Summary
Final Transformation Work Group Reports
March 8, 2006

Background

Five Transformation Implementation Planning Work Groups designated by the Deputy Secretary began meeting on January 5 and, after simultaneous weekly meetings, completed their reports on March 8, 2006. Each agency and staff office that employs Commissioned Corps Officers was invited to designate a member of each work group. In addition, the United States Coast Guard and the Federal Bureau of Prisons were invited to designate representatives. The Office of Commissioned Corps Force Management (OCCFM), the Office of the Surgeon General/ Office of Commissioned Corps Operations (OCCO) and a contractor, the Lewin Group, provided staff support. A Coordinating Group of the work group chairs and senior leaders representing the Deputy Secretary, the Assistant Secretary for Health, the Surgeon General and the Executive Secretary also met each week to assure as much as possible that the work groups' recommendations were compatible with each other and with the Secretary's decisions.

The charge to the work groups was to develop the detail that will be needed to implement the Secretary's December 5, 2005, transformation decisions with as much consensus from the Department's agency heads as possible. Following is a summary of the work groups' recommendations. Separate cost projections have not yet been made for each of the recommendations, although the $10 million increase in the transformation budget request for FY 2007 will begin the process to convert to "active management" of the Commissioned Corps instead of the passive system now in place.

Readiness (Chair – RADM John Babb)

The group is recommending that all Corps officers meet readiness standards and that all officers be assigned a deployment status as part of one of the following categories of teams:

- Tier 1 team (response time 12 hours) – a Rapid Deployment Team (5 teams of 105 officers each able to respond in 12 hours), or a Secretary's Emergency Response Team (SERT)(10 teams of 30 officers each);
- Tier 2 team (response time 36 hours)- a Mental Health team (5 teams of 26 each), an Applied Public Health team (5 teams of 47 officers each), or a medical team (10 teams of 105 officers each);
- Tier 3 team – every one else who is on active duty and is not in a mission critical position (this excludes all Coast Guard officers)
- Tier 4 team – the ready reserve

All active duty officers in Tiers 1, 2, and 3 would be placed on monthly rosters, with one-fifth of officers being on-call in a given month. Per the Secretary's request, agencies

would designate a limited number of officers as "mission critical," based on criteria defined in the Readiness Work Group's Policy Document. Such officers would deploy only in the most severe circumstances.

A new type of team, the Public Health Service Health and Medical Response (PHS HAMR) Team, would be organized and trained based on the recently published White House Report on the Katrina response. It would have 315 full time members who would have three missions: 1) deploy on behalf of the Secretary, 2) train or provide training to other officers, and 3) provide clinical and public health services at IHS Service Units or HRSA Migrant or Community Health Centers.

A process is described for determining which Corps officers should be members of which teams, what the training components and commitments should be (Tier 1 teams– 2 weeks annually; tier 2 – one week annually). Furthermore, Corps officers would be activated for emergency responses by the Secretary. For the HAMR team, the Work Group estimates that $36.3 million and 325 FTEs (for the 315 full time team members and 10 support personnel) will be needed annually.

Sizing the Corps (Chair – RADM Sam Shekar)

Based on the mission needs identified by the Secretary, the Sizing Work Group recommended that all initial growth of the Corps should be directed to the clinical needs of the Corps, including those in the mental health functional groups.

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- 48 percent of the Corps' 6,600 officers should be allocated to clinical positions (up from current 43 percent).
- Applied Public Health strength would be preserved at current level (42 percent of Corps).
- Mental Health would make up five percent of the Corps. About two-thirds of the mental health requirement can be met with officers currently on active duty.
- Research will constitute five percent of the Corps; the number of research positions would remain the same as today.

Officers who have clinical skills and credentials should maintain their clinical currency and be available for deployment in a clinical or public health capacity regardless of functional group, including many officers who serve daily in Applied Public Health (APH) roles.

Among officers in clinical billets, 28 percent would be deployable (now 22 percent). As clinical vacancies are filled via growth in the Corps, the availability of clinicians for deployment would be expected to increase. The rate of deployment for clinical officers in underserved areas would be expected to be lower to protect patient care. Officers in the Mental Health functional group would deploy clinically, at a rate of 75 percent. Research officers would not be required to deploy in a Tier 1 or Tier 2 response, but would be expected to deploy in Tier 3, unless in mission critical positions.

Short-term strategies for reaching these goals include filling clinical vacancies, placing officers in non-Federal positions, emphasizing junior officer recruitment, and managing retention (22% of officers have more than 20 years of service and another 22% are within 5 years of retirement eligibility.) Longer-term strategies include creating a warrant officer Corps and a Ready Reserve. (Note that the creation of the HAMR Team will contribute 325 officers to the increased size of the Corps.)

