



## Annual Section Update, October 2008

### Co-Leads:

**CDR Mike Shiber**  
**CAPT Scott Giberson**

#### **1. Career Development/Progression Topics (CDR Shiber & CAPT Giberson)**

- Career Development represented by Section Lead at 12 of 12 PharmPAC meetings
- Disseminated 2008 Assimilation Recommendations
- Provided 2008 assistance and information on Promotion Requirements & Procedures to all PHS Pharmacists via listservs.
- Coordinate with OCCO and Provide OPF counseling and guidance.
- Developed COER Attachment I templates for officers to follow based on examples from both patient care and non-patient care pharmacist positions. To be posted to PharmPAC website after 508 compliance established.
- Information on Training and CE Pharmacy Opportunities
- Provide Mentor/Leadership Speakers/Presentations for 2008 PAC Meetings
- Both CAPT Giberson and CDR Shiber presented at multiple national level meetings and represented PharmPAC Career Development Section on various topics at COA, APhA, IHS Pharmacy Quad Clinical Meeting and BOP National Pharmacy Conference.
- Responded to hundreds of emails from officers PHS-wide regarding career development questions, promotion criteria, benchmarks, readiness, and career progression.
- Complete the PRPT Readiness Training with PAC and OFRD.
- Communicated and distributed 2008 Assimilation application process, info. and results.
- Provided assistance, information, and guidance for 2008 Promotion-eligible officers
- Completed the PRPT Readiness Training with PAC and OFRD. National Presentation at the COA PHS conference in Tucson, Arizona.
- Provided Officer mentorship, e-OPF review, and CV review for many officers requesting guidance.
- Mentored 5 officers in the CCPMN mentorship program with 5 officer promotions
- Developed new material, layout and content for Career Development Webpage within new migrated PharmPAC website.
- Responded and commented to all PAC correspondence, most importantly new directives, pamphlets and proposed changes in policy/CCPM for review and comment.
- Assisted with BOP Liaison Report

#### **2. Immunization Training (CDR Shiber, CDR Laura Pincock, LCDR Keith Olin and others)**

- OFRD Posting of the APhA Immunization on Blackboard
- APhA Immunization license agreement supported by BOP for another year
- Non APhA Immunization Equivalency Program completed with review board
- Submitted Award Recognition for Non APhA Working group
- PharmPAC Immunization List Serv up and running (CDR Laura Pincock)
- APhA Immunization Course offered in Rockville, MD and COA Tucson, AZ
- Co-written IHS funding paper for IHS funding of Immunization Initiative
- BOP has trained over 80% of its pharmacists / IHS funded over 100 pharmacists for this year supported and instructed through the PAC. BOP has Regional Immunization Training during their BEMR Rx roll out and at their National Pharmacy Conference. IHS had Regional Immunization Training in OK, AZ, and MN and at their QUAD clinical conference in Phoenix, AZ.
- Drafted Letter Signed by CPO and Dental CPO recognizing Immunization Initiative PHS Leadership and Faculty Immunization Instructors
- Submitted Award Recognition for LCDR Olin and LCDR Evans for their contributions to the PharmPAC pharmacy based Immunization Initiative
- PHS/APhA Faculty trainers doubled from 14 to 27 this past year.

- FOH Immunization Training with OFRD has greatly increased its participation and utilization of pharmacists in its annual flu shot program. Pharmacists are participating in different cities as we expand the training opportunity for all immunized trained PHS pharmacists. PHS pharmacists are providing over 40% of all flu shots administered.
- PharmPAC leadership met with the Acting Surgeon General RADM Galson and continued continuity of support for the Pharmacy Immunization Initiative and has rewritten the white paper funding for a future meeting with the Director of ASPR.

It has been a very successful year for the PharmPAC Immunization Initiative meeting almost all planned goals that were more of a “highlight” of the perfect year like a benchmark for promotion.

