sets line for permanent promotion success
  - Eligible for ranks above O-6
- Eligible for severance/retirement if not promoted
- Greater retention rights
- CPO eligibility

## Disadvantage

- Subject to dual compensation provision

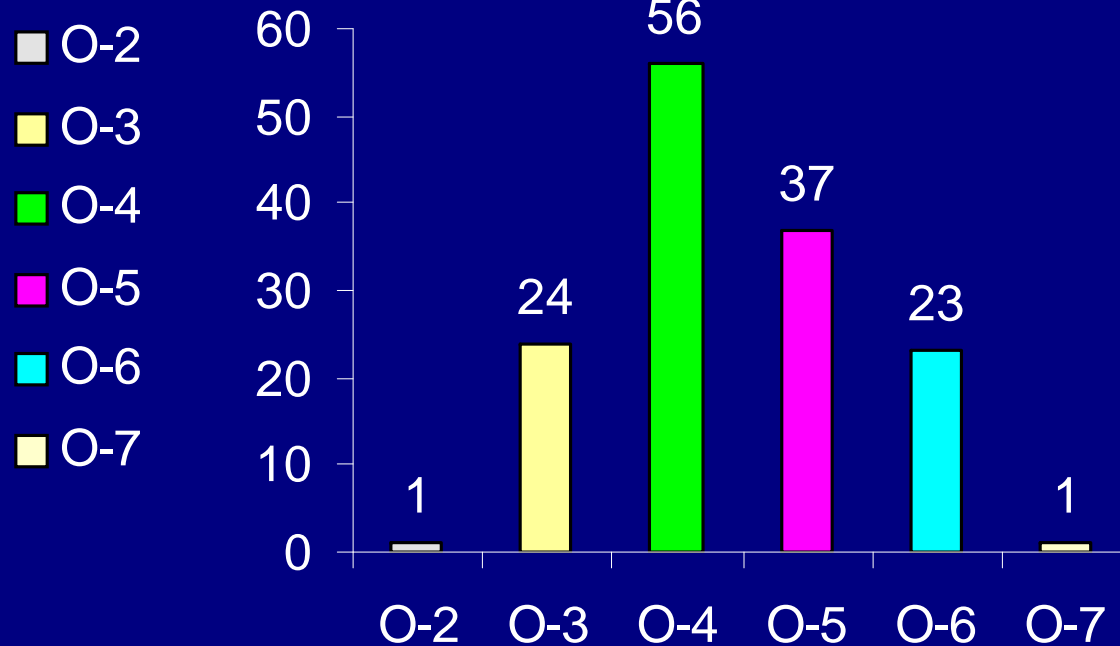




# Who we are...

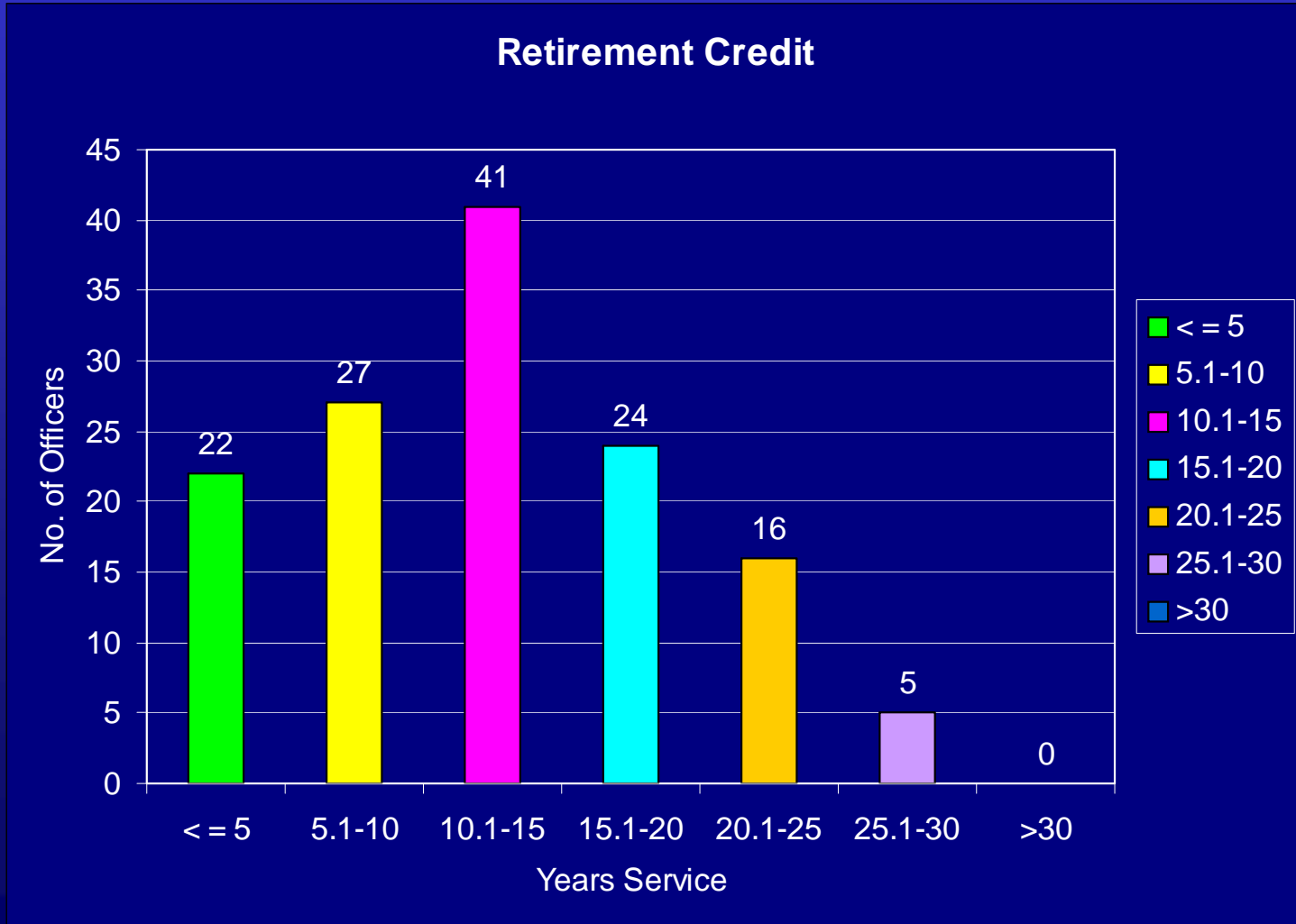
## Distribution by Rank

### Grades



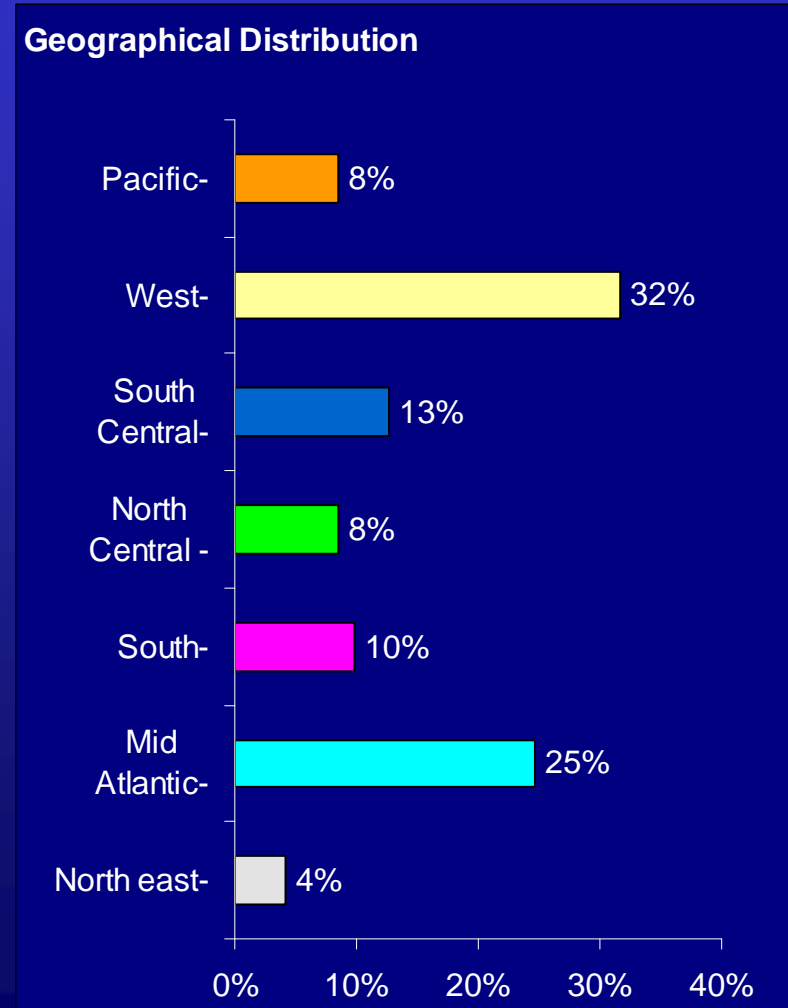
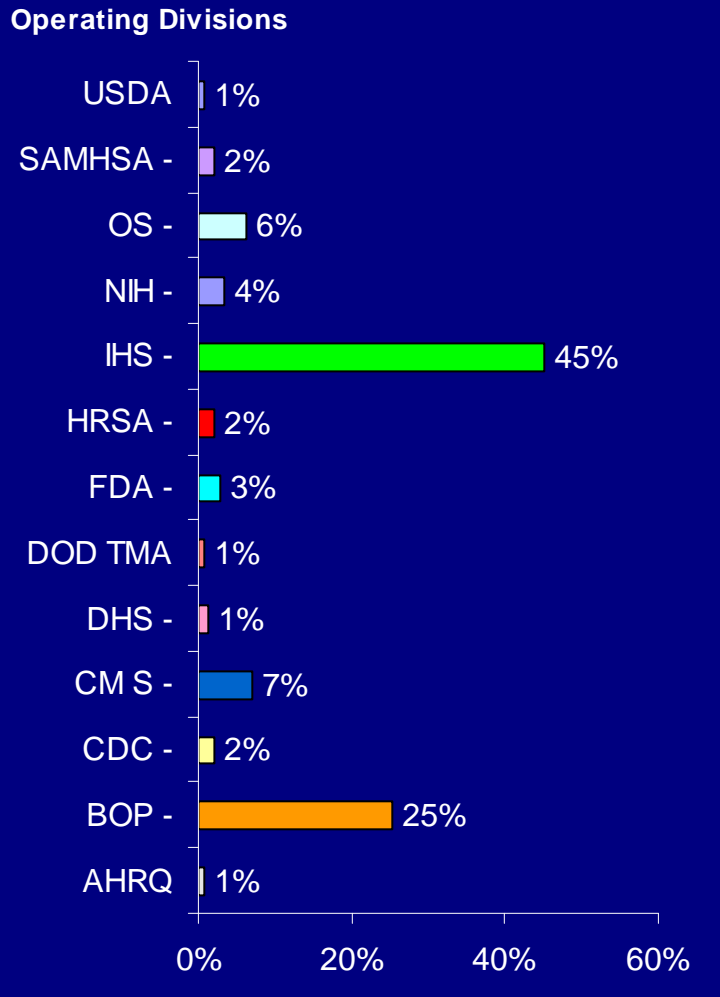