Recruitment, Training and Career Development (Chair – CAPT Kerry Nesseler)

Growing the Corps to reach sizing targets is challenging due to health professional shortages. To succeed, the Corps must recruit and develop officers in a manner that is active, strategic and mission-driven. The Recruitment, Training and Career Development Work Group developed recommendations based on strengthening central force management and developing strong partnerships with HHS agencies and the other customers of the Commissioned Corps

Recommendations for recruitment include:

- Streamline the Call to Active Duty (CAD). Reduce average CAD time from 26-52 weeks to 8-12 weeks by prescreening candidates, adopting a fully capable web-based application system, and out-sourcing credential verification.
- Provide one-on-one assistance for applicants and ongoing counseling throughout an officer's career.
- Employ full-time central recruiters and field recruiters, managed centrally, and charged with carrying out centrally developed goals.
- Establish a Commissioned Corps Centers of Excellence program (C3E) at high-priority centers of healthcare education.
- Employ a Public Information Officer who would be a Corps-dedicated resource integrated with HHS' Office of Public Affairs.
- Establish a USPHS Corps Student Loan Repayment and Scholarship Program and require payback tours in directed assignments in isolated hardship, hazardous duty and hard-to-fill (3H) billets.
- Reorganize existing Corps recruitment programs, such as the Commissioned Officer Student Training and Externship Program (COSTEP), to streamline management and increase their appeal to health professional students.
- Reach more students in agency pipeline programs.[1]

Recommendations for training and development include:

- Develop goals and core competencies, to guide training and career management of officers; these efforts should accord with HHS' human capital management. principles, including strategic workforce analysis, and short and long-term strategies to effectively deploy and develop Corps officers.

[1] Many of the Corps' recruitment goals can be reached by more actively encouraging Epidemic Intelligence Service (EIS), National Health Service Corps (NHSC), and IHS pipeline participants to join the Corps.

- Develop a two-week Call to Active Duty, Basic Officer Training Course (CAD BOTC) as a first priority, using instructional design and adult learning principles.
- Support retention and enhance officers' skills by developing a training and career development continuum throughout their careers using instructional design and adult learning principles. These courses would be offered as a series for officers to receive career-long training specific to their careers as Uniformed Services Officers:
    - Intermediate Officer Training Course: 5-7 years
    - Advanced Officer Course: 10-12 years
    - Executive Officer Course: 17 years and over.

Assignments (Chair – RADM Eric Broderick)

The Assignments Group recommended systems for staffing Corps and mixed positions. It gave special focus to addressing requirements in isolated/hardship, hard-to-fill, and hazardous (3H) clinical positions.

Assignment priorities would be 1) the needs of the Corps; 2) the needs of the agency; 3) the career development needs of the officer; and 4) the preferences of the individual. The Corps would rely heavily on incentives and active career counseling to enforce these priorities. For example, after an officer has occupied a position for a period specified on the billet, Corps detailers will counsel the officer regarding potential new assignments.

Officers rotating out of 3H assignments would have preference in competing for positions for which they are deemed qualified and for which they have applied. However, officers in 3H positions would not be required to rotate out if they prefer to continue.

A new procedure for designating 3H positions will be established. The criteria are designed to be flexible and to allow agencies to provide justification in the most cogent manner. Officers filling 3H positions would receive all benefits and bonuses accompanying such designations, paid by agencies. Congruently, the recipient's obligation to the agency would be recognized. An officer is expected to fulfill the contractual obligation to the agency that funded the incentive pay and, if circumstances warrant a change of assignment, the entity that paid the bonus would be reimbursed a pro-rated amount.

- If designated hard-to-fill, the agency must identify and offer a basic incentive package or designate what incentive goes with the assignment (loan repayment, if allowed, Assignment Incentive Pay (AIP), etc.).
- If designated isolated/hardship or hazardous, the agency would be able to provide AIP up to $3,000/month or up to $36,000/year.
- The Secretary of HHS would authorize the payment of all special and incentive pays officers are entitled to receive under Title 37.

Classification and Positions (C&P) (Chair – CAPT Patricia Simone)

This Work Group developed recommendations in four areas: (1) management of officer functional groups; (2) billet content; and (3) billet review and approval. It also considered the information technology (IT) requirements for achieving transformation in the billet system and related areas of force management.

Each officer would be characterized by three descriptors: (1) professional category, (2) functional group, and (3) deployment role. Officers may have more than one deployment role that might change over time. Functional group advisory committees would be formed with Professional Advisory Committees (PACs), to provide guidance on career development and training. Incentives, special pays, and promotion rates within professional categories would be flexible to meet staffing needs in functional groups.

There would be an individual billet for each of the 6,600 planned Corps positions. The Work Group developed detailed recommendations for standard and position-specific billet components. The standard components would generically describe essential duties and corresponding requirements for schooling, functional expertise, and experience. The position-specific information includes additional duties, geographic location, and additional qualifications. Position-specific information would also indicate a recommended tour length.

Billets would be reviewed on a routine basis (random audits). New billets could be developed by the agency, and approved centrally by OPHS based on needs of the Corps. Functional advisory groups would monitor consistency and uniformity of functional billet content across professions.

To support force management, both position and officer information would be available electronically, and appear seamless to users. This modernized IT system is integral to recruitment, training, assignments, deployment roles, and management of incentive and special compensation payments.