

THERAPIST PROFESSIONAL ADVISORY COMMITTEE MEETING MINUTES 27 JULY 2001



I. Therapist Professional Advisory Committee		
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If you have information you would like to pass on, or have a question for TPAC please do not hesitate to contact your Field Representative.

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CAPT Fran Oakley	NIH PT/OT	foakley@nih.gov	(301) 402-3019
LT Michelle Peterman	CMHS	Gatoram2@aol.com	202-645-7610
LT Joseph Rasor	IHS AZ	Joseph.Rasor@pimc.ihs.gov	(602)-263-1561
Ms. Beth Solomon	NIH SLP	bsolomon@nih.gov	(301) 496-8831
LCDR Matt Taylor	BOP EAST	mtaylor@bop.gov	(978) 796-1000ext.4663

FUTURE TPAC MEETINGS:

<u>DATES FOR FUTURE TPAC MEETINGS:</u>		
Friday 14 DEC 01	Friday 22 FEB 02	APR 02 -COA Mtg. Atlanta, GA (21 APR- 25 APR 02)
Friday 28 JUN 02		

THERAPIST PROFESSIONAL ADVISORY COMMITTEE
MEETING AGENDA
27 JUL 2001

- I. CALL TO ORDER
- II. REVIEW AND ADOPTION OF AGENDA
- III. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES
- IV. OPEN FORUM
 - A. Introduction of Special Guests J. Fultz
 - B. Action Item Review J. Fultz
 - A. Therapist Appointment Board Standards J. Fultz
 - B. Respiratory Therapist Position paper J. Hurley
- V. OLD BUSINESS
- VI. NEW BUSINESS
 - A. Finance Committee J. Fultz
 - B. Field Representative Coordinator B. Drinkard
 - C. Billets Review J. Fultz
 - D. 2002 COA Meeting Task Force J. Fultz
- VII. REPORTS
 - A. Chief Professional Officer C. Richards
 - B. Chairperson J. Fultz
 - C. Awards Committee G. Johnson
 - D. CCRF Committee G. Mead
 - E. Education Committee L. LaBranche
 - F. Fitness/Wellness Initiative Committee R. Parks
 - G. Recruitment and Retention Committee D. Aretino
 - Mentoring Task Force M. Smith
 - Recruitment for Therapist Category M. Melanson
 - Home Page K. Siegel
 - H. Strategic Growth Committee J. Hurley
 - I. Discipline Liaisons:
 - Audiology L. Simpson
 - Occupational Therapy R. Parks
 - Physical Therapy M. Smith
 - Speech Language Path B. Solomon
 - J. COA Therapist Representative R. Parks
 - K. COA Meeting Task Force
 - L. Newsletter D. Brueggemann
 - M. Junior Officer Report C. Melanson/M Jordan
 - N. Field Representative Reports (Summary) B. Drinkard
 - IHS
 - Alaska J. Neros
 - Arizona J. Rasor
 - Multi-site B. Garner
 - New Mexico J. Lawrence
 - Northwest T. Bauer
 - HRSA L. Iannuzzi
 - NIH
 - OT/PT F. Oakley
 - SLP B. Solomon
 - BOP
 - East M. Taylor
 - West S. Newman
 - CMHS M. Peterman

Therapist Professional Advisory Committee Meeting Minutes

Date: 27 JULY 2001

Time: 1000 – 1300 hours EDT

Location: Teleconference, with Chair in Shiprock, NM

II. CALL TO ORDER: 1005 AM EDT

Roll Call:

MEMBERS: CDR Jeffrey Fultz, Chair
LCDR Bart Drinkard, Executive Secretary
CAPT Dominick Aretino
CDR Nancy Balash
CDR Lois Goode
CAPT Georgia Johnson
CAPT Leo LaBranche – **Proxy LCDR Drinkard**
LT Grant Mead
CAPT Rebecca Parks
LCDR Richard Shumway
Ms. Beth Solomon - **Proxy LCDR Drinkard**
CDR Frank Weaver
LT Ron West
CAPT Ivana Williams
GUESTS: CAPT Becky Sellers
CAPT Mike Flyzik
CDR Karen Siegel
CDR Terry Cavanaugh
LCDR Mark Melanson
LCDR Mercedes Benitez-McCrary
LDCR Matt Taylor
LT Henry McMillan
LCDR Michael Lackey
Ms. Diane Wright

Signing on during the Meeting:

CPO: CAPT Charlotte Richards
MEMBERS: CAPT John Hurley
CAPT Mark Dardis
GUESTS: CDR Susanne Pickering
LT Joseph Rasor

III. REVIEW AND ADOPTION OF AGENDA:

The agenda was adopted as written.

IV. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES:

The TPAC Minutes for 26 MAY 01 were approved with an amendment to page 8 paragraph 5 stating "CDR Fultz is chair of the PAC chair group" not OSG CPO/PAC chair.

V. OPEN FORUM

INTRODUCTION OF SPECIAL GUESTS:

LDCR Michael Lackey and Ms Diane Wright, billet coordinators from DCP, were introduced

ACTION ITEM REVIEW:

A) Appointment Board Standards:

CDR Fultz reported that the revised therapist category appointment board standards should be approved without difficulty by DCP.

Concerns regarding appointment standards for foreign trained therapists were acknowledged by CDR Fultz who will discuss the issue with CDR Keats, DCP and report to TPAC at the next meeting (**ACTION ITEM**).

