

PharmPAC Benchmark Working Group

Leader: CAPT Mike Long

PAC Representative CDR Mike Shiber, Career Development

Members: CAPT Sue Arnold, IHS, CAPT Raelene Skerda, HRSA, CAPT Chris Chamberlain, NIH, CDR Dan Hasenfang, USCG, CDR Mary Niesen, IHS, LCDR Rebecca DeCastro, CMS, LCDR Binh Nguyen, FDA, and LT Rosalyn Adigun, FDA

The PharmPAC Benchmark Working Group met on 2 occasions on a short term, high priority mission for the PharmPAC and PHS Leadership. There was a great interest and response in support of a promotion benchmark working group and agency representation was selected by Agency Chief Professional Officers/PHS Chief Profession Officer. Comments were requested from across the category, many were received and all were presented to the committee as a whole and per benchmark/factor as we reviewed the criteria. The following is the uniform consensus of the committee with the direction of the PHS leadership in mind.

Recommendation to change the wording from Promotion Benchmarks to Guidelines.

Benchmark # 2 Education, Training, and Professional Development

Factor: Degrees were accepted as previous guideline but to eliminate examples as there are too many degrees to specifically name.

Discussion: It is recommended that an officer pursue advanced education in a field that would benefit the local, agency or PHS mission and document on their CV appropriately.

Factor: Credentialing should be documented by the officer as to how training/education benefits the current agency's mission and the mission of the Public Health Service. Use specific guidelines as (1) change from basic to local level credentialing. (2) Change intermediate to OPDIV or regional level credentialing and (3) change advanced to National level credentialing.

Discussion: The focus was to make the benchmark/guideline more general for the promotion board discretion and to show progression of the officer. A recommendation was made to develop a glossary or information sheet for each agency to help the promotion board officer identify with what to look for in officers from other agencies. It was noted that each agency has specific credentials, certification, and education that would directly relate to a specific agency mission which may be unknown to promotion board officer.

Factor: Public Health Training/Experience the recommendation was to remove specific public health training examples (all parentheses) in the “Factor description” and guidelines.

Discussion: The recommendation was to focus on showing officer progression on each rank guideline which would include local, agency/OPDIV and National level for public health training as is also supported in the Medical and Nursing Benchmarks.

Benchmark #3 Career Progression and Potential

Factor: Billets was accepted as is and should demonstrate officer progression.

Factor: Assignments change was to remove the word minimum in the guidelines and change to 1 or more progressive assignment changes, 3 or more career progressive assignment changes and 5 or more career progressive assignment changes.

Factor: Mobility-Geographic and/or Programmatic a recommendation was made to provide a tier hierarchy in the factor description to show degree of importance/hardship in the difference between a geographic move and a programmatic move. Thus geographic move would be 1st tiered and then after a space the 2nd tiered factor would be programmatic move. Guidelines would remove the word minimum and state one or more geographic or programmatic change, 2 or more, and 3 or more changes demonstrating career progression. Mobility would be added as a lower tier for each T grade guideline which would be defined as extended details, emergency deployments with OFRD or with officer’s agency or OPDIV.

Discussion: This is in accordance with the Medical Category Benchmark and gives support to officers who support their agency mission or PHS mission and the promotion board support to recognize such efforts.

Factor: Assimilation with only one change to recommendation for T04 be changed to application submitted if eligible for officers eligible for promotion but not assimilation.

Discussion: There was concern on capitation issues but that this is only a guideline and that ample time would still be provided to become assimilated across and officer’s career considering T05 and T06 is over a 17 year TE time span or even longer for T06.

Factor: Collateral Duties/Billet Addendums remove Billet Addendums as they are not utilized by the PHS in the factor description. Remove current guidelines and replace with Agency mission-related duties that are not included in the billet description. Involvement is local and as a team member for T04, and involvement is regional or national in leadership role for T05, and involvement to be national and leadership role for T06 Officer should initiate activity at the 06 level.

Discussion: This recommendation is accordance with the Medical Category Benchmark and demonstrates officer progression in collateral duties.

Although, only these factors were to be reviewed specifically, the group did discuss other Promotion guidelines and factors. The one uniformed consensus was on Benchmark #1 Award History in the factor of CC underneath statement be added of other uniform service awards to recognize PHS officers serving in the DOD and other uniform services like the Coast Guard. It was noted the officers could be penalized for not having CC awards and not be recognized for equivalent other uniform service awards.

All comments were considered when reviewing the factors and benchmarks. Each agency representative was able to comment and recommendations were based on a democratic majority decision. Other category benchmarks were reviewed and considered as well as past benchmark discussions and current trends/developments in the Corps. Our meeting ran over time each meeting as this difficult challenge and recommendation was not easily achieved. Many thanks to all the valued comments and the agency representatives input and their time/efforts in this endeavor.