THERAPIST PROFESSIONAL ADVISORY COMMITTEE MEETING MINUTES THURSDAY, MARCH 11, 1993

PLACE: Conference Room

Parklawn Building Rockville, Maryland

DATE: March 11, 1993

TIME: 0900 to 1600 hours

PRESENT: CDR David Nestor (PT/Chairperson/BOP)

CAPT Gene Diullo (PT/CPO/BOP)
CAPT Judy Bell-Krotoski (PT/HRSA)
CDR Elaine Corrigan (ST/SAMHSA)
CDR Charles McGarvey (PT/NIH)
LCDR Karen Siegel (PT/NIH)

LT Cindy Melanson (OT/Secretary/CMHS)

CDR Willis Trawick (PT/Field Representative/CMHS)

LCDR Georgia Johnson (OT/CMHS/Guest)

CALL TO ORDER: Meeting opened by CDR Nestor at 0900 hours.

AGENDA: Agenda of March 11, 1993 was adopted.

(Attachment A)

TPAC MINUTES: Approved as published.

OPEN FORUM: LCDR Becky Sellers was unable to attend due to

travel approval restrictions at the Zuni IHS facility. CAPT Barbara Ferguson was unable to

attend the meeting due to illness.

OLD BUSINESS:

1. Issue: Review T&E Appointment Standards Action: CDR Willis Trawick and CDR

CDR Willis Trawick and CDR Elaine Corrigan presented a rough draft of proposed revisions to the Therapists Category T&E Appointment standards to the Therapist Professional Advisory Committee (TPAC). They reported that the T&E Standards for the therapist category were last revised in 1991. The review committee members stated that they did not feel that the standards needed major changes; however, the committee members asked for clarification and guidance from the TPAC on the following points:

1. <u>Creditable Work Experience:</u> The TPAC members had no objections to adding the word "international" to the T&E standards and crediting prospective applicants with appropriate professional experience outside

> the United States. Therapists requesting credit for professional experience/work outside the United States must provide sufficient, creditable documentation to verify their level of effort and professional performance to gain T&E credit.

- 2. Medical Requirements: The TPAC members felt that medical appointment standards were not a categorical issue and no changes should be made. Any changes in this standard must be made at the Office of the Surgeon General. والمرازع والمتعارض والمتعا
 - Graduate Education: The TPAC members felt 3. that post-graduate courses relevant to the therapist qualifying degree may be considered by the appointment board and count toward T&E computation. Consideration should be taken whether or not this course work was before or after completing the therapist's qualifying degree. All credit for post-graduate course work must be verified and meet DCP approval.

Note: The TPAC and committee members felt that T&E determination was more of a process problem and the existing standards were, for the most part, adequate to meet the needs of the category. TPAC members expressed concern about the manner in which the existing standards are being applied. The committee members will prepare a final draft of

proposed revisions and report to the TPAC at the May 25, 1993, TPAC meeting. Questions or comments concerning the T&E revision draft should be directed to CDR Willis Trawick at 202-373-7897/7888

or CDR Nestor at 507-287-0674, Ext. 135.

Conclusion:

Issue:

Conclusion:

Therapist Recruitment Brochure

LCDR Karen Siegel was asked to develop a recruitment brochure. LCDR Siegel worked with CDR Wayne Smith and LTjg Catherine Forbes to develop a draft brochure. LCDR Siegel presented the "draft" brochure at the TPAC meeting (Attachment B). TPAC members reviewed the brochure and provided

LCDR Siegel with comments for revising the

brochure.

CDR Nestor emphasized the importance of the TPAC and the therapist category to be creative in developing recruitment and retention programs. stated that some agencies and programs do not have an organized and coordinated recruitment program therapists. He also stated that recruitment branch is funded by individual agencies and those agencies that do not fund the recruitment branch do not receive services. Therefore, the TPAC must make every effort to recruit for the entire therapist category and not be restricted by a lack of agency funding to the recruitment branch.

CDR Charles McGarvey suggested the recruitment brochure contain quotes from some of the retired PHS therapists. These quotes and/or listings of accomplishments by these officers would include some of their career highlights and accomplishments, and a personal statement of what their Public Health Service (PHS) career meant to them.