Related points discussed:

- 1) Credentialing of therapists is not performed by TPAC and the therapist category but through professional credentialing bodies
- 2) This issue is common to all categories and should be addressed in the CCPM
- 3) Appointment board members need guidelines

B) TPAC member representation task force report (**Attachment A**)

Task force charge: *To determine if all agencies must be represented within the voting body of the TPAC and if so how this will be accomplished*

CAPT Flyzik reported that the task force recommendation was to have the TPAC charter remain consistent with the OSG model charter stating that the TPAC should make every effort to maintain the broadest agency representation possible (ie. without mandatory comprehensive agency membership requirements). A motion was made, seconded and carried unanimously to accept the task force recommendation for TPAC charter revision. The task force (CAPTs McGarvey, Flyzik and Oakley) was commended on a job well done and was discontinued.

C) Respiratory Therapists position paper (**Attachment B**)

CAPT Hurley (chair of the strategic growth committee) summarized the paper to be forwarded to ADM Davidson in DCP (see attachment B). There was discussion regarding the potential number of eligible RTs agency wide. CAPT Hurley volunteered to compile an estimate of eligible existing employees.

CAPT Hurley and LT Mead agreed to discuss the potential role of RTs in CCRF.

A motion was made, seconded, and carried by a vote of 16 to 1 to accept the position paper as written and forward it to ADM Davidson in DCP after being signed by the CPO and TPAC chair.

ACTION ITEM: CDR Fultz is to forward the signed position paper to ADM Davidson.

VI. **OLD BUSINESS** (No old business was discussed)

VII. **NEW BUSINESS**

A) FINANCE COMMITTEE

CDR Fultz recommended that TPAC form a Finance Committee to:

- 1) Manage Jackson Foundation funds for TPAC
- 2) Provide feedback regarding fund utilization

CDR Fultz and LCDR West discussed examples of funding use including:

TPAC chair travel budget, education, awards, retirement recognition

A motion was made, seconded and carried to form a TPAC Finance Committee.

LCDR West was nominated and elected to serve as chair of the Finance Committee. CDR Goode volunteered to serve as committee member. Additional members may be recruited.

B) FIELD REPRESENTATIVE COORDINATOR

LCDR Drinkard proposed the formation of a Field Representative Coordinator position to:

- 1) Serve as Field Rep mentor
- 2) Collect and submit field reports to the TPAC secretary
- 3) Provide a summary field report at each TPAC meeting.

A motion was made, seconded and carried to form a Field Representative Coordinator position. CDR Fultz and LCDR Drinkard are to draft changes to the Policy and Procedures manual.

ACTION ITEM: LCDR Drinkard will identify the new field rep coordinator by the next TPAC meeting

C) BILLET REVIEW

CDR Fultz recommended formation of a therapist billet review task force to:

- 1) Review current therapist billets with attention to minimum qualifications as stated and to recommend changes as deemed appropriate
- 2) Evaluate current standards for eligibility for clinical specialist billets and make recommendations for changes as appropriate
- 3) Consider the creation of new therapist billets and make recommendations as needed

There was a lengthy discussion regarding the merits of a billet review.

LCDR Lackey (DCP, phone contact 301-594-3376) stated there is redundancy in therapist category billets. He gave the example: the current "staff therapist billet" for PT,OT, Speech and Audiology are identical and could be consolidated.

Ms Wright (DCP) suggested the possibility of creating new billet(s) for current therapist positions not described with existing billets.

The task force was created with CDR Cavanaugh and LCDR Shumway to serve as task force co-chairs, CAPTs Dardis and Sellers and CDR Siegel will serve as task force members. CDR Duganne was reassigned to serve as Co-chair in place of LCDR Shumway who requested to serve as task force member. Ad hoc members will include LCDR lackey and Ms Wright (DCP).

The goal for completion of the billet review is September 28, 2001 (next TPAC meeting)

D) 2002 COA MEETING TASK FORCE

CAPT Williams volunteered to serve as 2002 COA meeting task force chair. CAPTs Sellers and Hurley volunteered to assist CAPT Williams

VIII. REPORTS

A) CHIEF PROFESSIONAL OFFICER

- 1) CAPT Richards mentioned with respect to appointment board standards that the the CCPM does not address credentialing of foreign trained therapists (see above under action item review)
- 2)CAPT Richards acknowledged the need for billet review(see above)

3) Mike Lord will resign as executive director of COA

B) CHAIRPERSON

1) Henry Jackson Foundation fund balance: \$500.00

ACTION ITEM: LCDR Drinkard will send email reminders for Henry Jackson Foundation Contributions this Fall.

2) CDR Fultz reported he has transferred into a newly developed position in the Health Promotion Program serving as Fitness/Wellness Coordinator for Navajo Area IHS (note contact number changes).

C) AWARDS COMMITTEE: see **ATTACHMENT C**

D) CCRF COMMITTEE: see **ATTACHMENT D**

LT Mead: The CCRF committee continues to develop a deployment manual with specific delineation of therapist roles. LCDR Benitez-McCrary volunteered to assist with defining Speech/Audiologist roles.

E) EDUCATION COMMITTEE:

The list of educational courses is posted on the web page.

