

2008 MEDICAL CATEGORY BENCHMARKS

PY 2008 Guidance Regarding Promotion Precepts and Benchmarks for Commissioned Corps Officers

Officers preparing for promotion need to be familiar with the 5 promotion precepts described in the electronic Commissioned Corps Issuance System (eCCIS) Instructions 331.01 and 331.02 (old CCPM CC23.4.1 Permanent Grade Promotions and CC23.4.2 Temporary Grade Promotions), and noted below. To assist officers in better understanding the promotion precepts, the precepts are described in terms of factors that may be considered in scoring that precept. Each factor has a benchmark, which is a level of achievement for the officer given the category and grade. The purpose of this guidance is to inform officers and promotion boards of the levels of achievement per promotion precept generally considered to describe the “best qualified” officer for a specific category at a specific grade. This document can also benefit the officer in setting some personal long term goals for his or her career advancement.

The Chief Professional Officers (CPO) and Professional Advisory Committee (PAC) Chairs, in consultation with their constituent category members, revise the Benchmarks annually to reflect the ever changing missions and policies of the Corps. All five promotion precepts are identical for all categories, as are the benchmarks for promotion precepts 1, 4, and 5. The benchmarks for promotion precepts 2 and 3 are category-specific. Except for the promotion precept 5, “Readiness”, which has criteria developed by the Office of Force Readiness and Deployment, the benchmarks for the other precepts are not criteria required for promotion.

Benchmarks are levels of achievement and/or standards of excellence that describe the “best-qualified” officer. They serve as a basis by which officers can be measured within each category. The members of the Promotion Boards review the service records of each officer under consideration for promotion and each assigns a score for the specific promotion precept. Promotion Board members exercise their professional judgment and discretion in the review and rating of each record. No Officer is expected to meet all of the benchmarks. The Benchmarks are not to be considered a checklist of activities that must be completed in order to be promoted. Quality of service is more important than quantity.

The individual factors within each precept are not listed in priority order. The importance of each factor is left to the discretion of the Promotion Boards. There is no time period that limits which of the officer’s activities and accomplishments are eligible for consideration. However, activities and accomplishments subsequent to an officer’s last promotion should receive priority consideration.

The promotion precepts are weighted as follows:

- | | |
|---|-----|
| 1. Performance Rating and Reviewing Official Statement
(Performance) | 40% |
| 2. Education, training, and professional development | 15% |
| 3. Career progression and potential | 25% |
| 4. Professional contributions and services to the
PHS Commissioned Corps (Officership) | 15% |
| 5. Response Readiness | 5% |

2008 MEDICAL CATEGORY BENCHMARKS

Promotion Board members examine many documents in the officer's electronic Official Personnel Folder (eOPF) during the promotion review. Examples of these documents include, but are not limited to: Commissioned Officers' Effectiveness Report (COER), Promotion Information Report (PIR), curriculum vitae, the Officers Statement, award narratives, and letters of appreciation. The most recent COERs (e.g., the last 3-5 years) are generally given the most consideration by Promotion Board members, although earlier COERs may also be reviewed. Promotion Board members evaluate both the letter values of the COER and the accompanying narrative.

Career development resources (e.g., Curriculum Vitae (CV) reviews, mentoring, internet training tools, career development seminars, fellow officers) provided by the PACs, agency liaisons, Office of Commissioned Corps Operations (OCCO), and the CPOs should be explored and fully utilized by all officers.

The benchmarks will continue to evolve as the Commissioned Corps continues to evolve. Any comments or suggestions that you have on the Benchmarks may be submitted to your PAC Chair, and will be carefully considered for incorporation into the next annual revision.

