

TPAC Minutes

Place: Physical Therapy Conference Room,
National Naval Medical Center, Bethesda, Maryland.

Date: September 27, 1990.

Time: 1000 to 1600 hours.

Present: LCDR F. Oakley (OT/Chairperson/NIH)
CAPT W. Fromherz (PT/CPO/DCP)
CAPT G. Diullo (PT/Secretary/BOP)
CAPT N. Hartman (PT/HCFA)
CAPT R. Nelson (PT/NIOSH)
CAPT D. Swett (PT/IHS)
LT C. Melanson (OT/CMHS)
CDR M. Huylebroeck (PT/IHS)
CDR M. Schroeder (PT/Field Representative/FDA)
CDR E. Corrigan (Speech/AHCPR)
Ms. S. Adams (PT/NIH)
CDR G. Schofield (OT/Field Representative/CMHS)
(Guest) CDR C. McGarvey (PT/NIH)
(Guest) CDR B. Thornton (OT/NIH)

- I. The meeting was called to order by the Chairperson at 1000 hours.
- II. The Agenda (Attachment A) was accepted with the following corrections:
LT Glenda Grogan will now provide the report for the Occupational Therapy Service at NIH. The report for the Biomechanical Lab at NIH, which is provided by LT Karen Siegel, was inadvertently omitted from the agenda.
- III. The minutes of the May 17, 1990 meeting were adopted with the following corrections:
Page 6 - New Business, Item B. The TPAC chair is not elected for a three year term as stated. Please see open forum below for clarification.

IV. Open Forum

A. TPAC Appointments:

1. The Surgeon General has appointed the following therapists to the TPAC:

Ms. Sandra Adams, a Physical Therapist at NIH in Bethesda, Md.
Ms. Adams is a Civil Service representative.

CDR Elaine Corrigan, a Speech Language Pathologist serving
with the Agency for Health Care Policy & Research in
Rockville, MD.

CDR Mike Huylebroeck, a Physical Therapist with the Indian
Health Service in White River, Arizona.

LTjg Cindy Melanson, an Occupational Therapist at St.
Elizabeth's Hospital (ADAMHA) in Washington, DC.

Their three year appointment begins
September 1, 1990. The entire TPAC congratulates the newly
appointed officers and looks forward to a productive term of
office.

B. Discussion of TPAC Protocol

1. The election of TPAC officers (Chairperson, Executive Secretary) is conducted by a simple majority vote of the TPAC members. It is considered an internal function of TPAC. Consequently, election of TPAC officers is not subject to final approval by the Surgeon General.

2. Clarification of TPAC Chairperson and Executive Secretary terms of office.

01. The chair is elected for one year and may be re-elected to the same office for one additional year. The maximum term of office as Chairperson may not exceed two years.

02. The Executive Secretary is elected to a three year term.

3. Review of TPAC member selection.

01. As vacancies arise, the Chairperson solicits via TPAC minutes and other means, nominations for potential membership. The responses are reviewed by TPAC. The Chairperson then forwards the names of nominees to the appropriate agency administrator for approval or disapproval. The agency is responsible for providing travel and per diem costs. The Chairperson forwards the agency approved list of nominees to the CPO who prioritizes the list and forwards it to the Surgeon General for final approval.

02. In accordance with the TPAC Charter, membership of the TPAC must meet several criteria. These criteria include: representation from each of the therapist disciplines, Civil Service representation, as well as geographical and equal opportunity considerations. Representation from junior and senior grades in conjunction with membership distribution across agencies are also important objectives.

C. TPAC Meeting Location, National Naval Medical Center
Bethesda, MD

1. The memo (Attachment C) from CDR McGarvey regarding his concerns in this matter were discussed. TPAC appreciates this type of feedback from therapists.
2. DISCUSSION: CAPT Nelson noted that the move to hold meetings at the National Naval Medical Center came after scheduling and parking became a problem at other locations. The current meeting place was considered neutral ground in regard to PHS agencies. It provided a convenient location, ample parking, and flexibility in scheduling TPAC meetings. At the time TPAC began meeting at the Naval Hospital, the revitalization of the Commissioned Corps was a priority. It was felt that meeting at the Naval Hospital fostered visibility and association with a sister service. The meetings at Bethesda have been very successful however, there was no opposition to changing locations or to rotating the meeting site.

ACTION ITEM:

LCDR F. Oakley will forward a letter by October 26 to CDR McGarvey responding to his memo and relaying the TPAC discussion and proposed Action Items.

ACTION ITEM:

LCDR F. Oakley will explore use of NIH facilities; CAPT Fromherz will check Parklawn Facilities and continued utilization of the Navy facility; and CDR Schroeder will check the FDA Building for future TPAC meeting sites. Reports will be submitted to LCDR Oakley by November 16. A choice of location will be made and

announced prior to the next TPAC meeting.