F) FITNESS/WEELLNESS INITIATIVE COMMITTEE: see **ATTACHMENT E**

CAPT Parks stated she will forward TPAC Fitness/Wellness reports to Mike Flyzik so that DCP will be informed of agency wide fitness activities on a regular basis

G) RECRUITMENT AND RETENTION COMMITTEE:

Vacancies:

Agency	Vacancies Position	Location and Description
IHS	1 Staff PT	Anchorage, AK Jan/Feb 2001
	1 Staff PT	Whiteriver, AZ
	1 PT	Ft. Defiance, AZ
	1 Chief PT	Winslow, AZ
	1 OT	Chinle, AZ
	1 PT temp	Chinle, AZ
	1 Ped. PT	Part Time at Tuba City, AZ
	1 Chief PT	Keams/Polacca, AZ
	1 PT	Crownpoint, NM
	1 OT	Shiprock, NM
NIH	0	
CMHS	1 OT	Washington, DC
HCFA	www.hcfa.gov	
HRSA	www.hrsa.gov	
CDC	www.cdc.gov	
Multi-agency	DCP website	

CDR Weaver was commended for his help in updating IHS vacancy information

Mentoring

CAPT Aretino reported that there were currently 8 mentor/mentee pairs and 7 additional mentors in a reserve pool

Home Page: CDR Siegel: Recent awards and minutes were updated. TPAC charter and CCRF information are to be placed on web page.

CDR Fultz asked LCDR Melanson and CAPT Hurley to consider developing a "Fact Sheet" and provide recommendations to facilitate the development of new therapist positions at new sites and sites where no positions currently exist.

STRATEGIC GROWTH COMMITTEE:

CDR Fultz commended the strategic growth committee for work on the respiratory therapist position paper. CAPT Richards will talk to DCP re the VA MOA. CAPT Hurley will provide an update at the next TPAC meeting.

DISCIPLINE LIAISONS:

CAPT Parks, reporting for all disciplines liaisons, stated there was no new information

COA THERAPIST REPRESENTATIVE:

CAPT Parks reported ADM Bertin will be interim COA director after Mike Lord resigns.

NEWSLETTER:

CDR Fultz reporting for CAPT Brueggemann: Standing call for material for the newsletter.
Contact CAPT Brueggemann (dbruegge@anmc.org)

JUNIOR OFFICER REPORT: ATTACHMENT F

FIELD REPRESENTATIVES REPORTS:

See Field Reports section on web page.

CLOSING ROLL CALL:

MEMBERS: CDR Jeffrey Fultz, Chair
LCDR Bart Drinkard, Executive Secretary
CAPT Dominick Aretino
CDR Nancy Balash
CAPT Mark Dardis
CDR Lois Goode
CAPT John Hurley
CAPT Georgia Johnson
LT Grant Mead
CAPT Rebecca Parks
CDR Frank Weaver
LT Ron West
CAPT Ivana Williams
CPO: CAPT Charlotte Richards
GUESTS: CAPT Becky Sellers
CAPT Mike Flyzik
CDR Karen Siegel
CDR Terry Cavanaugh
LCDR Mark Melanson
LCDR Matt Taylor
LT Joseph Rasor

CONCLUSION:

Respectfully Submitted: LCDR Bart Drinkard, TPAC Executive Secretary.
Concur: CDR Jeff Fultz, TPAC Chair.
Concur: CAPT Charlotte Richards, CPO Therapist Category.

ATTACHMENT A



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health

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301/496-2844
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charles_mcgarvey@nih.gov

DATE: July 3, 2001
TO: CDR Jeffrey Fultz, Chair, TPAC
FROM: CAPT Charles L. McGarvey, Task Force Chair
SUBJECT: Report of Task Force on TPAC representation

Background:

On 29 May 2001, CDR Jeffrey Fultz, Chair of the Therapist Professional Advisory Committee (TPAC) requested CAPT Charles McGarvey to serve as Chairperson for a task force to investigate and report on an issue related to member representation on the TPAC. The issue came about following previous discussions between the TPAC Chair and members of an agency (Bureau of Prisons, (BoP) in which there was a question as to whether BoP was appropriately represented on the current TPAC, in particular as a voting member. To date, there are no BoP voting members on the TPAC, however, there are two, current, field representatives for BoP East and BoP West.

In an attempt to resolve this issue, both parties agreed to create a task force of senior commissioned officers to investigate this matter. CAPT Charles McGarvey was appointed Chair of this task force and two other senior officers, CAPT Fran Oakley and CAPT Mike Flyzik, were recruited by CAPT McGarvey to serve on this group. The Chair selected these individuals based on past training, experience, TPAC involvement, objectivity and professional integrity. The charge to the task force was to:

“Determine if all agencies must be represented within the voting membership of the TPAC and if so, how can this best be accomplished.”

The task force was instructed to complete their charge by July 27, 2001 and report their findings back to the TPAC at the next scheduled meeting

The following documents were obtained and reviewed by all task force members in advance of a scheduled meeting:

Model Charter for the Professional Advisory Committees May 1990 (Current)
Draft Model Charter for the Professional Advisory Committees (May 2001)
TPAC Charter February 1998 (Current)
TPAC Charter (Revised October 2000 pending OSG approval)
Current TPAC Policy and Procedure Document (1996)
Draft Charter of the Surgeon General's Policy Council (SGPC 1997)
Current Charters for all other USPHS PACS
Correspondence (Letters) between past Surgeon General C. Everett Koop and Wm. Bradford Reynolds (Assistant Attorney General Civil Rights Division)

The task force analyzed all documents pertinent to the charge and discussed their findings via teleconference on June 12, 2001. Review and interpretation of the salient facts in these

documents were summarized and recommendations developed to resolve the issue. The findings and recommendations will be presented as a report to the TPAC at the next TPAC meeting scheduled for July 27, 2001.