2008 MEDICAL CATEGORY BENCHMARKS

PY 2008 BENCHMARKS FOR PROMOTION PRECEPTS

<i>1. Performance Rating and Reviewing Official Statement (Performance)</i>			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
<ul style="list-style-type: none"> • Commissioned Officers' Effectiveness Report (COER) 	<p>The primary focus in reviewing the COER should be on the accompanying narrative rather than on the letter score. Narrative indicates progression of responsibility, achievement and contributions to the agency mission.</p> <p>Secondary assessment will include a review of the COER score, in the context of the officer's performance trends. The officer should be in a billet at or above their current grade.</p>	<p>The primary focus in reviewing the COER should be on the accompanying narrative rather than on the letter score. Narrative indicates progression of responsibility achievement and contribution to the agency mission.</p> <p>Secondary assessment will include a review of the COER score, in the context of the officer's performance trends. The officer should be in a billet at or above their current grade.</p>	<p>The primary focus in reviewing the COER should be on the accompanying narrative rather than on the letter score. Narrative indicates progression of responsibility, achievement and contributions to the agency mission.</p> <p>Secondary assessment will include a review of the COER score, in the context of the officer's performance trends. The officer should be in a billet at or above their current grade.</p>
<ul style="list-style-type: none"> • Award History - CC Honor Awards - Non-Corps Awards 	<p>Awards at the Achievement medal level or below. There should be a record of awards across the career.</p> <p>Type of awards, relevant citations, quantity, and progression of awards should be assessed.</p> <p>Division, Institute, and Agency (including non-DHHS agencies), and professional organization awards, and recognition such as letters of commendation.</p>	<p>Awards at the Commendation medal level or below. There should be a record of awards across the career.</p> <p>Type of awards, relevant citations, quantity, and progression of awards should be assessed.</p> <p>Division, Institute, and Agency (including non-DHHS agencies), and professional organization awards, and recognition such as letters of commendation.</p>	<p>Awards at the Outstanding Service Medal level or below. There should be a record of awards across the career.</p> <p>Type of awards, relevant citations, quantity, and progression of awards should be assessed.</p> <p>Division, Institute, and Agency (including non-DHHS agencies), and professional organization awards, and recognition such as letters of commendation.</p>

2008 MEDICAL CATEGORY BENCHMARKS

1. Performance Rating and Reviewing Official Statement (Performance) - continued			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
<ul style="list-style-type: none"> • Reviewing Official's Assessment - Promotion Readiness - Leadership Role in Command/Agency - Contribution to the Mission of the Command/Agency and PHS 	<p>Yes, including Reviewer's comments regarding officer's readiness for promotion.</p> <p>Contributes (Reviewer's assessment of the significance of officer's contribution)</p> <p>a) in a management, supervisory, or leadership position</p> <p style="text-align: center;">and/or</p> <p>b) as a member of a task force or similar group at the Branch, Division, Area, Agency or CC level or local, regional, national, or international level</p> <p style="text-align: center;">and/or</p> <p>c) through publications or other written communication or oral presentations.</p> <p>Performs duties assigned by supervisor.</p>	<p>Yes, , including Reviewer's comments regarding officer's readiness for promotion.</p> <p>Contributes and exhibits leadership (Reviewer's assessment of the significance of officer's contribution)</p> <p>a) In a management, supervisory, expert and/or leadership position</p> <p style="text-align: center;">and/or</p> <p>b) as a member or leader of a task force or similar group at the Branch, Division, Area, Agency or CC level or local, regional, national, or international level</p> <p style="text-align: center;">and/or</p> <p>c) provides Office, Bureau, or Area-level expertise through publications or other written communication or oral presentations.</p> <p>Performs duties assigned by supervisor. Engages in collateral activities that contribute to the Agency/PHS mission.</p>	<p>Yes, including Reviewer's comments regarding officer's readiness for promotion.</p> <p>Leads (Reviewer's assessment of the significance of officer's contribution)</p> <p>a) In a management, supervisory, expert, and/or leadership position</p> <p style="text-align: center;">and/or</p> <p>b) leads a task force or a similar group at the Branch, Division, Area, Agency or CC level or local, regional, national, or international level</p> <p style="text-align: center;">and/or</p> <p>c) provides agency-level expertise through publications or other written communication or oral presentations.</p> <p>Compelling evidence that career duties and collateral activities contribute to the PHS mission.</p>
<ul style="list-style-type: none"> • Honor/Integrity/Duty 	<p>Unquestioned</p> <p>Displaying honor and integrity as an officer.</p> <p>No outstanding disciplinary or behavioral issues or adverse actions documented in eOPF.</p>	<p>Unquestioned</p> <p>Displaying honor and integrity as an officer.</p> <p>No outstanding disciplinary or behavioral issues or adverse actions documented in eOPF.</p>	<p>Unquestioned</p> <p>Displaying honor and integrity as an officer.</p> <p>No outstanding disciplinary or behavioral issues or adverse actions documented in eOPF.</p>