### **3. Mentoring Program (CDR Shiber, CAPT Lillie Golson, Program Coordinator and the**

- All new pharmacists commissioned in the PHS receive a CCPMN mentor
- Experienced Junior Officers were accepted as potential mentors
- CCPMN has been working with the CAM Teams and OCCO for better communication and coordination of newly commissioned officers.
- Junior Officers seeking mentorship for promotion supported through CCPMN
- Mentor Training is being planned for the fall for new mentors and review for experienced mentors. Training has been delayed because of OFRD Deployments and hurricanes.
- Recognized CCPMN Team with Unit Commendation for years of service to the PAC without any previous recognition for the program or their efforts

### **4. Publishing Workgroup (CDR Shiber and Lead Editor, CDR Louis Flowers)**

- Created PHS Public Health Pharmacy Article. In the process of publication with APhA
- Networking at the COA Conference with interagency PHS pharmacists
- Working on a new article and assisting other pharmacists with their publications.
- Promoting publication throughout the PHS pharmacy category.

### **5. Clinical Sub-Committee (CAPT Giberson)**

- CAPT Giberson proposed the development of a new PharmPAC Clinical Sub-Committee in August 2007. After PAC discussion and justification including a concept paper and CPO support, the Clinical Sub-Committee became official in November 2007.
- Reviewed and further developed 24 short and long-term sub-committee objectives. These can be provided upon request, but were submitted to PharmPAC Chair in 2007.
- Reorganization of the sub-committee to accommodate large contingent of volunteers. Currently Clinical Sub-Committee has grown in number to 59 volunteers with multiple sub-subcommittee leads and liaisons. A list can also be provided upon request.
  - Monitored participation. Appropriately recognize (rewarded) active volunteerism. Multiple members of clinical sub-committee were recognized via nomination for the USPHS Unit Commendation ribbon.
- **USPHS Clinical Webpage development** (LCDR Ryan Nguyen, Webpage Coordinator)
  - Selected project lead and worked to develop outline and need for clinical webpage to engage current PHS pharmacists and potential students interested in PHS clinical pharmacy. Goal to serve as a recruitment and retention tool as well as raise awareness of clinical activities PHS-wide.
  - New release to World Wide Web September, 2008 at: <http://www.hhs.gov/pharmacy/clinpharm/index.html>
  - Formed sub-sub Committee led by LCDR Ryan Nguyen (FDA) with volunteer members. With guidance from Clinical Sub-Committee Lead, members developed complete clinical webpage and collected/formatted documentation for all sub-pages within site over the course of 9 months.

- Topics include: Clinical Certifications, Guidelines and Protocols, Innovative Practices, Publications, Resources for Deployment and TDY Opportunities.
- Innovative Practices section highlights a collection of pharmacists and pharmacy programs that demonstrate PHS's ability to expand the role of the pharmacist.
- Webpage can be utilized by those within the Corps for reference, awareness and resources and by those interested in the Corps (including students) for recruitment and/or retention purposes
- Webpage to be automatically migrated into new PAC site once it is released.
- All materials on clinical web-page are 508 Compliant.
- **Clinical Assessment Survey** (CDR Nate Yale, Survey Project Lead)
  - Developed and released a respondent-driven Survey monkey survey via PHS listserv. Assessment of types/quantity of clinical services. Yielded valuable visibility on our clinical services as well as expanded roles and agency types and quantities of clinical services.
  - Respondent-driven survey had 235 respondents, which showed good uptake by USPHS Pharmacists – nearly 25%. Survey took several months to develop, release, collect and analyze responses. Results and analysis provided to Chair and PAC membership. Results also posted on new clinical website.
- **PharmPAC Utilization and Assessment Survey.** (Survey Team)
  - Developed and released a respondent-driven Survey monkey survey via PHS listserv. Assessment of PharmPAC logistics, utilization of PharmPAC by PHS Pharmacists, PharmPAC 'services' and accountability were analyzed. Yielded valuable input that will be assessed by PAC members. This is the first time the PharmPAC (to our knowledge) formally surveyed the PHS Pharmacists to garner input to better serve them as members.
  - Respondent-driven survey had 348 respondents, which showed very good uptake by USPHS Pharmacists – nearly 35%. Survey Lead: CDR Nate Yale. Survey took several months to develop, release, collect and analyze responses. Results can be provided upon request and were disseminated to PAC Chair and all members.
- **Interagency Clinical Pharmacy Initiatives** (RADM Pittman, CAPT Giberson, CDR Shiber, LCDR Mike Lee)
  - Reviewed best practice models / training and collaborated with BOP to provide interagency training in Anticoagulation.
  - Integrated Clinical Components of IHS and BOP
    - IHS National Clinical Pharmacy Specialist Committee, the National Pharmacy Council, BOP Chief Pharmacy Consultant, BOP National Clinical Pharmacist Consultant, and PharmPAC integrated with new Clinical Sub-Committee Lead and Chairs of IHS NCPS and NPC. Disseminated multiple projects for review among NCPS and NPC for comment to PharmPAC, integrating clinical components of IHS, BOP and PHS.
    - The NCPS Credentialing Committee expanded its reach and for the first time in our PHS history, a uniform system of credentialing was proposed between IHS and BOP within clinical pharmacy.
      - CAPT Giberson presented NCPS history, logistics, scope to Chief Medical Officer of BOP, BOP Principal Pharmacy Consultant and National BOP Clinical Pharmacy Consultant
      - IHS NCPS and BOP developed Memorandum of Understanding regarding expansion of NCPS credential into BOP. Document is currently awaiting signatures and is supported by Chief Professional Officer of Pharmacy (RADM Robert Pittman)
- Furthered clinical awareness and interagency clinical activities.