Findings of the Task Force: (Emphasis of salient text is designated by *bold and italics*.)

The current **OSG Model Charter (May 1990)** issued by the Office of the Surgeon General states the following:

P.5 (V) (3.) ORGANIZATIONAL REPRESENTATION:

At a minimum, *a voting member must be elected from each of the PHS Agencies* and the Office of the Assistant Secretary of Health (OASH) in which there is located 10 or more individuals who can be identified as meeting the respective professional disciplines appointment criteria in either the CC or CS PHS system.

The **Draft OSG Model Charter for the Professional Advisory Committees (not yet approved)** issued by the Office of the Surgeon General in (**May 2001**) states the following:

P.1 (II) RELATIONSHIP OF THE ---PAC TO THE UNITED STATES PUBLIC HEALTH SERVICE (USPHS)

.....While ___PAC members are chosen from the respective PHS agencies and organizations, *they neither represent Agency management nor speak for the Agency*. They are knowledgeable professionals who represent a cross section of the interests, concerns, and responsibilities of the professionals in Agencies and organizations staffed by PHS personnel.

P.1 (III) OBJECTIVES

The ___PAC serves in a resource and advisory capacity to assist in the development, coordination, and evaluation of activities related to the *professional discipline(s)* it represents in the PHS...(*The use of the term professional disciplines is used extensively though out the rest of this section of the document in the description of objectives and functions III 4, 5, 6 and 7 .*)

P.5 (V).4. MEMBERSHIP

Organizational Representation: *In order to provide the range of experiences and perspectives necessary for addressing issues before the ___PAC, every effort must be made to have the broadest representation possible among all agencies that are routinely staffed by Commissioned Corps Officers of the ___ category.*

P.5 (V).9. MEMBERSHIP

Professional Discipline Composition: Cognizant of the fact that the ___PAC is structured around the PHS commissioned Corps, defined professional categories which encompass more than one major professional discipline, to the extent possible ___PAC *should contain at least one voting member who possesses the requisite credentials for each of the respective sub-disciplines that make up the category. (This provision is required in the charter of all the PAC's in which the PHS defined categories consist of more than one major professional discipline)*

TPAC Charter February 1998 (Current)

P.1 (II) RELATIONSHIP OF THE ---PAC TO THE UNITED STATES PUBLIC HEALTH SERVICE (USPHS)

.....While TPAC members are chosen from the respective PHS agencies and organizations, *they neither represent Agency management nor speak for the Agency*. TPAC members are knowledgeable professionals who represent a cross section of the

interests, concerns, and responsibilities of the professionals in agencies and organizations staffed by PHS personnel.

P.1 (III) OBJECTIVES

The TPAC serves in a resource and advisory capacity to assist in the development, coordination, and evaluation of activities related to all therapists in the Public Health Service...(*The use of the term **therapist category**(as defined in Section II of same document: Physical, Occupational Speech-Language Pathology and Audiology whether Civil Service and Commissioned officer)s is used extensively though out the rest of this section of the document in the description of objectives and functions.*

P.3 (V).3. MEMBERSHIP

Organizational Representation: **Voting members shall be selected in a representative fashion from the PHS Agencies and non-PHS programs in which PHS therapists are assigned.** (This element of the TPAC charter appears consistent with the Model Charter of 1990 but inconsistent with the draft model charter May 2001 (pending approval by the OSG). The model charter emphasizes that the representation of voting members be consistent with the professional disciplines within the PAC (see P.5 (V).9. MEMBERSHIP), and does not indicate that the **voting** membership be representative of the organization).

TPAC Charter (Revised October 2000 pending OSG approval)

P.1 (II) RELATIONSHIP OF THE ---PAC TO THE UNITED STATES PUBLIC HEALTH SERVICE (USPHS)

.....While TPAC members are chosen from the respective PHS agencies and organizations, **they neither represent Agency management nor speak for the Agency.** TPAC members are knowledgeable professionals who represent a cross section of the interests, concerns, and responsibilities of the professionals in Agencies and organizations staffed by PHS personnel.

P.1 (III) OBJECTIVES

The TPAC serves in a resource and advisory capacity to assist in the development, coordination, and evaluation of activities related to all therapists in the Public Health Service...(*The use of the term **therapist category**(as defined in Section II of same document: Physical, Occupational Speech-Language Pathology and Audiology whether Civil Service and Commissioned officer)s is used extensively though out the rest of this section of the document in the description of objectives and functions.*

P.2 (V).3. MEMBERSHIP

Organizational Representation: **Voting members shall be selected in a representative fashion from the PHS Agencies and non-PHS programs in which PHS therapists are assigned.** (This element of the TPAC charter October 2000 appears consistent with the Model Charter of 1990 but inconsistent with the draft model charter May 2001 (pending approval by the OSG). The newer model charter (May 2001) emphasizes that the representation of voting members be consistent with the professional disciplines within the PAC (see P.5 (V).9. MEMBERSHIP), and does not indicate that the **voting** membership be representative of the organization).