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ACTION ITEM:

CAPT D. Swett will develop prior to the next TPAC meeting a letter to be sent through Navy channels expressing TPAC's appreciation for the use of the Naval Hospital's facilities. A special "Thank You" to CDR Regis Turocy, Head Therapist, U.S.Navy, Bethesda, MD for his assistance and support of TPAC.

Reports:

A. Chairperson: LCDR F. Oakley

1. CAPT R. Nelson turned chair over to LCDR F. Oakley.
2. LCDR Oakley notes that, "I am proud to have been chosen as the chairperson of the TPAC and feel privileged to work with such a group of dedicated and knowledgeable therapists."
"I also extend my sincere thanks to former chair, CAPT Roger Nelson, for his support and fair, honest leadership on behalf of all therapists in the category. CAPT Nelson surely is a tough act to follow. I wish him well in his new position as Professor and Chair of the Physical Therapy Department at Thomas Jefferson University in Philadelphia, PA."
3. Revised TPAC Roster
The TPAC roster has been completed. (Attachment D)

ACTION ITEM:

Errors in the roster should be directed to LCDR Oakley at (301) 496-3100 prior to the next TPAC meeting.

4. Solicitation for upcoming TPAC vacancies.
A self nomination form for possible TPAC appointment is included with this issue of the minutes. (Attachment E). All self nominations will be considered regardless of the officer's geographic location. Please see the Open Forum for a discussion of the TPAC member selection.

ACTION ITEM:

Interested therapists should complete the self nomination form and return it no later than December 1, 1990 to:

LCDR Frances Oakley
NIH Building 10 Room 6S235
9000 Rockville Pike
Bethesda, MD 20892

- B. Chief Professional Officer/DCP Representative: CAPT W. Fromherz
It is with mixed emotions that I am contributing to the TPAC meeting minutes for the last time as the Chief Professional Officer (CPO) of the Therapist Category. My second and final term as CPO will expire at the end of next month. I would like to take this opportunity to thank all of you for your support over the past 4 years. Revitalization has required a great deal of effort from all of us. From my perspective, the progress of the Category is a direct result of your continued support of PHS programs and the Commissioned Corps. I would especially like to thank Roger Nelson, members of the TPAC and all of the chairpersons and members of the many subcommittees who have worked so diligently. The increased participation of officers from the field at all levels has contributed greatly to your success. The newly appointed CPO will be very fortunate to be able to work with such an outstanding organization.

Personnel INSTRUCTION 6, CC23.4 deals with the nomination and selection process for category chief professional officers. A CPO must be a member of the Regular Corps at the 06 pay grade, have no more than 26 years of retirement credit, and have served 12 years of active duty with the uniformed services 6 of which must be with PHS.

The Surgeon General has appointed a Therapist CPO Nomination Board which will be meeting within the next few weeks. The board will be charged with identifying, evaluating, and recommending the best qualified candidates to the Surgeon General, who will make the final selection. The Board will evaluate all eligible individuals by reviewing their annual performance ratings; awards; demonstrated leadership and management qualities; scope, variety and level of responsibility of assignments; level of current professional involvement; and Agency recommendations.

Since the Therapist Category has a number of extremely well qualified officers, there is no question that the Nomination Board will recommend a panel of excellent candidates that the Surgeon General will interview and select from. I look forward to working with and supporting the new Chief Therapist Officer and the TPAC.

Thank you again for all of your support!

- C. Indian Health Service - CAPT D. Swett
Please see report (Attachment F)
- D. Coast Guard - LCDR E. Koziatek
Nothing new to report.
- E. FDA - CDR M. Schroeder
Please see report (Attachment G)

- F. Carville - CAPT J. Bell-Krotoski/CAPT J. Birke
Please see report (Attachment H)
- G. NIH
 - 01. Occupational Therapy Service - LT G. Grogan
Please see report (Attachment I)
 - 02. Physical Therapy Service - LT M. Rogers Smith
Please see report (Attachment J)
 - 03. Biomechanics Laboratory - LT K. Lohmann-Siegel
Please see report (Attachment K)
- H. Bureau of Prisons - CAPT G. Diullo
Please see report (Attachment L)
- I. Research / Award Activity - CAPT J. Birke
Please see report (Attachment M)
- J. CMHS - CDR G. Schofield
Please see report (Attachment N)
- K. FEOH - CAPT A. Plumstead
Please see report (Attachment O)
- L. PHS Recruitment Branch - CDR B. Ferguson
Nothing new to report.
- M. Therapist Recruitment - CAPT G. Hunt
Please refer to Old Business, Item B.
- N. Education - CDR B. Brown
Please see special report on Claremore Diabetes Project/Program in June 1990.
Diabetes Outlook: Newest Developments in Diagnosis and Management.