2008 MEDICAL CATEGORY BENCHMARKS

<i>2. Education, Training & Professional Development</i>			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
• Professional Degree (Required)	MD or DO	MD or DO	MD or DO
• Medical licensure (Required)	Current	Current	Current
• Medical residency and/or specialty training (Examples of excellence)	Yes	Yes	Yes
• Board certification (Examples of excellence)	Yes	Yes	Yes
• Continuing Medical Education (Examples of excellence)	<p>Demonstrates maintenance of professional competence by participating in and receiving certificates for educational activities approved by the ACGME for category I credit.</p> <p>Standard is 75 hours /3 year interval. Annual summary of CME is documented for most recent 3 yr.</p> <p>Officers who are licensed only in states that do not require 25 hours/year of CME may document this fact. These officers should document 25 hr of CME for calendar year 2005 and will not be penalized for lacking documented CME prior to calendar year 2005.</p>	<p>Demonstrates maintenance of professional competence by participating in and receiving certificates for educational activities approved by the ACGME for category I credit.</p> <p>Standard is 75 hours /3 year interval. Annual summary of CME is documented for most recent 3 yr.</p> <p>Officers who are licensed only in states that do not require 25 hours/year of CME may document this fact. These officers should document 25 hr of CME for calendar year 2005 and will not be penalized for lacking documented CME prior to calendar year 2005.</p>	<p>Demonstrates maintenance of professional competence by participating in and receiving certificates for educational activities approved by the ACGME for category I credit.</p> <p>Standard is 75 hours /3 year interval. Annual summary of CME is documented for most recent 3 yr.</p> <p>Officers who are licensed only in states that do not require 25 hours/year of CME may document this fact. These officers should document 25 hr of CME for calendar year 2005 and will not be penalized for lacking documented CME prior to calendar year 2005.</p>

2008 MEDICAL CATEGORY BENCHMARKS

<i>2. Education, Training & Professional Development - continued</i>			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
<ul style="list-style-type: none"> • Public Health Training/Experience (Examples of excellence) 	<p>Additional coursework in public health, and emergency preparedness, OFRD modules, and other training related to agency mission. This might include (but is not limited to) bioethics, epidemiology, public health policy, research, and regulatory affairs.</p>	<p>Additional coursework in public health and emergency preparedness, OFRD modules, and other training related to agency mission. This might include (but is not limited to) bioethics, epidemiology, public health policy, research, and regulatory affairs.</p> <p>Work experience or committee service on a local, regional, national, or international public health activity or initiative.</p>	<p>Additional coursework in public health and emergency preparedness, OFRD modules, and other training related to agency mission. This might include (but is not limited to) bioethics, epidemiology, public health policy, research, and regulatory affairs.</p> <p>Leadership role in a local, regional, national, or international public health activity or public health initiative.</p>
<ul style="list-style-type: none"> • Additional degrees (Examples of excellence) 	<p>MPH, MHS, PhD or other degree relevant to agency mission OR Sub-specialty Board Certification or Certificate of Added Qualifications</p>	<p>MPH, MHS, PhD or other degree relevant to agency mission OR Sub-specialty Board Certification or Certificate of Added Qualifications</p>	<p>MPH, MHS, PhD or other degree relevant to agency mission OR Sub-specialty Board Certification or Certificate of Added Qualifications</p>