SUMMARY OF FINDINGS:

Given the facts discovered in the review and discussion of this issue it appears understandable that some confusion exists in the interpretation of the organizational representation on the TPAC. The current model charter (May 1990) states that , **a voting member must be elected from each of the PHS Agencies.** As such the current TPAC charter (February 1998) states, **Voting**

members shall be selected in a representative fashion from the PHS Agencies and non-PHS programs in which PHS therapists are assigned. While these two documents are consistent, there is some question regarding the meaning of the term *representative fashion* as used in the TPAC Charter.

Further analysis of the new draft Model Charter (May 2001 not yet approved by the OSG) revealed a significant change to this section, it now reads: : ***In order to provide the range of experiences and perspectives necessary for addressing issues before the ___PAC, every effort must be made to have the broadest representation possible among all agencies that are routinely staffed by Commissioned Corps Officers of the ___category.*** Conversely, the revised TPAC charter (October 2000 not yet approved by the OSG) remains unchanged from the TPAC charter (February 1998) and states: ***Voting members shall be selected in a representative fashion from the PHS Agencies and non-PHS programs in which PHS therapists are assigned.*** The issue of **voting** members is not mentioned in the new model charter. If we are to assume that the new Model Charter (May 2001) will be approved soon, then the change of wording found in Organizational Representation section, (P.5 (V).4. MEMBERSHIP) should be noted by the TPAC. Therefore, it would appear that the TPAC should consider revising the proposed TPAC charter (October 2000) to make it consistent with the intent of the Model Charter (May 2001). Additionally, as regards intent of the Model Charter (May 2001), it defines the mission and objectives of the PAC to be **professional discipline** (i.e. therapist) specific and not **agency or operating division specific**. Of special interest is the fact that the Charter of the Surgeon General's Policy Council (SCPC) provides the mechanism by which the Office of the Surgeon General receives advice and exchange of policy issues related to all operating divisions and agencies within and outside of the Department of health and Human Services. While there are therapists assigned to a variety of PHS and Non-PHS agencies, bureaus and divisions, the main function of the PACS is as follow:

P.1 (III) OBJECTIVES

The ___PAC serves in a resource and advisory capacity to assist in the development, coordination, and evaluation of activities related to the **professional discipline(s)** it represents in the PHS

FINAL RECCOMENDATIONS OF THE TASK FORCE TO THE TPAC:

- 1.) REVIEW AND CONSIDER REVISING THE PROPOSED TPAC CHARTER (OCTOBER 2000) P.2 (V).3. MEMBERSHIP OF THE TPAC CHARTER TO MAKE IT CONSISTENT WITH THE OSG MODEL CHARTER May 2001:

SPECIFICALLY, REMOVAL OF THE TERM **VOTING MEMBER**, AND THE TERM **REPRESENTATIVE FASHION** AS USED IN P.2 (V).3. MEMBERSHIP: ORGANIZATIONAL REPRESENTATION, OF THE TPAC CHARTER. CONSIDERATION SHOULD BE GIVEN TO THE USE OF THE SAME TERMINOLOGY USED IN THE MODEL CHARTER (MAY 2001) P.5 (V).4. MEMBERSHIP: ORGANIZATIONAL REPRESENTATION .

- 2.) GIVEN SUCH REVISION THE TPAC LEADERSHIP MAY BE BEST SERVED TO CONSIDER THE INTENT OF THE MODEL CHARTER IN MAKING "***every effort to have the broadest representation possible among all agencies that are routinely staffed by Commissioned Corps Officers of the therapist category;*** WHEN APPOINTING VOTING MEMBERS FROM THE LIST OF NOMINEES.

We have attached copies of all documents reviewed by the task force for further reference and clarification by the TPAC.

Given this review, findings, summary, recommendations and report, we believe we have met the TPAC's charge to this task force to:

Determine if all agencies must be represented within the voting membership of the TPAC and if so, how can this best be accomplished.

As such we respectfully request dissolution of the task force and thank the TPAC for the opportunity to serve in this capacity.

Sincerely,

Charles L. McGarvey, P.T.
CAPT, USPHS

Fran Oakley, O.T.R
CAPT, USPHS

Mike Flyzik, P.T.
CAPT, USPHS

ATTACHMENT B



IX. Therapist Professional Advisory Committee		
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RADM Michael Davidson
 Director Division Commissioned Personnel
 Parklawn Building, Room 4A-15
 5600 Fishers Lane
 Rockville, MD 20857

27 JUL 01

Dear Sir,

Recently you requested that the Therapist Professional Advisory Committee (TPAC) and the Therapist Chief Professional Officer develop a position paper regarding the possibility of commissioning Respiratory Therapists into the USPHS within the Therapist Category.

What follows is a position paper developed via the Strategic Growth Committee of the TPAC. This document is a result of lengthy research and discussion by our category members, and was approved by the TPAC membership and Therapist CPO. We are recommending that the discipline of Respiratory Therapy be added to the Therapist Category, USPHS, with specific requirements for commissioning as described below.

Commissioning Respiratory Therapists into the USPHS

1. LICENSURE/REGISTRATION:

A current, unrestricted, and valid certification/registration by the National Board for Respiratory Care, Inc. Those individuals obtaining the credentials Registered Respiratory Therapist (RRT) must maintain a state license where applicable.

2. TRAINING:

a. Professional education

The applicant must have earned his/her professional respiratory therapy degree from a school or college of respiratory therapy accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor the Joint Review Committee of Respiratory Therapy Education (JRCRTE) at the time of the applicant's graduation.