# Who we are...





# Where we work...





# What we've done...

## Activities in 08/09 TPAC year

- New category history timeline launched
- Rec appointment standards
- Promoting Physical Activity Guidelines
- 2010 Benchmarks review
- Retention survey / Special pays review
- New TPAC members/ sub/committee chairs
- PHS Chat

## Continuing activities

- Retirement recognition
- Mentoring
- Educational opportunities/ advanced practices
- Vacancy list
- Category, AMSUS, responder awards
- Web page
- Promotion preparation guide, credentials review guide
- Category roster and profile
- Listserv
- P&P review





# What we've done...

## Individual accomplishments – Awards

- Commendation Medal
- Achievement Medal
- PHS Citation
- Unit Commendation
- Hazardous Duty Award
- Crisis Response Service Award
- Commissioned Corps Training Ribbon
- Field Medical Readiness Badge
- Category awards
- Other recognition from Agencies and Duty Stations
- Professional features on websites and in pubs
- Fitness achievements (marathons, climbing)





# What we've done...

## Individual accomplishments – training

- Clinical doctorates
- Advanced degrees/certificates
- Earned Board Specialties
  - PT – GCS, other - CWS
- Participated in professional training
  - through, ASPR-IRCT, certificate programs,  
professional conferences/CEUs, and OBC





# What we've done...

## Service

- COA office, local and national
- JOAG
- Healthy lifestyles, health fairs, PT Month activities
- telethons, science fairs, CFC
- Recruiting
- Expert on grant reviews,
- CC Ensemble and Choir

## Clinical Programs

- Medical records, direct access
- Bariatrics, diabetes, wound care
- Cardiac rehab, EMG, wheelchair clinics
- Falls assessment clinic and wellness center grants
- Student education





# What we've done...

## Presentations

- Agency/Local – IHS training, BOP web conferences, NIH research, community meetings, universities
- Osteogenesis Imperfecta Foundation
- 2008 COF symposium
- CEU courses

## Publications

- American Journal of Occupational Therapy
- Pediatric Physical Therapy
- The Hearing Journal,
- Journal of the American Podiatric Medical Association
- Non-peer reviewed publications





# What we've done...

## Accessions

- LCDR Eric Bradford BOP
- LT Alexander Brenner BOP
- LT Christina Eaker BOP
- LT Brian Saunders BOP
- LT Matthew Ritchey CDC
- LT Lori Wiggins CMS
- LT Ronald Kelderhouse HIS
- LT Michael Rinaldi IHS
- LT Joann Shen DoD

## Retirements

- Luncheon recognition





# What we've done...

## Recognition

- Assimilation to Regular Corps 0  
temporarily suspended in '09
- Temporary Promotions  
5 @ O-6, 9 @ O-5, 14 @ O-4 (PY '09)  
EC promotions 2 O-6 (PY '09)
- Permanent Promotions  
2 @ O-6, 2 @ O-5, 6 @ O-4 (PY '09)





# Promotion

- Success rates for promotion vary slightly from year to year. In PY09 up for O-4, down for O-5, O-6.

