

Promotion 101: Medical Category 2009 Promotion Guidelines

CAPT Jeffrey Kopp

jbkopp@nih.gov



Locating key information

PPAC website: <http://usphs-ppac.org/> > professional advancement

- PY09 benchmarks
- Promotion board guidelines
- Tips for success with promotion boards
- Preparation of CV and sample CVs from promoted officers

Comments on Promotion Guidelines

- CDR Rochelle Nolte: rochelle.nolte@uscg.mil
- CAPT Jeffrey Kopp: jbkopp@nih.gov

2009 Medical Benchmarks

PY09 Benchmarks were released summer 2008

This is the official title but a better term would be **Promotion Guidelines (term suggested but not yet adopted)**

Introductory text

Levels of achievement considered to describe the “best qualified” officer for promotion”

No officer is expected to meet all the benchmarks

Quality of service is more important than quality

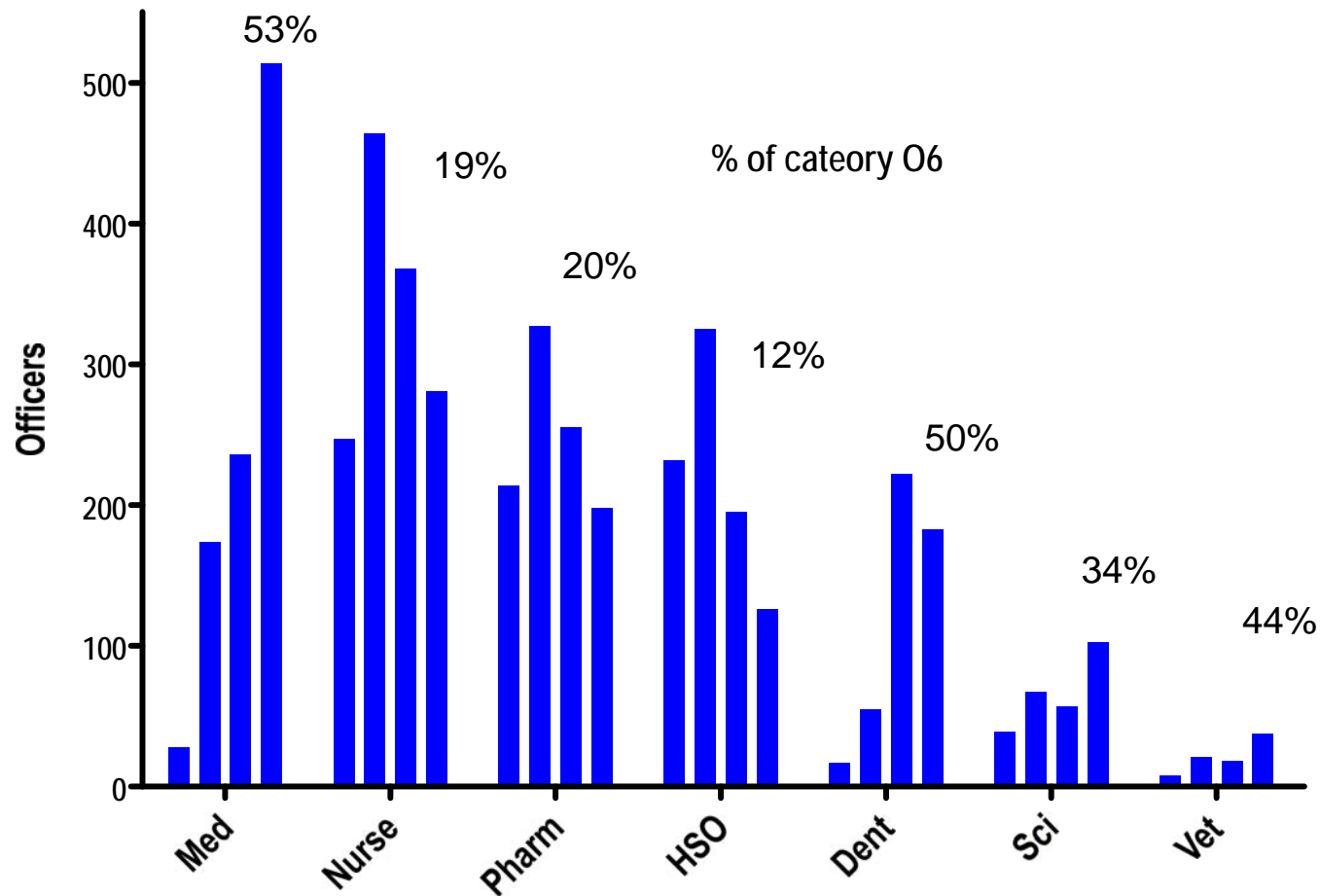
Overview

Who is best-qualified for promotion?