Qualifying degree/professional certificate:

- (a) Bachelor's in respiratory therapy
- (b) Bachelor's plus professional certificate in respiratory therapy

b. Creditable college education

College education in any field allied and relevant to respiratory therapy including, but not limited to anatomy, neurology, physiology, microbiology, chemistry, epidemiology, biochemistry, before and after the qualifying degree, may be considered toward the establishment of the TED. This amount of credit is assigned in accordance with Section E of this INSTRUCTION.

c. Non-creditable college education

College education in a program which has not been regionally or nationally accredited by CoARC or its successor, the JRCRTE.

3. WORK EXPERIENCE

a. Fully creditable

(1) Experience which occurs after a qualifying degree in the field of respiratory therapy at the professional level, including practice, consultation, accredited college or university teaching, administration, research, writing or editing, which is done subsequent to the obtaining of the qualifying respiratory therapy degree, is fully creditable. The following environments for the practice of respiratory therapy are included: hospital, community, industrial, academic, and government (Federal, State, or local).

(2) Allied and relevant professional experiences in these settings may include health care administration, Federal regulatory activities, consumer safety, quality assurance, Medicaid and Medicare programs, health services planning, maternal and child health, mental health, public health, health professional utilization, nursing home and institutional service assessment and delivery, and research/demonstration contract and grants administration. Experience in a non-respiratory therapy position or capacity (occurring after attainment of the required certification in respiratory therapy or the first professional respiratory therapy degree) in fields closely allied or comparable to respiratory therapy, as above, may be creditable if the board deems it relevant to professional respiratory therapy activities of PHS Commissioned Corps officers. The time creditable shall be determined by the board in accordance with Section E of this INSTRUCTION.

b. Non-creditable

Work experience which does not meet the criteria in 3.a. above, or which cannot be fully substituted for such experience, is not creditable.

ADDITIONAL REQUIREMENTS FOR APPOINTMENT TO THE REGULAR CORPS

None.

4. Recognized Board certified specialties for Respiratory Therapists:

- (a) Perinatal/Pediatric Respiratory Care Specialist
- (b) Advanced Pulmonary Function Technologists (RPFT)

5. Potential Benefits for the Commissioned Corps:

Professional Awareness—Medical professionals already recognize the benefits of having Respiratory Therapists as part of their multidisciplinary medical management teams. The respiratory therapists are currently lobbying the Department of Defense to be commissioned officers. The respiratory therapy organization American Association of Respiratory Care (AARC) is voluntarily increasing educational and professional standards in order to be eligible for entry level commissioning into the Uniformed Services.

Increase visibility—Respiratory Therapists are deployable in times of national emergencies and some are already serving on DMAT teams. They are knowledgeable regarding the airway and ventilation and are a necessary part of the DMAT team as life support equipment becomes more sophisticated. They have several roles both on DMAT teams and in direct health care arenas. Such roles include: manage airway support, ventilator management, instruct physicians and nurses in managing airway support as well as use of new machines, front line support following a bio-terrorism event (start IVs, push medication, insert chest tubes).

Health promotion—Respiratory Therapists are part of the Healthy People 2010 initiative. They are promoting health and wellness through their smoking cessation/prevention efforts.

Expanding category diversity—Respiratory Therapists are already serving in several agencies supported by the Public Health Service. The transition to Commissioned Corps status should be relatively seamless as there is a potentially large pool of applicants from which to fill billets.

Thank you for your consideration of this proposal.

CAPT Charlotte Richards
CPO, Therapist Category

CDR Jeffrey Fultz
Therapist PAC Chair

ATTACHMENT C

AWARDS COMMITTEE
CAPT Georgia Johnson, Chair
27 July, 2001

- The TPAC Awards section of the web page was updated to include information regarding submission of nominations for our awards.
- CDR Karen Siegel suggested posting a group picture of our award winners. Hopefully someone took pictures of the group and would be willing to send Karen a copy for posting.
- It is not too early to begin thinking about nominations for the 2002 TPAC Awards to be presented at the Awards luncheon in Atlanta.

ATTACHMENT D

CCRF Committee Report

Greetings,

This message is to provide you with information regarding the CCRF Committee. CDR Suzanne Pickering, LCDR Scott Gaustad, and LT Grant Mead have continued to develop the Therapist Category CCRF Deployment Manual. We have met three times via tele-conferencing to discuss development of the manual and barriers to development.

We have obtained for reference the U.S. Army's AMSC Deployment Readiness Handbook to understand how the U.S. Army utilizes their Therapists during deployment activities. Our development is going along well with regards to Physical Therapy and Occupational Therapy. Our major concern is that there is little available information as to how Audiologists and Speech/Language Therapists would be utilized during deployment activities. Our major concern is that they would be utilized for Logistic purposes rather than seen as a clinical component. This is a major concern for the committee as well as the Category. We are prepared to gear the manual towards equal involvement for all our sub-components.

I have initiated a series of emails with CDR Frank Weaver to assist me in this development. CDR Weaver's prior military background is proving to be invaluable as this process develops. He will initiate contact with other Audiologists and SLP's to determine the best way to develop this component. My thanks go out to all those involved in this important matter.