VI. Old Business:

- A. Standardized Clinical Specialist Billets -Certification Status
TPAC welcomed CDR B. Thornton and CDR C. McGarvey. CDR Thornton was reporting for LT Rogers Smith, Chairperson of the subcommittee on clinical specialist certification.

BACKGROUND:

1. The Therapist Category has its base in clinical practice. There is a need for a clinical specialist billet with an inclusive grade structure.
 2. Clinical Specialist billets have been developed in conjunction with the "Standard Billets" initiative. TPAC is charged with assuring that the minimum criteria for the 05 and 06 Clinical Specialist billets truly reflect "clinical specialist" status.
 3. Speech - Language Pathology, Audiology, and Occupational Therapy Professions do not currently have certification as founded in the Physical Therapy category.
 4. TPAC is not a certifying body, however, must assure that the clinical specialist billets are able to stand up to the anticipated audit by DCP.
- B. CDR Thornton presented the report of the subcommittee which was charged with developing criteria for the clinical specialist billet. The subcommittee recommended developing criteria similar to those developed by CDR C. McGarvey and CAPT J. Ebner of NIH. (Attachment P). This attachment determines clinical specialist status for the NIH agency specific billets. This attachment was based on a previous document developed by CAPT G. Hunt.
- C. Standards in the attachment were formulated with the idea that flexibility should exist in the specialist billeting process. Difficulty in developing criteria for specialty certification lies in the fact that four distinct disciplines must be taken into consideration/ all of which have specialization clarification processes evolving on different levels and time frames.

DISCUSSION TOPICS

ITEM #1 - ACADEMICS

Equivalency of recognized accredited academic degrees vs. the extended internship, residency, fellowship, and state government certifications was discussed.

ITEM #2 - SPECIALTY CERTIFICATION

Criteria used for Specialist would define what the professional brings to the job (i.e. the clinical responsibilities in the Specialty area for which an individual is hired).

ITEM #3 - EXPERIENCE

No Discussion.

ITEM #4 - CONTINUING PROFESSIONAL EDUCATION (C.P.E.)

Qualification according to the criteria results when an individual fulfills the standards set forth. C.P.E. in the form of earned C.E.U.'s and other types of training would be considered.

ITEM #5 - RESEARCH

Clinical research would be given consideration. The level of participation by the individual in the formulation, implementation, recording, and publication in the research model is important in this area.

ITEM #6 - PUBLICATION

NIH guidelines for authorship and defining the methods used in identifying the work done by individuals in the project and subsequent publication have been developed. Publication in peer review journals was suggested as being of great importance in this area.

ITEM #7 - PROFESSIONAL TEACHING

Variation in topics should be considered. Repetitive presentations on the same topic would be given lesser weight.

ITEM #8 - HONORS/AWARDS

Consideration of PHS and professional awards related to the area of specialty would be considered.

ITEM #9 - CONSULTANTSHIP/ADVISORY EXPERIENCE

Frequent documented evidence that the individual serves as a PHS and professional resource to the field in the area of specialty.

ITEM #10 - PROFESSIONAL REFERENCES

Consideration would be given to the quality of person giving the reference and to the level of recognition given to that individual.

ITEM #11 - PROFESSIONAL ASSOCIATION ACTIVITY

A number of opinions exist as to what the level of involvement should be in order to establish a meaningful criteria. CDR McGarvey stated that NIH has established an agency specific Specialist Billet at the 05 grade and 06 grade. One officer has qualified for the 05 clinical specialist billet. Currently no one occupies the 06 billet. There is some question as to how this could be applied to other agencies. A matrix was developed with rank order in mind. Flexibility was a prime consideration in developing a document which addresses the needs of the entire Therapist Category.

RECOMMENDATIONS

1. CAPT Fromherz pointed out that the standards established must be strong enough to stand up to audit. Additionally, it appears that the qualifying degree for the 06 level billets in a number of the other categories is a minimum of a Masters Degree.

2. If therapists achieve Board Specialty Certification from their professional organization approved by TPAC; they should qualify for the 06 Clinical Specialist Billet and thus not have to meet additional criteria as outlined in the Attachment.
3. The TPAC recommended that CDR Thornton share TPAC's comments with LT Rogers Smith and the subcommittee.

ACTION ITEM:

TPAC recommended that the subcommittee seek input from each professional organization. Each organization would be asked to provide specific criteria that might be used for specialty certification. The Navy criteria for credentialing will also to be requested. Therapists who are certified or are being certified will be contacted for their input. A response by the subcommittee should be available at the December 6, 1990 TPAC meeting.