2008 MEDICAL CATEGORY BENCHMARKS

3. Career Progression & Potential			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
<ul style="list-style-type: none"> Billet (Examples of excellence) 	Officer should be in an O-3 billet or above	Officer should be in an O-4 billet or above	Officer should be in an O-5 billet or above
<ul style="list-style-type: none"> Assignments (Examples of excellence) 	Reflect potential for increasing independence and responsibility, and accountability; emerging leadership potential	Reflect increasing independence, responsibility, accountability, and leadership	Reflect increasing independence, responsibility, accountability, and leadership
<ul style="list-style-type: none"> Mobility Geographic and/or Programmatic (Examples of excellence) 	<p>One geographic or programmatic move.</p> <p>May consider fewer moves provided moves reflect increasing responsibility and leadership.</p> <p>Mobility may also be demonstrated by extended details (lasting 30 days or more) or emergency deployments with OFRD or DMAT or with officer's agency (lasting 14 days or more).</p>	<p>Two or more geographic or programmatic moves.</p> <p>May consider fewer moves provided moves reflect increasing responsibility and leadership.</p> <p>Mobility may also be demonstrated by extended details (lasting 30 days or more) or emergency deployments with OFRD or DMAT or with officer's agency (lasting 14 days or more).</p>	<p>Three or more geographic or programmatic moves.</p> <p>May consider fewer moves provided moves reflect increasing responsibility and leadership.</p> <p>Mobility may also be demonstrated by extended details (lasting 30 days or more) or emergency deployments with OFRD or DMAT or with officer's agency (lasting 14 days or more).</p>
<ul style="list-style-type: none"> Assimilated into regular corps or application pending for assimilation (equivalent value) (Examples of excellence) 	If eligible (based on years of service)	Yes	Yes
<ul style="list-style-type: none"> Collateral Duties (Examples of excellence) 	Agency mission-related duties that are not included in billet description. Involvement is local and as a team member.	Agency mission-related duties that are not included in the billet description. Involvement is regional or national and officer serves in leadership role.	Agency mission-related duties that are not included in the billet description. Involvement is regional or national and officer serves in leadership role. Officer has initiated the activity.

2008 MEDICAL CATEGORY BENCHMARKS

4. Professional contributions and services to the PHS Commissioned Corps (Officership)			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
<ul style="list-style-type: none"> Membership/Involvement in PAC and Advisory Groups (e.g., Junior Officers Advisory Group, Minority Officers Liaison Council) 	Appointed member or volunteer. Contribution should be documented.	Appointed member or volunteer. Leads subcommittee or plays substantive role. Contribution should be documented.	Appointed member or volunteer who demonstrates leadership as Chair or Vice-chair, or leads subcommittees, or plays substantive role. Contribution should be documented.
<ul style="list-style-type: none"> Recruitment Activities 	If any, recruitment activity contribution should be documented.	Associate Recruiter, formal appointment, active participation documented; other documented formal recruitment efforts or similar activities. Informal recruitment activity, contribution should be documented.	Associate Recruiter Lead or Associate Recruiter, formal appointment, active participation documented; other documented formal recruitment efforts or similar activities. Informal recruitment activity, contribution should be documented.
<ul style="list-style-type: none"> Mentoring 	Participates in regular one-on-one mentoring or group mentoring either as a mentor or mentee, as evidenced by documentation in the CV.	Participates in regular one-on-one mentoring or group mentoring as a mentor as evidenced by documentation in the CV. Completing a mentor assignment in the category's Mentoring and Orientation Program verified via letter from the Chair of the Category PAC Mentoring and Orientation Subcommittee, or Serve as an assigned mentor to a less tenured officer, intern, or employee for at least 6 months with appropriate PAC documentation.	Participates in regular one-on-one mentoring or group mentoring as a mentor as evidenced by documentation in the CV. Completing a mentor assignment in the category's Mentoring and Orientation Program verified via letter from the Chair of the Category PAC Mentoring and Orientation Subcommittee, or Serve as an assigned mentor to a less tenured officer, intern, or employee for at least 6 months with appropriate PAC documentation.
<ul style="list-style-type: none"> Basic Officer Training Course (BOTC) and Independent Officer Training Course (IOTC) 	Commissioned Corps Training Ribbon (CCTR) awarded.	Commissioned Corps Training Ribbon (CCTR) awarded.	Commissioned Corps Training Ribbon (CCTR) awarded.