Respectfully yours,

LT Mead

ATTACHMENT E

HEALTHY LIFESTYLES COMMITTEE REPORT (7/27/01)

1. Bureau of Prisons Wellness Initiative Report, July 2001

Facility	Activities
FMC, Butner	No Report
FMC, Carswell	PHS officers participated in a pilot study, which required logging fitness activities for a 2-week period.
FMC, Devens	No Report
FMC, Fort Worth	No Report
FMC, Lexington	No Report
FMC, Rochester	Planning to test officers with the CCRF fitness test in October; in-service scheduled for September
MCFP, Springfield	PHS officers (15) are involved in activities such as running, golfing, strength/conditioning programs, and organized sports (i.e. softball).

Summary:

The BOP Wellness Initiative participants are using local COA branches and other resources to provide group or individual presentations, encourage participation in the Presidential Sports Award program, organize group participation in community fitness activities and planning for future activities such as fitness testing and in-services.

2. CDR Royall reports nothing new at Butner as far as Healthy Lifestyles goes. She is moving from Butner to the Humphrey Building to take a policy job and is presently thinking of someone who can replace her as a contact point at Butner after her departure.
3. LCDR Mark Melanson reports that in his patient group on Health Promotion two have met their short-term goals. He also reports that LTJG Spaulding plans on putting on the second phase of the CCRF PT test soon.
4. The Office for Research Services (ORS) is in the process of developing a NIH Fitness Center Needs Assessment and is seeking participants for three (3) Focus Groups, each comprised of 8-10 employees who currently use NIH Fitness Centers. Focus Groups are scheduled for August 7 and 8.

The ORS would like the input of employees who can help us better understand the fitness needs of NIH employees. These focus groups are part of a campus wide survey that will yield statistically significant results to be used in future planning. LCDR Drinkard will be relinquishing his role as NIH point of contact, in view of the fact that he has been elected as Secretary of TPAC. In his wake, CAPT Parks and CDR Smith have set up a meeting next week with CDR Lowrey (Dusty) Rhodes, a veterinarian at NIH, to further discuss potential projects.

5. CDR Cavanaugh reports from Alaska that in Sitka the Wellness Team is distributing pedometers to hospital employees (purchased using proceeds from their employee fitness center). Their initiative is based on the 10,000 Steps Program and is encouraging employees (working individually or in teams) to set a goal of increasing activity over the coming months. Step counts will be reported and incentives will be given.

Recent healthy lifestyle activities in Anchorage have included a focus on the nutritional component of wellness with a celebratory BBQ serving healthy choices such as veggie burgers and salads. A number of COs have combined the activity and nutritional aspects of wellness by taking fishing trips to catch wild salmon and putting some away for healthy winter meals.

6. The Region IV Healthy Lifestyle Committee met on June 21st.
 - a) The committee reviewed accomplishments from Federal Fitness Day at CDC and the Sam Nunn Atlanta Federal Center. Special thanks go to the Atlanta Branch COA, the CDC Foundation, and other donors for their generous financial support of the Year 2001 Federal Fitness Day Events. And to the CDC Lifestyle Center, the Atlanta Federal Center Fitness Center, EPA and others.
 - b) Pat McKenna announced her resignation from the committee due to new regional level responsibilities. Her enthusiasm, energy and organizational skills will be very much missed. Joi Hatch, of the USDA/Food & Nutrition service was nominated as a civilian representative from the Atlanta Federal Center for the committee.
 - c) For the second phase, and second year of their effort, it was decided to build on the healthy lifestyles message with a nutrition focus this year. They suggest changing the name of the next event to Federal Health and Fitness Day 2002 (from Federal Fitness Day) to reflect this broadened message. The date of the event is May 15, 2002.
 - d) The Committee discussed how it might, along with the Atlanta Branch of COA, support the National COA meeting to be held here in Atlanta, April 21-25. The Surgeon General's Run is one event which the Atlanta Branch COA and its officers are interested in supporting.
 - e) CDR Kimsey distributed copies of the "Quick Series Guide to Healthy Lifestyles" (1-800-361-4653). They discussed the possible interest of Commissioned Officers in these pocketsize references and exercise logs. Funding is an issue. Some of the series titles include Healthy Lifestyle, Basic Weight Training, Kids Lift, Performance Nutrition, Training Log, Aerobic Training. These series booklets could include organizational, i.e., Public Health Service Commissioned Corp, logos and identifiers.
 - f) CDR Pickering distributed copies of The Total Trainer from the Army Physical Fitness Research Institute. This CD-ROM distributed by the CCRF may be copied for officers' use. Having a physical fitness testing session for officers in Atlanta is one way they may support the CCRF Fitness Standards effort.
 - g) The Committee will meet again in August.
7. Tucson Area Healthy Lifestyles Program continues to go through the slow process of developing the Employee Wellness Multidisciplinary Committee. LT Richardson will be leaving the Tucson Area as he accepts a new job in Polacca, which is in the Phoenix Area.
8. LCDR Shumway reports that at this time they are not actively working on healthy lifestyle issues. Since the activities which were reported on at the COA, the PHS Officers are progressing on their own. All active duty individuals have a 90-minute lunch break if they choose to exercise, and each officer is progressing as he/she wishes. The recruit issues and program are ongoing.

ATTACHMENT F

X. Junior Officer Ad Hoc Advisory Group Minutes of June 15, 2001 Meeting

Meeting was called to order at 1005 by LCDR Michelle Jordan.