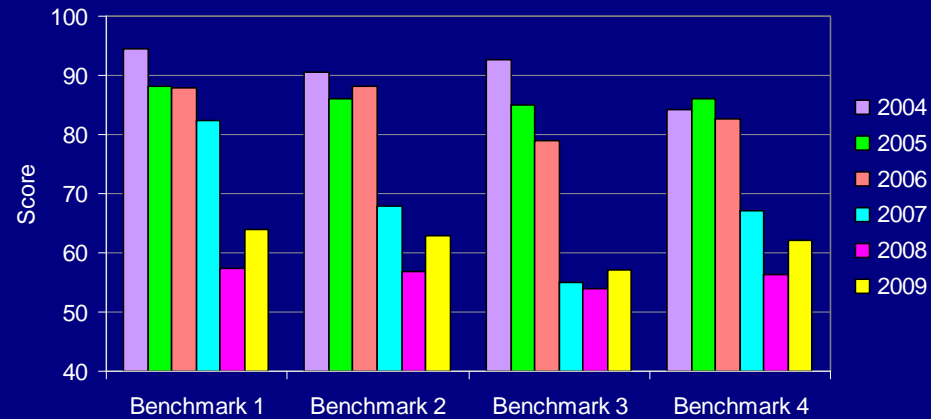




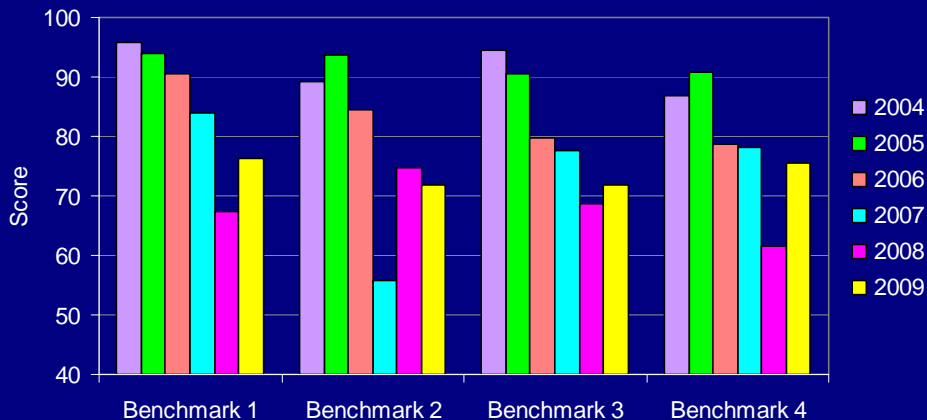
# Promotion

- Your raw scores on the benchmarks any given year **are not** meaningful compared to a previous year