## **6. Category Readiness (CAPT Giberson)**

- Year-Round monitoring and evaluation of category readiness as well as proactive reminders generated.
- Category saw peaks and troughs depending on time of year (closer to promotion numbers were at all-time highs). July 2008 report, category readiness at 78%. Some of this decrease was likely due to post-2008 promotion and pre-2009 promotion preparation timelines; however it was quickly addressed
- Response to reduction in readiness numbers:
  - Spreadsheet generated with those officers that were NOT BASIC qualified and put them on a distribution email list. Sent multiple reminder emails to check readiness status - and the importance of Basic readiness,
  - Most common trend was the need to record a PPD as well as APFT or President's Challenge.
  - If officer utilizes (or plans to utilize) the President's Challenge in place of APFT, make sure it shows up in your OFRD Profile and / or check with OFRD on your status.
  - September 08 Readiness – 85%. Number of “not qualified” pharmacists diminished from over 200, to around 150. A significant increase from the July readiness numbers.
- Way forward
  - Maintained receipt of readiness data (from RADM Pittman) as an entry point each quarter (or as often as generated) to see percentage of category readiness
  - Future category ‘posture’ for handling readiness. Readiness is appropriate at this point (>80%). Will follow 80/20 rule with readiness and have ongoing discussion with RADM Pitman.
  - Discuss mechanisms to assist us with finding out more detailed information from OFRD. Co-Lead will need to discuss quarterly with RADM Pittman if detailed data is sensitive information.
  - Mine data from readiness reports to detect trends among agencies, ranks, and reasons for not-qualified misses.
  - Assisted with "readiness" emails to all PHS pharmacists not-qualified.
  - Continued to look at newly commissioned officers after 1 year. Officers are exempt from Readiness for 12 months unless (due to T&E) they come up for a promotion prior to 12 months. For those reaching the 12-month deadline, remind them. After 9 months, re-engage newer officers on readiness. We can tell from this spreadsheet who is ‘exempt’ due to that 12-month cushion. Send a reminder email that their time is coming to an end to be “exempt”
  - Discussed what we can do for the calls to active duty and how we can address readiness. We will need to address this critical group of officers with readiness.

## **7. FOH Clinics (CDR Shiber, LCDR Keith Olin - Program Coordinator, CAPT Giberson)**

- Get an after action report of the 2007 FOH activity from LCDR Keith Olin
- Discuss challenges of this year and improvements and/or potential expansion in 2008
- Consider alternative activity for those immunizers trained in the field that do not have access to local FOH clinics including.
- Coordinate with FOH and OFRD for training or deployment designation
- List and organize experienced Pharmacy Immunizers/Mentors
- Assist and expand FOH Pharmacy Immunization Assistance nationally

**8. PharmPAC Workgroups (CDR Shiber and CAPT Giberson)**

- Provided leadership and participation in the 2009 Benchmark recommendations.
- Actively involved and Participated in the PharmPAC membership workgroup and wrote PharmPAC recommendation letter.
- Actively involved and Participated in PharmPAC election process of new members
- Made workgroup recommendations to address field assessment of PharmPAC and facilitate survey of PharmPAC uptake, logistics and meetings.
- Provided operational leadership to Special Pay Working Group to produce Special Pay Report submitted to RADM Pittman. This report was utilized to justify substantial pay raise for all PHS Pharmacists in FY2008 via the Variable Special Pay.