- Those who demonstrate **excellence** to the Promotion Board
- 2008 promotions to TO5: 39/90, 43% (similar to other categories)
- 2008 promotions to TO6: 47/104, 45% (compared to 32% in other categories)

Rank distribution: Comparison across selected categories

Number of Temporary O3, O4, O5, O6 officers (Dec 2008)



How does the Promotion Board determine excellence?

“I know you say that these are guidelines but aren't they really requirements?”

“If a precept lists 5 examples of excellence, how many should I do?”

Each Promotion Board member decides what constitutes excellence for each of first 4 precepts and generates a rank score

42%/45% of officers were promoted to TO5/TO6 in 2008 - likely same in 2009

The purpose of the precepts, factors, and examples of excellence is to document a shared understanding about what **excellence in an officer** looks like: what officers should be striving for and what the Promotion Board will be looking for

Promotion Board Review

- **Process: 5 PO6 Medical Officers, meet for 3 days in Spring, review ~200 files = 7 min/file**
- **Focus**
 - PIR (personnel information report): COER scores, billet grade, assignment history, assimilation application date, years on active duty, awards**
 - CV cover page - organize by precepts and factors**
 - Reviewing Official's statement**
 - Rater's comments (in COER)**
- **As time allows**
 - Officer's statement**
 - CV (organize front section by precepts and factors)**
- **Working independently, each board member generates a score for each precept for each officer**

- Promotion guidelines include 5 precepts, each with multiple factors

#	Precept	Application
1	Performance	Shared
2	Education, training, and professional development	Category specific
3	Career progression and potential	Category specific
4	Professional contributions and service to CC	Shared
5	Response readiness	Shared (OFRD)

PPAC Cover letter (1)

- The benchmarks serve as a guide to the board members in their deliberations and are not criteria required for promotion
- Four factors are denoted “required”: promotion readiness, integrity/duty, professional degree, state medical licensure
- For all other factors, the descriptions of activities are *examples of excellence* and are not to be construed as requirements (this terminology is used in Medical Category precepts 2 and 3 but not for the shared precepts 1 and 4)

PPAC cover letter (2)

- **The promotion board may identify similar activities that completely fulfill a given factor**
- **The promotion board may deem other activities to be lesser in quality or quantity and to constitute partial fulfillment of the factor**
- **The term *value added* has been dropped, since all but the required factors may be partially or completely fulfilled (partial fulfillment resulting in reduced precept score)**

PPAC cover letter (3)

- **The relative weighting among the factors in determining the score for a precept is left to the discretion of the promotion board**
- **There is no time limit on performance of activities that fulfill a factor (e.g. activities from 5, 10, or 15 years ago are eligible for consideration)**

PPAC cover letter (4)

The promotion board is urged to consider

- The existence of *diverse career tracks*, including clinicians, epidemiologists, researchers, regulatory officers, policy makers, and administrators
- That individuals in different career tracks will *achieve excellence in different ways*

PPAC cover letter (5)

The promotion board is urged to consider how to

- **Promote *diversity of achievement* : PHS needs individuals with diverse education, training, skills, and achievement and PHS needs to elicit excellence from officers in diverse ways**
- **Ensure *equality of opportunity*: achieving the highest level of performance for some factors may be a challenge for officers who face limitations due to agency mission or geographic location**

The promotion board is asked to take into account each officer's assignments, past and present

#		Precept	Weight
1	Shared	Performance	40%
2	Category specific	Education, training, and professional development	15%
3	Category specific	Career progression and potential	25%
4	Shared	Professional contributions and service to CC	15%
5	Shared	Response readiness	5%
			100%

Note: relative weights are identical across categories

Performance (Precept 1): 40%

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
COER, attachments (past 3 yr)	1° focus narrative 2° focus trend, billet at or above grade	Same	Same
CC Honor awards	<u>Achievement</u> medal and below Record of awards across career	<u>Commendation</u> medal and below Record of awards across career	<u>Outstanding Service</u> medal and below Record of awards across career
Non-corps awards	Value added Division, Institute, and Agency awards and professional organization awards and recognition such as letters of appreciation	Same	Same

Note: physicians enter CC as P-03, or higher, and T-O4 is a noncompetitive promotion, so this column is not relevant for medical officers.