2008 MEDICAL CATEGORY BENCHMARKS

4. Professional contributions and services to the PHS Commissioned Corps (Officership) - continued			
Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
<ul style="list-style-type: none"> • Professional, Uniformed Service, and Specialty Organizations 	<p>Active member at the local, regional, national, or international levels. Contribution should be documented.</p>	<p>Active member at the regional, national, or international levels. Contribution should be documented.</p> <p>Serves as contributing member to the society as a whole or through a committee or subcommittee.</p>	<p>Active member at the regional, national, or international levels. Contribution should be documented.</p> <p>Serves in a leadership role in the organization, its committees or as a member of the Board.</p>
<ul style="list-style-type: none"> • PHS Service Awards 	1	2	3
<ul style="list-style-type: none"> • Commitment to Visibility - Wearing of uniform - Presentations and outreach acknowledge the Corps 	<p>Wears the uniform every business day even if it exceeds the Local Uniform Authority (LUA) minimum, or as appropriate for officers on foreign tour.</p> <p>Oral presentations include acknowledgement of the Commissioned Corps; uniform wear at local and national meetings or activities of professional organizations</p>	<p>Wears the uniform every business day even if it exceeds the Local Uniform Authority (LUA) minimum, or as appropriate for officers on foreign tour.</p> <p>Oral presentations include acknowledgement of the Commissioned Corps; uniform wear at local and national meetings or activities of professional organizations</p>	<p>Wears the uniform every business day even if it exceeds the Local Uniform Authority (LUA) minimum, or as appropriate for officers on foreign tour.</p> <p>Oral presentations include acknowledgement of the Commissioned Corps; uniform wear at local and national meetings or activities of professional organizations</p>
<ul style="list-style-type: none"> • Other Commissioned Corps activities involvement such as but not limited to: e.g., PHS Administrative Boards Honor Guard Aide-de-Camp PHS Ensemble Transformation workgroups 	<p>Minimal Participation</p> <p>Frequency and/or impact documented</p>	<p>Participates and exhibits leadership</p> <p>Frequency and/or impact documented</p>	<p>Participates and exhibits leadership</p> <p>Frequency and/or impact documented</p>

2008 MEDICAL CATEGORY BENCHMARKS

5. *Readiness*

Factor	Benchmarks T-O4/P-O3	Benchmarks T-O5/P-O4	Benchmarks T-O6/P-O5/P-O6
	<p>For PY 2008, officers can meet this standard by meeting <u>all</u> of the requirements of the “OFRD Basic Level” of readiness that are in place for the OFRD program as referenced in the Manual Circular, “PHS Readiness Standards”.</p> <p>Application of Benchmark Standard:</p> <p>Officers who satisfy <u>all</u> the requirements for PY 2008 will be given the maximum number of points under the Readiness Precept.</p> <p>Officers who do not satisfy <u>all</u> the requirements for PY 2008 will receive zero points under the Readiness Precept.</p> <p>In addition and for Temporary Grade promotion only, officers who do not satisfy <u>all</u> the requirements for PY 2008 will receive an automatic “Not Recommend” by the Annual Temporary Promotion Board. Officers “not recommended” for promotion will be referred to a Retention Board.</p>	<p>For PY 2008, officers can meet this standard by meeting <u>all</u> of the requirements of the “OFRD Basic Level” of readiness that are in place for the OFRD program as referenced in the Manual Circular, “PHS Readiness Standards”.</p> <p>Application of Benchmark Standard:</p> <p>Officers who satisfy <u>all</u> the requirements for PY 2008 will be given the maximum number of points under the Readiness Precept.</p> <p>Officers who do not satisfy <u>all</u> the requirements for PY 2008 will receive zero points under the Readiness Precept.</p> <p>In addition and for Temporary Grade promotion only, officers who do not satisfy <u>all</u> the requirements for PY 2008 will receive an automatic “Not Recommend” by the Annual Temporary Promotion Board. Officers “not recommended” for promotion will be referred to a Retention Board.</p>	<p>For PY 2008, officers can meet this standard by meeting <u>all</u> of the requirements of the “OFRD Basic Level” of readiness that are in place for the OFRD program as referenced in the Manual Circular, “PHS Readiness Standards”.</p> <p>Application of Benchmark Standard:</p> <p>Officers who satisfy <u>all</u> the requirements for PY 2008 will be given the maximum number of points under the Readiness Precept.</p> <p>Officers who do not satisfy <u>all</u> the requirements for PY 2008 will receive zero points under the Readiness Precept.</p> <p>In addition and for Temporary Grade promotion only, officers who do not satisfy <u>all</u> the requirements for PY 2008 will receive an automatic “Not Recommend” by the Annual Temporary Promotion Board. Officers “not recommended” for promotion will be referred to a Retention Board.</p>

Note: Officers may submit a request for a temporary medical waiver to the Medical Affairs Branch for medical issues related to vaccinations or the Annual Physical Fitness Test.