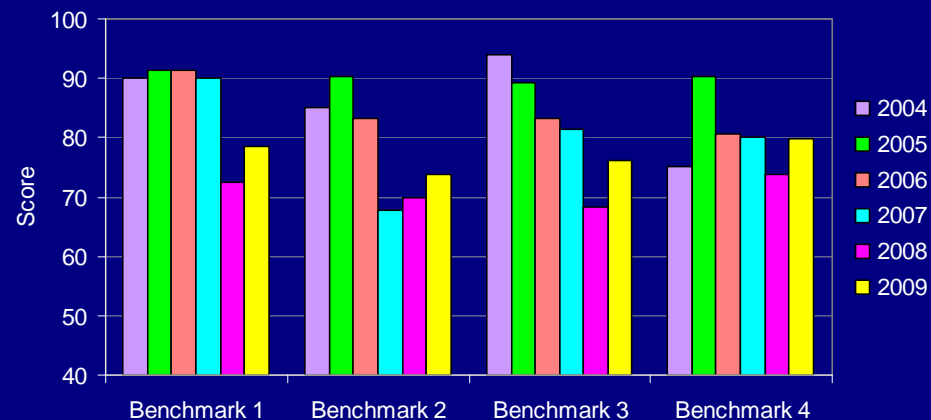
Avg Score of Promoted Officer - T O-4



Avg Score of Promoted Officer - T O-5



Avg Score of Promoted Officer - T O-6





# Promotion



## Benchmarks

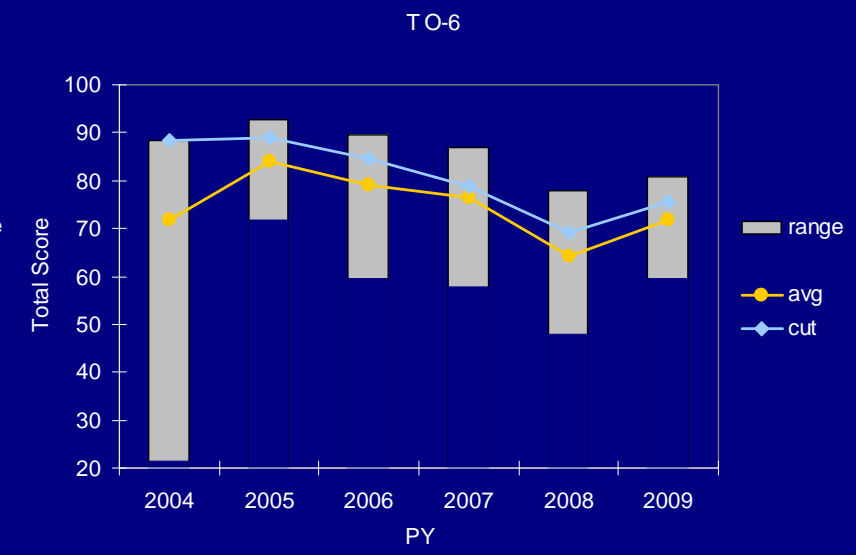
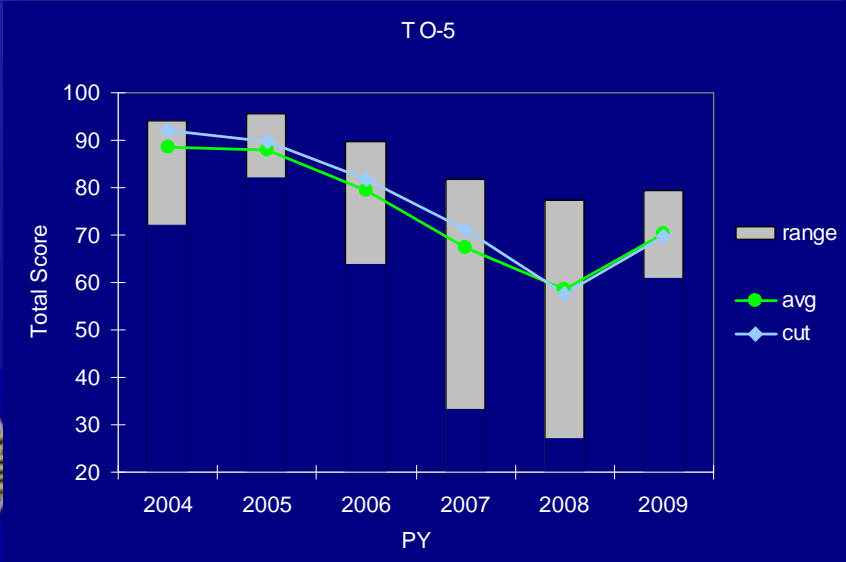
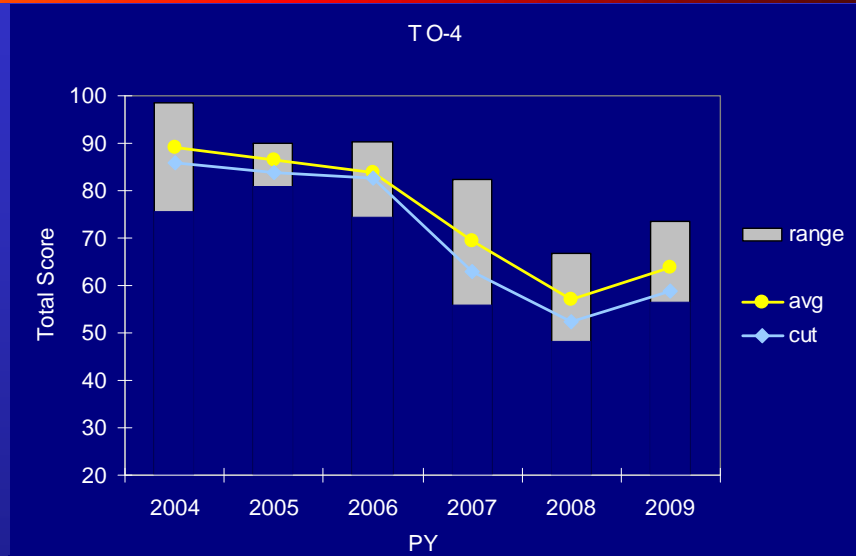
- 1) Performance 40%
- 2) Professional Qualifications 15%
- 3) Career Progression and Potential 25%
- 4) Officership 15%
- 5) Readiness (not scored by board) 5%





# Promotion

- Your raw scores are meaningful compared to the scores of officers who were promoted





# Promotion

- Comments on the score sheet provide insight into areas on which to focus to improve your performance/scores for next year
- At least 2 board members must check box for strength/suggestion to appear
- All free text comments appear
- Only 4 board members in PY09!



U.S. Public Health Service		Commissioned Officer's Promotion Board	
Combined for All Raters		Score Sheet	
		For Permanent Grade	
Officer	Promotion	Board	
Name:	Grade	Current Eligible	Ident:
PHS #:	Temporary		Review
Category:	Permanent		Date:
<b>PART A - PRECEPT SCORES</b>			
(Scores reflect average of all raters)			
Precept	Score	Board Review Profile	
Performance	60	Number of Recommends: 5 Number of Non-Recommends: 0 Number of Recusals: 0 Total Board Members: 5	
Professional Qualifications	78		
Progression/Potential	81		
Officership	84		
Overall Recommendation for Promotion:		Recommended	
<b>PART B - STRENGTHS/SUGGESTIONS FOR IMPROVEMENT</b>			
Strength -- Substantial recognition from supervisors/others (e.g., awards) Strength -- Good career progression Strength -- Active in PHS/support activities Strength -- Higher level billet Strength -- Leadership roles Strength -- Advanced degrees/education Strength -- Applied for/assimilated into regular corps Suggestion -- Acquire professional license and/or board certification			
RATER REMARK: File lacks the kind of recognition expected for the level of performance demonstrated in the COERs. The CV should describe some more of your actual position related activities and less of your outside officership activities.			