ACTION ITEM:

All therapists are invited to forward their written comments regarding specialty certification to:

LT M. Rogers Smith
NIH
Building 10 Room 6S235
9000 Rockville Pike
Bethesda, MD 20892

LT Rogers Smith will report on the response at the December 6, 1990 TPAC meeting.

TPAC greatly appreciates the work of LT Rogers Smith, CDR Thornton, and the subcommittee on clinical specialization.

D. Therapist Recruitment Plan submitted by CAPT G. Hunt

Document submitted but not reviewed at the meeting.
(ATTACHMENT Q)

ACTION ITEM:

TPAC members will review the therapist recruitment plan and be prepared to discuss it at the next TPAC meeting.

E. COSTEP Coordination (CAPT G. Diullo)
Summary of study attached as presented.
(ATTACHMENT R)

The difficulty encountered by COSTEP Officers in the field in acquiring a suitable, well fitting uniform, in short time frame was discussed.

ACTION ITEM:

LCDR F. Oakley will forward the results of the study to the PHS Recruitment Branch for their information.

- F. Recruitment Screening Tool (CAPT D. Swett)
Due to time constraints this topic was only covered briefly. Further discussion will be scheduled at next meeting.
CAPT Swett reported that the current form used by IHS has been revised as the result of recent use at the APTA national convention. The purpose of the document is to provide a mechanism for follow-up with individuals that have demonstrated an interest in IHS/PHS positions while attending seminars, conventions, or recruitment activities.
(ATTACHMENT S)

- G. Review TPAC Charter Revisions
Revised Document (ATTACHMENT T)
CAPT Hartman noted that changes in the document are reflected by print differences (Goals/Objectives) as well as pen and ink notations.

DISCUSSION:

1. He suggested a change in term from "PURPOSE" to "GOALS". The objectives are established to meet the (4) four main goals:
(a) recruitment, (b) career development, (c) retention, and
(d) communication.
2. Issues related to the Therapist Category are discussed on a regular basis and a periodic assessment of issues must be made.
3. A report is prepared on an annual basis that presents the accomplishments and problems within the category. (This would be an effort that closely involves staff in the field for input.) It was noted that such an effort is a parallel to Strategic Planning used in some agencies such as the Bureau of Prisons. As such, a goal may be the "ability to meet manpower needs in Therapist Category". The annual assessment would then look at the factors of recruitment, career development, retention, and communication as related to the stated goal.
Special "Thanks" to CAPT Hartman for his work on the TPAC Charter revisions.

ACTION ITEM:

CAPT Swett will develop a draft of an instrument for distribution and retrieval of input from field therapists for the review at the next TPAC meeting. Goal of the instrument would be to assess how the TPAC is doing in meeting the Charter goals. Distribution and collection will be left up to Agency Representatives.

ACTION ITEM:

LCDR F. Oakley will request assistance of LCDR D. Nestor for development of Policy and Procedures to correlate with Charter and to review Charter Revisions. Progress report due at the December 6, 1990 TPAC meeting.

H. OTHER

1. CAPT Fromherz distributed a data sheet featuring standardized clinical billets and appropriate numbers to be used when 1662/new orders are cut. This numbering system will separate each professional into his proper professional category and agency. (ATTACHMENT U)

EXAMPLE:

10 HB 061 Staff Physical Therapist (0-3)
Bureau of Prisons

10 HG 084 Chief Occupational Therapist (0-5)
Indian Health

10 HN 103 Deputy Chief Speech Therapist (0-5)
NIH

2. Current Therapist Category Roster (ATTACHMENT V)

VII. New Business

A. Long Term Goals 1991

See Action Item to develop goals and objectives in Old Business - Charter Revision. "Development of goals and objectives".

B. Next TPAC Meeting

Date: Thursday, December 6, 1990.

Time: 1000 hrs.

Place: To be announced.

ACTION ITEM: Please forward agenda items and reports in writing no later than December 1, 1990 to:

LCDR Frances Oakley
NIH Occupational Therapy Service
Bldg 10, Room 6S235
9000 Rockville Pike
Bethesda, MD 20892

Phone (301) 496-3100

* FAX (301) 402-0663

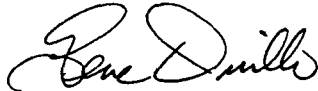
* Please do not FAX reports as they do not copy well.

Please use attachment B as a guide for written reports.

C. AWARD

At the conclusion of the meeting CAPT Roger Nelson was recognized for his outstanding contributions to the TPAC. CAPT Fromherz presented CAPT Nelson with the PHS citation and plaque.

Respectfully submitted:




CAPT Gene Diullo
Secretary, TPAC

Date: 11/8/90

Concur: VERBAL 

LCDR Frances Oakley
Chairperson, TPAC

Date: _____

Reviewed: VERBAL 

CAPT William Fromherz
Chief Professional Officer
Therapist Category