Attendance:

On Phone:

- Charles Reidhead
- Sean Boyd
- Cindy Melanson
- Dave Bates
- Kirsten Warwar
- Anita Pollard
- Michael Copeland
- Dan Beck
- Timothy Higgins

In Parklawn Building

- Michelle Jordan
- Peter Martineau
- Kamela Evans-Davis
- Danitra Johnson
- Jennifer Godfrey
- David de la Cruz
- Jacqueline Rodrigue
- Dimitrius Culbreath

Announcements:

- Announcement of Promotion

Compared to last year:

- Percent of officers promoted to 0-4 increased from 80% to 90%
- Percent of officers promoted to 0-5 decreased from 50% to 30%
- Percent of officers promoted to 0-6 decreased from 30% to 20%

Michelle Jordan recommended that all officers prepare for the promotion process well before they are eligible to be promoted. She recommended that all officers go to the DCP website and also interview/ask those officers recently promoted for advice.

- Commissioned Officers Association Conference

According to a conversation that Michelle had with ADM Davidson, the rank of 0-4 is generally not considered a Junior Officer in the Branches of the Armed Services. ADM Davidson also alerted Michelle to the decrease in the percentage of officers to be promoted to the 0-5 and 0-6 level.

General feeling that the conference was very informative

Next year's conference will be Atlanta, GA April 20-24

- Basic Officer Training Course -- go to DCP website for schedule of training
- The JOAHAG was mentioned in the Surgeon General's column in the latest issue (June 2001) of the Commissioned Corps Bulletin

Administrative Issues

- Michelle reminded everyone that, barring any subsequent announcement, the JOAHAG meeting will take place on the 3rd Friday of each month starting at 1000 Eastern Time. The location and the call-in information will remain the same.
- Office of the Surgeon General will soon be given a packet of information from JOAHAG that will include the CV's of all of the voting members. Therefore, all voting members should work on updating their CV's.

Draft Charter Review

CAPT Barror was given the revised Draft Charter. He provided additional comments and suggestions that were then sent out to the JOAHAG member for further review. CAPT Barror will send the newly revised Draft Charter to all of the CPO's for their comments.

Roster Update

- Michelle asked Sean Boyd, the Chair of the Recruitment Subcommittee, to be sure to keep attendance logs of participants at each meeting. This is to ensure that all categories are being represented by voting members. A memo will also be sent to inquire who is still willing/able to serve as voting members for each category. It is also important that each category that has multiple voting members have a main/principal representative for reporting purposes.
- Sean reports that he is maintaining a roster of attendance. However, he needs to be informed of the alternate for each category. He reports that there have been more than 40 guests to attend the various meetings. Send an e-mail to Sean (sbb@cdrh.fda.gov) if you are a member and want to be added to the guest membership log.
- Still need voting members for the following categories: (1) dentist; (1) engineer; (1) physician; and, (2) pharmacists

LISTSERV

All PHS officers 0-4 and below were automatically subscribed to the JOAHAG listserv. Those who sent a reply asking to be deleted were removed/unsubscribed. However, those officers who were commissioned since the initial subscription have not been added. Should a new subscription process be enacted?

Subcommittee Updates

Michelle asked that the chairs of each subcommittee send her copies of the goals and objectives that have been developed. Michelle's e-mail is mjordan@hrsa.gov She also asked if there is a consistent time/schedule that each subcommittee meets.

- Professional Development – does not meet regularly. Instead information is sent out via e-mail and the chair combines all comments and suggestions. A draft version of the Mission, Objectives, and Goals were sent to members of the subcommittee. Volunteers are not being sought to further work on them.
- Policy/Procedures – does not meet regularly (meet as needed). No report
- Recruitment – meets 2nd Wednesday of each month at 1400 Eastern Time. Contact Sean Boyd if you want to attend. This subcommittee has finalized its missions and objectives. They are working on putting together a contact list for each Category and OPDIV that can be used by those interested in getting more information about PHS in general, and JOAHAG in particular.
- Welcoming – No report. No representation.

New Business

JOAHAG has been invited to present at the next CPO/PAC Chair meeting June 29. The following will be presented by Michelle Jordan:

- background and history of JOAHAG
- packet of information with goal and objectives
- roster information – including names of officers in each category

- listserv – its role as another avenue to get information to Junior Officers, especially those outside of the DC area
- general information on how each CPO/PAC can use the JOAHAG (e.g., for information, support...)

Send any additional items for the presentation to Michelle no later than June 22, 2001.

Professional Category Reports

- Medical – none
- Dental – none
- Engineer – none
- Scientist – none
- Environmental Health – none
- Pharmacy – none
- Dietician – none
- Health Services – none
- Nursing – moving forward with the mentoring program. See the new issue (June 2001) of CC Bulletin for contact information
- Therapist – possibility that both respiratory therapists and physician assistants may move into this category.
- Veterinarian – members have been alerted to the possibility of deployment if there is an outbreak of Foot and Mouth Disease within the US. Category will be losing their CPO later this month and is looking for a replacement.

Other Reports

- MOLC – none
- DCP – none
- CCRF – new requirements go into effect January 1, 2002. CCRF has a liaison for each PAC. Currently 2 active deployments. They are looking to hire a Staff Program Officer into an 0-4 billet. For more information contact LCDR Dan Beck at (301) 443-8322 or go to the DCP website and link to the CCRF homepage.

Final Announcements

- Jacqueline Rodrigue thanks those who helped with the Draft Charter
- Next meeting July 20, 2001 at 1000 ET – phone-in instructions and meeting place remain the same.