# Promotion

## General feedback to all officers

- Current CVs are very important
- Use recommended CV format on website – it improves the accuracy of the review of your file by the promotion board if they know where to find key information
- Include cover sheet as part of CV, but realize they are one document
- Be cautious in use of abbreviations and discipline specific “jargon”
- Do your best to make sure PIR, CV, officer/ROS statements, and COER attachments all tell cohesive story about you. Educate your rating and reviewing official about importance of completing documents.
- Verify that documents are complete, accurate, error free, and legible after they are faxed to the OPF.





# Promotion

- Career counseling encouraged but not required for any officer not promoted. Officers are free to choose who performs the counseling.
- Category career counseling by CPO or designee required for officers ranked in the lowest quartile. This must be documented in OPF.
- Officers ranked in lowest decile x3 years referred to retention review board.
- Officers not meeting readiness standards receive automatic not recommend and referred to review board.
- Defer (vs not recommend) also option for temporary promotion for officers felt not ready to serve at next highest rank. These officers also referred to retention review board.





# Promotion

## Readiness

December 31

- If ready – earn 5 points on readiness precept
- If not – automatic not recommend for promotion

March 31

- Part of administrative check along with licensure and other issues
- If ready – stay on rank order list
- If not – removed from rank order list, even if scored well enough by promotion board to be promoted





# Readiness

## Relatively few changes in last year

- Immunizations now tracked by MAB
- If not ready when reviewed for promotion, referred to review board.

## Future plans

- New policies in development have been delayed for additional review, partly due to release of physical activities guidelines.
- Changes to look for on release include additional disciplinary actions and modifications to the President's Challenge option.