CDR Nestor stated that the brochure should list the names and phone numbers of qualified individual that a perspective applicant could contact for additional information.

Action:

A final draft of the brochure will be presented to TPAC during the May 25, 1993, meeting.

3. Issue: Conclusion:

TPAC Charter Revisions

Final revisions to the TPAC charter have been completed. The revised charter has been forwarded to the Office of the Surgeon General for review and approval (Approved and signed April 1, 1993).

4. Issue:

American Physical Therapy Association (APTA) Celebration For Military Therapists

Conclusion:

The Uniformed Military Services - Public Health Service, Army, Navy, and Air Force - will be recognized for their 75 years of service to the US military, their dependents, and the American The recognition ceremony will take place public. on June 14, 1993, during the American Physical Association Annual Conference Therapy Cincinnati, Ohio. All PHS officers, active or The APTA retired, are encouraged to attend. officials have asked that officers attend the

ceremony in Class A dress blues (dress blue uniform, white shirt, black bow tie, no ribbons). Take some time and spread the news so this public relations opportunity may be maximized.

5. Issue:
Conclusion:

Therapist Health Care Issues
During the past three months, the TPAC has received
numerous inquiries from the field about the lack of
quality healthcare available to PHS therapists and
their families. The downsizing of the Department
of Defense and the closing of many military
healthcare facilities will make this situation even
worse.

TPAC members understand the problems facing therapists in the field. Therapist's concerns about healthcare have been and will continue to be voiced by the CPO and TPAC Chair to the Chief of Staff, Deputy Surgeon General, and to the Office of the Surgeon General. Positive or negative comments about health care issues should be directed to CAPT Gene Diullo, CPO, 417-862-7041 ext. 385 or CDR Nestor, TPAC Chair, 507-287-0674 ext. 135.

NEW BUSINESS:

1. Issue: Conclusion:

Recreation Therapy Presentation TPAC has been asked by IHS representatives to evaluate recreation therapists training experience and advise IHS and DCP about efforts to commission recreation therapists as PHS officers and assign them to the therapist category. questions were raised concerning the professional practice boundaries of recreation therapists and occupational therapists. After a lively discussion, TPAC members attempted to identify the Occupational Therapist staffing needs of the category and PHS. Moreover, the TPAC attempted to determine the need for recreation therapists considering the training, experience, professional expertise of the Occupational Therapist currently in the therapist category. Some questions raised concerning recreational therapy included:

- 1. Are recreational therapists certified and/or licensed?
- 2. What training do recreational therapists receive?
- 3. What is the career track potential of recreational therapists in the Public Health Service?
- 4. Can the existing and future cadre of PHS Occupational Therapists meet the needs for the rehabilitation services identified by IHS?

Dr. George Patrick, a recreational therapist at the National Institute of Health (NIH), agreed to address the TPAC and discuss some of these issues. Mr. Patrick stated that recreational therapists receive a bachelor's degree in Recreation with an emphasis in Therapeutic Recreation or Recreational Therapy. Recreational Therapy does have a national exam which is voluntary. If an individual wants or needs to be licensed, then he/she must pass this national exam. Recreational Therapy students receive a strong background in psychology, sociology, human growth and development, and exercise physiology. All students obtaining a Recreational Therapy degree must successfully complete a fifteen week internship under the supervision of a certified recreation therapy specialist.

The philosophy of the American Therapeutic Recreation Association (ATRA) is to use recreation as a modality for leisure lifestyle by using an individual's interests and hobbies to improve social, emotional, and physical well-being. ATRA breaks treatment into three different components and a recreational therapist can deal with one or more of these components.

1. Treatment Aspects: A recreation therapist would work with the parts of a patient's life that are non-functional or impaired and impede that individual from participating in recreation.

- 2. <u>Leisure Education:</u> Recreational therapists educate patients in terms of making new decisions concerning leisure lifestyle because of disability.
- 3. <u>Recreation Participation:</u> Recreational therapists feel that anyone that is hospitalized needs some form of recreation.