Performance (Precept 1)

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
Reviewing official's assessment (3 components)			
1. Promotion readiness	Yes	Yes	Yes
2. Leadership	<p>Contributes</p> <p>Management, supervisory or leadership position</p> <p><i>And/or</i></p> <p>Member of a formal task force or similar group at the <u>Branch</u>, Division, Agency, or CC level.</p> <p><u>Identifies</u> leadership role.</p> <p><i>And/or</i></p> <p>Through publications or other written communication</p>	<p><u>Contributes and exhibits leadership</u>□</p> <p>Management, supervisory, <u>expert</u> or leadership position</p> <p><i>And/or</i></p> <p>Formal task force or similar group at the <u>Division</u>, Agency, or CC level.</p> <p><i>And/or</i></p> <p>Provides <u>Agency, Bureau, or Area-level</u> expertise through publications or other written communication</p>	<p><u>Leads</u></p> <p>Management, supervisory, expert or leadership position</p> <p><i>And/or</i></p> <p>As a member of a formal task force or similar group at the <u>Agency</u>, CC or PHS level.</p> <p><i>And/or</i></p> <p>Provides <u>Agency-level</u> expertise through publications or other written communication</p>

Performance (Precept 1)

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
3. Mission contribution	Performs duties assigned by supervisor	Same. Engages in <u>collateral duties</u> that contribute to Agency/PHS mission.	Compelling evidence that career duties and collateral activities <u>contribute</u> to PHS mission.
Honor/Integrity/Duty	Unquestioned No outstanding disciplinary or behavioral issues.	Same	Same

Education, training, and development (Precept 2): 15%

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
Professional Degrees	MD or DO	MD or DO	MD or DO
Licensure	Current	Current	Current
Residency or specialty training	Yes	Yes	Yes
Board Certification	Yes	Yes	Yes
CME	CME 75 hr over past 3 yr (05, 06, 07), ACGME category I credits	Same	Same

Education, training, and development (Precept 2)

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
Public Health Training/Experience	Additional <u>coursework</u> in public health, emergency preparedness, OFRD modules, and other training related to agency mission. This might include bioethics, epidemiology, public health policy, research, and regulatory affairs.	Same <u>Work experience or committee service</u> on a local, regional, national, or international public health activity or initiative	Same <u>Leadership role</u> on a a local, regional, national, or international public health activity or initiative
Additional degrees	MPH, MHS, PhD or other degree relevant to agency mission Subspecialty Board Certification or Certificate of Added Qualifications	Same	Same

Career progression and potential (Precept 3): 25%

Factor	T-O4/P-03	T-O5/P-04	T-O6/P-05/P-06
Billet	O3 or above	O4 or above	O5 or above
Assignments	<u>Potential</u> for increasing levels of responsibility <u>Emerging</u> leadership potential	<u>Increasing</u> level of independence, responsibility, accountability and leadership	Same
Mobility	1 geographic or programmatic move Fewer moves if moves reflect increasing responsibility and leadership Mobility may be demonstrated by extended details (30d) or deployments (14 d)	2 or more geographic or programmatic moves Same Same	3 or more geographic or programmatic moves Same Same

Career progression and potential (Precept 3)

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
Assimilated or assimilation pending	If eligible	Yes	Yes
Collateral duties	<p><u>Agency mission related</u> duties that are not included in the billet description.</p> <p>Involvement is <u>local</u> and as a team member</p>	<p>Agency mission related duties that are not included in the billet description</p> <p>Involvement is <u>regional or national</u> and officer serves in a <u>leadership</u> role</p>	<p>Agency mission related duties that are not included in the billet description</p> <p>Involvement is regional or national and officer serves in a leadership role. Officer has <u>initiated</u> the activity.</p>

Professional contributions and services to Commsioned Corps (Precept 4): 15%

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
PAC and other advisory groups	Appointed or volunteer member.	Same. Leads subcommittee or substantive role.	Same. Demonstrates leadership as Chair, Vice Chair, subcommittee chair, or substantive role.
Recruitment activities	Yes	Associate Recruiter	Associate Recruiter lead or Associate Recruiter
Mentoring	Informal mentoring	Informal mentoring Assigned mentor	Informal mentoring Assigned mentor
BOTC/IOTC or OBC	CC Training ribbon	Same	Same
Professional, uniformed service, specialty organizations	Active member at local, regional, national or international level	Same Committee member	Same Leadership or Board

Characteristics and Service to Corps (Precept 4)

Factor	T-O4/P-03	T-O5/P-04	T-06/P-05/P-06
PHS service awards - Isolated hardship, Hazardous duty, Foreign duty, Special assignment, Crisis Response, National emergency preparedness	1	2	3
Visibility	Daily uniform wear Uniform at local and national meetings	Same	Same
Other CC activities , e.g. -Administrative boards Honor Guard, Ensemble Transformation work groups	Minimal participation Frequency and impact documented	Participates and exhibits leadership	Same

Readiness (Precept 5)