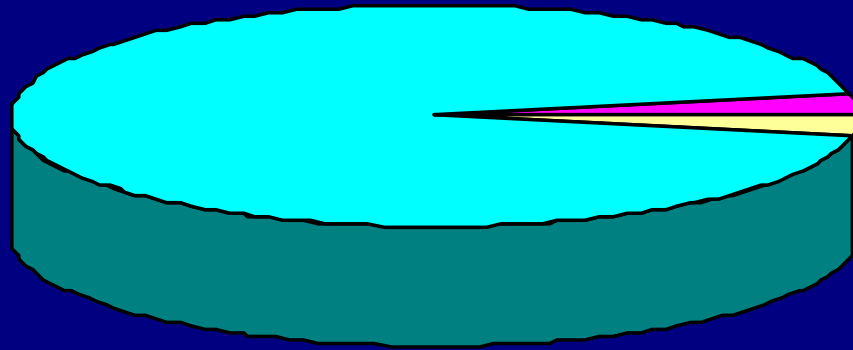




# Readiness

## CCRF

- Basic - 133 or 97%
- Exempt - 5 or 4%
- Not Qualified - 4 or 3%

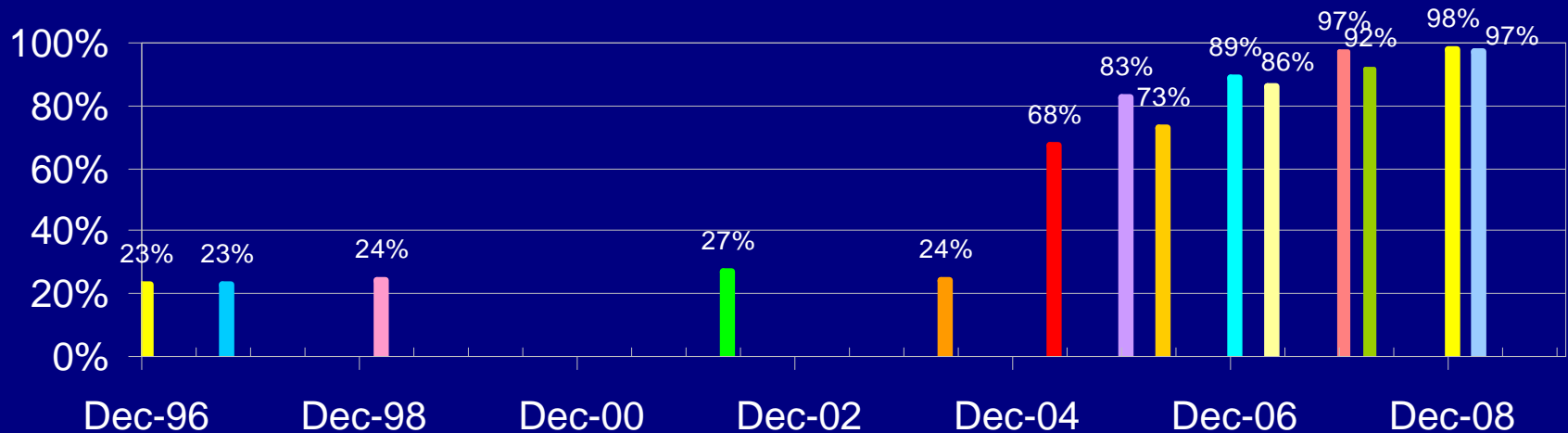




# Readiness

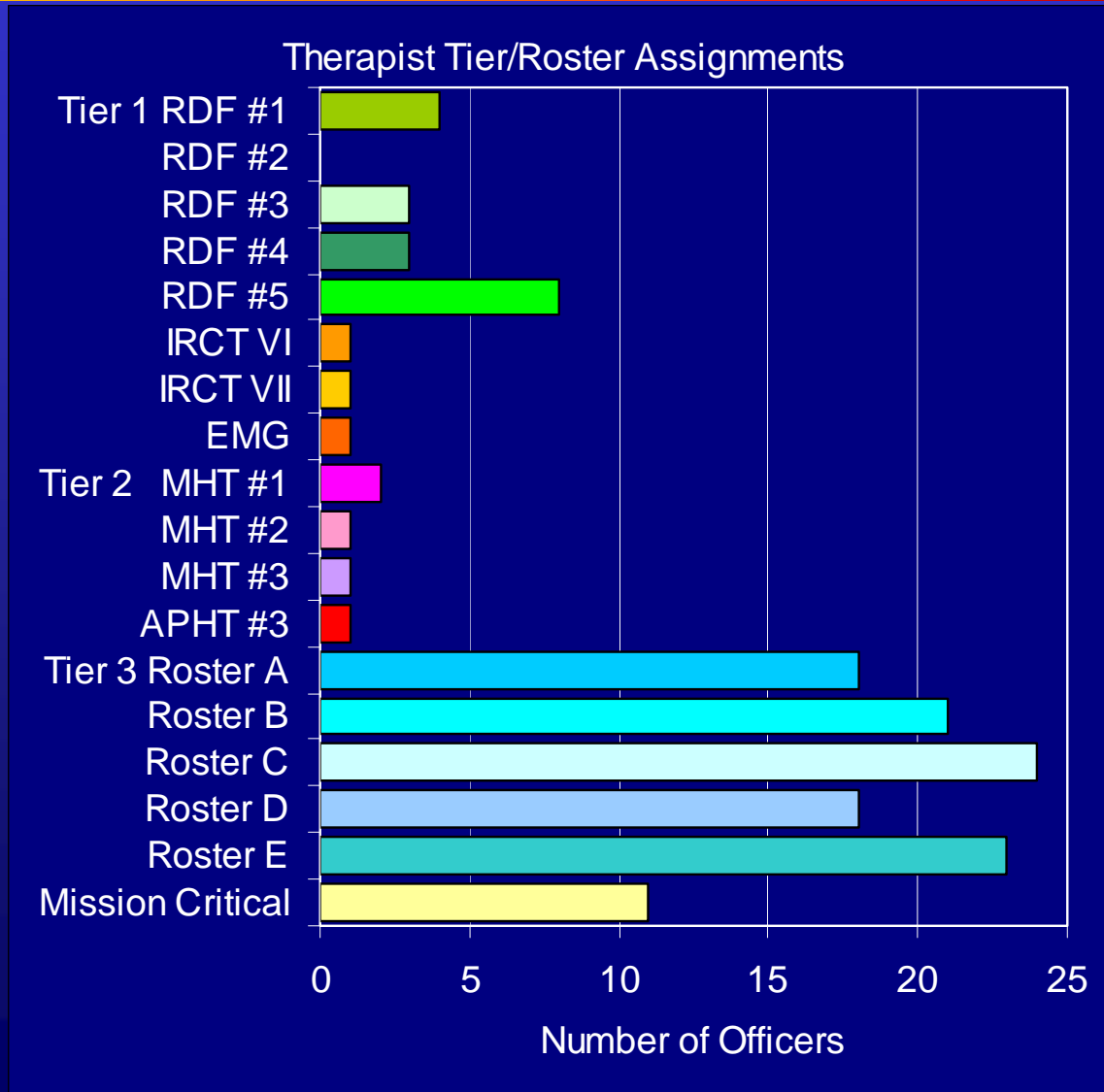
- Recently, most common reason therapist officers are not ready is because of out dated medical exams.