Action:

Additional discussion concerning Recreational Therapist will be an agenda item for the May 25 and August 5, 1993, TPAC meetings. TPAC recommendations concerning this issue will be completed no later than September 30, 1993.

2. Issue: Conclusion:

COSTEP Position Paper
CDR Nestor presented the first draft of a COSTEP
Position Paper. The purpose of this position paper
is to recommend that the agencies consider shifting
a portion of the Junior COSTEP funding into the
Senior COSTEP program. The additional funding of
Senior COSTEPs may help the therapist category
recruit and retain junior therapists to meet the
critical staffing shortages in IHS, BOP, and other
PHS agencies/programs.

TPAC members discussed the effectiveness of the Junior and Senior COSTEP programs as a recruiting tool for the therapist category. TPAC recognizes that the COSTEP programs are controlled, for the most part, at the agency level. The agencies determine which COSTEP positions are available and which positions are funded as Junior versus Senior COSTEPs.

CDR Elaine Corrigan stated that in 1992 there were 400 applications to the PHS Senior COSTEP program. Of those 400 applications, 64 were selected. Five of those 64 positions (8%) were therapists. CDR Corrigan also stated that in 1992, 24 Junior COSTEP applications were received for the therapy category. The number selected is not currently available. CDR Corrigan also stated that statistical data on the COSTEP programs is very difficult to recover from existing data banks at DCP.

> CDR Nestor provided some interesting facts from Rehabilitation Today. According to this article, 55 percent of hospitals surveyed said physical therapists were among the five most difficult healthcare professionals to recruit; 28 percent put occupational therapists in that category. In terms of retaining employees, 32 percent of the 3,184 hospitals surveyed claimed that physical therapists were among the five hardest employees to recruit. Last year, 16.6 percent of full-time physical therapy positions were vacant, while 14.2 percent of full-time OT positions were vacant. Furthermore, 64 percent of vacant full-time physical therapy positions and 46 percent of vacant full-time OT positions took more than 90 days to fill.

Responding to concerns about staffing, American Occupational Therapy Association (AOTA) initiated a toll-free career line to provide identification to candidates interested in OT. The career line

number is 800-366-9799.

Action:

Comments, concerns, and/or additional information that will improve the position paper should be faxed to CDR Nestor at 507-282-3741.

NEXT TPAC MEETING:

Date:

Tuesday, May 25, 1993

Time:

1145 to 1700 hours

Place:

Zuppke Room Camelback Inn

Scottsdale, Arizona

COA Meeting

Respectfully

Submitted:

LT Cindy Melanson Secretary, TPAC

Concur:

CDR Dave Nestor Chairperson, TPAC

Reviewed:

CAPT Gene Diullo

CPO, Therapist Category

THERAPIST PROFESSIONAL ADVISORY COMMITTEE MEETING AGENDA MARCH 11, 1993

ı.	Call to Order	
ıı.	Adoption of agenda	
III.	Adoption of previous TPAC minutes	
iv.	Open Forum A. Welcome Guests B. Action item review C. Request for reports from the field	
V.	New Business A. T & E Appointment Standards Review (Du B. Therapist Recruitment Brochure Revision C. Recreation Therapist Presentation D. COSTEP Position Paper (1st Draft) E. Inter-Service Therapists Advisory Comm	on (1st Draft)
	G. TPAC Charter Revisions (Status Report) H. APTA Celebration for Military Therapis I. Therapist Health Care Issues K. 1993 TPAC Meeting Schedule L. HAT Presentation at COA-Scottsdale	
VI.	Chairperson	Diullo Diullo Fromherz Ferguson Schroeder Birke Graham Huylebroeck Koziatek Schroeder Bell-Krotoski Birke
	Occupational TherapyB. Physical TherapyK. Biomechanics LaboratoryK. Bureau of PrisonsF. Community Mental Health ServicesW. Federal Employee Occup. HealthA. Health Care Financing AdminS. Center for Disease ControlC.	Whitehurst Siegel Levy Trawick Plumstead Patterson