- Recall that readiness status is now checked on four days a year (Mar 31, Jun 30, Sep 30, Dec 31) and that an officer's status on that day determines readiness status for the next 3 months - an officer cannot lose or gain readiness status until the next quarterly check - this simplifies life for the officer and for OFRD
- Basic ready status on 31 Dec 2008: required to obtain readiness credit (5%) for promotion
- Basic ready status on 31 Dec 2008 or 31 Mar 2009
 - Required to go to the promotion board (depending on when the board meets, as the officer must be basic ready when the board meets and the meeting can be March or April)
 - Officers eligible for temporary promotion and not basic ready will be referred to a retention board
- Basic ready status on 30 Jun 2009: required for promotion on 1 Jul 2009
- Therefore it is **essential to be ready every quarter**, particularly when an officer is considered for promotion in a particular promotion year

Assignment (Precept 6)

- **Proposed but not implemented yet**
- **Will recognize and reward isolated/hardship positions and similar positions - Agencies continue to discuss implications of this precept**

CV summary (shortened for slide!)

CDC O-5 officer

Performance rating

- **Exceptional COER ratings**
- **Leadership: world expert on the successful elimination of measles, published 16 primary papers and 20 reviews/book chapters**
- **Collateral duties: liaison to Advisory Committee on Immunization Practices, measles vaccine working group**
- **Honor awards: OSM (leadership in the elimination of measles from the US), Commendation (2) Achievement (2), CDC Director Award (international measles elimination)**

Education, training, professional advancement

- **MD 1984, Pediatrics Residency 1987, Pediatric Infectious Diseases 1990, MPH 2004**
- **Maintains current certification in Pediatrics and Pediatric Infectious Diseases**
- **CME 100 hr/3 yr**
- **Public health experience: participation in annual Global measles eradication summit (2000-present; chair, 2004)**

Career progression and potential

- **O6 billet since 2002, increasing responsibility across career**
- **Programmatic mobility: EIS officer, Staff Epidemiologist (National Immunization Program), Section Chief (National Center for Preparedness, Detection, and Control of Infectious Diseases)**
- **Geographic mobility: 6 month assignment to Nigeria**
- **Assimilated into Regular corps**
- **Collateral duties: CDC Institutional Review Board (2002-05)**

Professional contributions and service to the Corps

- **PPAC voting member 2000-03, Chaired Membership committee**
- **Mentoring: Assigned mentor for 4 EIS CC officers over the past 8 years**
- **Professional organizations: Member of 6 professional societies, including program chair for the Infectious Diseases Association of America, Virology section 2005**
- **PHS Service awards: Foreign Duty, Crisis Response**
- **Daily uniform wear**

Readiness: Basic ready

CV summary (shortened for slide!)

IHS O-5 officer

Performance rating

- **Exceptional COER ratings**
- **Leadership: Chief of Family Medicine at Native American Health Center 2005-present**
- **Collateral activities: Chaired IHS Family Medicine panel on obstetrical guidelines (2004), published 15 primary articles and 10 reviews**
- **Honor awards: Commendation (2), Achievement, IHS Director Award (for improving infant mortality on the local reservation by 25%)**

Education, training, professional advancement

- **MD 1991, Family Practice Residency 1995**
- **Maintain current certification in Family Medicine**
- **CME 150 hours over past 3 years**
- **Public health experience: Hospital Morbidity and Mortality Committee (2000-04, Chair 2004)**

Career progression and potential

- **O6 billet since 2005, increasing responsibility across career**
- **Geographic mobility: Oklahoma (6 yr), Alaska (4 yr), Arizona (2 yr)**
- **Assimilated into Regular Corps, 2000**
- **Collateral duties: Consultant in cross-cultural medicine to University of Arizona**

Professional contributions and service to the Corps

- **PPAC affiliate member 2005-present, Promotion Guidelines committee chair**
- **Recruitment: Developed rotation for medical students (16 students over past 8 years), which has led to recruitment of 3 PHS officers**
- **Mentoring: Assigned mentor for 3 junior officers, 2000-present**
- **Training ribbon**
- **Professional organizations: local COA member, chair 2004**
- **Service awards: Isolated hardship, Special assignment, Crisis response**
- **Daily uniform wear**
- **CC activities: Uniform WIPT, 2006**

Readiness: Basic Ready

Promotion guideline revision

Principles

- 1) Input from PACs, CPOs, OCCO → approval by SG/ASH
- 2) Release 12 months prior to promotion year

Timeline developed but not yet fully implemented

- Jan-Mar: each PAC reviews precepts 1-4
- Apr-Jun: PAC Chair Promotion Guideline committee reviews precepts 1 and 4 and develops consensus (includes opportunity for individual PAC comments)
- Jul-Aug: CPO board review
- Sep-Oct: CPO board sends any changes to PACs for comments and consider comments
- Nov: CPO board sends draft to OCCO
- Dec: OCCO sends draft to SG/ASH for consideration
- Jan: final guidelines disseminated by OCCO for following year, allowing officers 12 months to prepare