Readiness by Time





# Readiness





# Readiness

## Team transitions

- ✓ Establish the team leadership for new and existing teams
- ✓ Establish process for recruitment and assignment of new team members
- ✓ Survey Commissioned Corps officers on team assignment preferences
- ➔ Coordinate with team leaders on selection of new team members
- Conduct field-based training for all teams as well as select Tier 3 officers
- Formalize recruitment and retention actions for response teams





# Readiness

## Recent Deployments

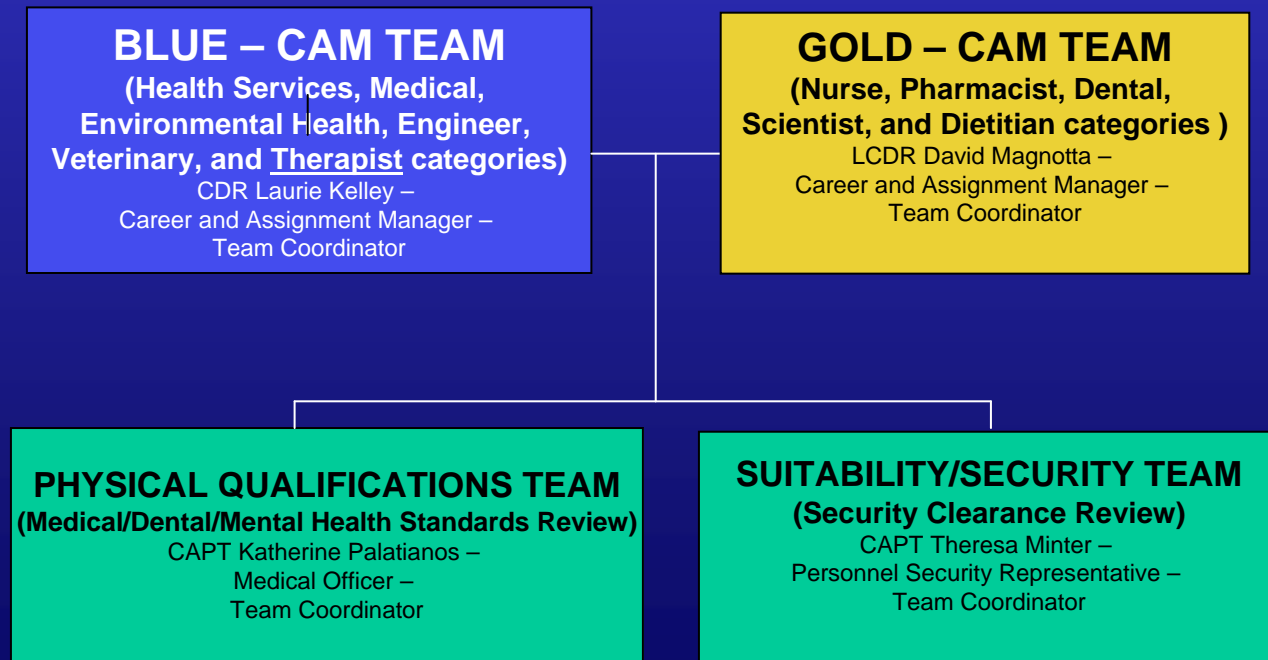
- 2008 National Conventions
- Hurricanes Gustav and Ike
  - 17% of the corps and 23% of the category responded
- 2009 Inaugural
- Ship-based health diplomacy missions
  - CDR Woodard first therapist to deploy on 2008 mission





# Transformation

- Effective 2 February 2009,  
DCCA launched a revised overall team structure





# Transformation

## Current Priorities

- Officer profiles – already implemented, data will link to Direct Access
- Direct Access – target implementation is June 1, will have module that allows officer data entry
- Billets – start date keeps changing, new IT systems should help





# New Policies in last year

## Recently approved OCCFM Initiatives and Issuances

- 2008 Annual COER
- Promotion eligibility criteria – change in TIS req for O-4
- Regular Corps assimilation program – rescind temporary suspension and raise in ceiling from 2800 to 4000 officers
- Retirement / 30 years
- Assignment incentive pay, Medical officer pay plan 2009
- Absence without leave
- Standards of conduct
- Use of alternative workplace
- Officer development training – docs OBC and follow on training
- Early commissioning program in IRC in last year of school
- Uniforms – required wear, NUA, BDU 1x/wk, 01Aug09 phase out [winter working blue, service blue (salt & pepper) and garrison blue cap, working khaki, indoor white, tropical uniforms, formal dress uniform], grooming, bags, electronic devices, covered areas, foul weather pilot, Navy coverall
- Wear of skill and breast badges, ribbons and medals – authorization of non-PHS awards, revised order of precedence
- Global health campaign medal, Global health initiative service medal





# Policies in Development

## OCCFM Initiatives and Proposed Issuances in process

- Appointment standards
- Assimilation program
- Background investigation
- COER
- Consolidated special pays
- Deployment readiness
- Details
- Domestic/Family Neglect; Violence, Abuse and Treatment
- Equal opportunity
- Force management
- Leave
- Physical training uniform
- Promotions directive
- Protected communications
- Uniform regulations
- Uniforms discipline
- Voluntary retirement (20 years)





# The future...



*“Chance favors the prepared mind” – Louis Pasteur*

- Transitions continue
- Transformation
- DoD TBI initiative:  
opportunity and challenge
- Preparation for opportunity
- Training for evolving roles
- Volunteers needed for collateral duties

