**Health Services Professional Advisory Committee**

**(HS-PAC) Charter**

1. [Mission](http://usphs-hso.org/pac/charter.shtml#mission)
2. [Relationship of the HS PAC to the United States Public Health Service (USPHS)](http://usphs-hso.org/pac/charter.shtml#relationship)
3. [Objectives](http://usphs-hso.org/pac/charter.shtml#objectives)
4. Functions
5. Membership
6. Nomination Process
7. Term of Appointment
8. [Chairperson and Chair-elect](http://usphs-hso.org/pac/charter.shtml#chairperson)
9. [Chief Professional Officer (CPO)](http://usphs-hso.org/pac/charter.shtml#chief)
10. [Operations and Procedures](http://usphs-hso.org/pac/charter.shtml#operations)
11. **Mission**

The Health Services Professional Advisory Committee (HS PAC) was created for the purpose of advising and serving, the Surgeon General and the U.S. Public Health Service (USPHS) through the Chief Professional Officer (CPO). The CPO addresses issues relating to the professional practice and personnel activities of the Health Services Category. The HS PAC provides advisory assistance to the CPO, to Operating Divisions (OPDIVS) or Staffing Divisions (STAFFDIVS) of the USPHS and to non-USPHS programs that routinely use USPHS personnel.

1. **Relationship of the HS PAC to the United States Public Health Service (USPHS)**

In carrying out its responsibilities, the HS PAC operates in a staff capacity. It does not substitute for line management or in any way exercise the prerogatives of the respective operating programs. Thus, the HS PAC advises the CPO, who in turn advises the Surgeon General. While HS PAC members are chosen from the respective USPHS OPDIVS, they neither represent OPDIV management nor speak for the OPDIV. They are knowledgeable professionals who represent a cross-section of the interests, concerns, and responsibilities of the professionals in agencies and organizations staffed by USPHS officers.

1. **Objectives**

The HS PAC serves in a resource and advisory capacity, through the CPO, to assist in the development, coordination, and evaluation of activities related to the professional disciplines it represents in the USPHS with the specific objectives of:

* 1. Identifying and facilitating resolution of issues of concern as they relate to the Health Services (HS) category and health professionals.
  2. Assessing USPHS personnel needs and assisting in meeting these needs through recruitment, training, utilization, and recognition.
  3. Developing position papers, statistical reports, and/or guidelines where appropriate in order to advise and comment on matters relating to the personnel issues and professional practice.
  4. Promoting the development and utilization of health services professionals by the USPHS.
  5. Promoting cooperation and communication between Health Services category professionals and other health professionals.
  6. Promoting all aspects of the HS category and health professionals throughout the OPDIVS of the USPHS.
  7. Providing liaisons among professional disciplines within and among USPHS components, and providing advice and consultation to the OPDIV Heads and operating programs upon request.
  8. Advocating for best practices within the various disciplines of the HS category.
  9. Facilitating relationships with professional organizations and academia to promote the linkage between public health and the professions and disciplines of the USPHS.

1. **Functions**

In carrying out its broad mission and objectives, the functions of the HS PAC shall include, but are not limited to, the following:

* 1. Provide general professional advice and recommendations:  
     1. Review and comment on issues referred to the HS PAC through the CPO by the Surgeon General, OPDIV Heads, STAFFDIV Heads, and/or the HS PAC disciplines.
     2. Deliberate issues, develop findings, and present recommendations through the CPO to the Surgeon General.
     3. Provide advice on professional aspects of the HS category, e.g., new technologies, regulations, curricula, roles, etc.
     4. Provide advice on ethical and professional standards issues.
     5. Review and provide recommendations concerning proposed or needed changes to appointment standards and professional requirements, e.g., licensure required to perform duties within professional standards.
  2. Act as a primary resource for career development:   
     1. Advise HS PAC category and health professionals concerning career development.
     2. Advise on operating practices concerning the appropriate/optimum use of personnel designed to best meet USPHS needs and the needs of the individual.
     3. Advise on issues related to USPHS promotion practices.
     4. Formulate criteria for the selection of candidates for training and/or other career development options.
     5. Identify both continuing and long-term intramural/extramural educational needs of the HS category, and identify and recommend training and/or experience opportunities designed to meet these needs.
  3. Provide advice and assistance on staffing issues:   
     1. Assess and project needs for the HS category staffing levels,
     2. Provide advice on the goals, objectives, and procedures designed to meet the USPHS staffing needs and assist in category retention initiatives.
     3. Provide guidance for recruitment to the short-term student affiliation programs (COSTEP, summer students, etc.).
     4. Develop, and/or review and critique, HS category-specific USPHS recruitment materials, procedures, and programs.
     5. Help establish networks of current, as well as former, USPHS professionals, who can assist and facilitate recruitment and retention activities, such as the Health Services Assignment Assistance Program.
     6. Provide guidance to approved USPHS “Associate Recruiters” and other recruiters concerning the recruitment of qualified candidates to the HS category and related CS professional disciplines. Currently, the USPHS Associate Recruiter program is inactive.
     7. Assist in the development of orientation materials for newly hired HS category professionals and provide advice/recommendations concerning orientation programs.
     8. Develop and maintain a mentoring program for junior and senior HS officers.
     9. Establish, implement and maintain Professional Advisory Groups (PAGs) to assist in the coordination of activities among the numerous HS PAC disciplines and to facilitate communication, growth, and development of HS officers.
  4. Communicate and encourage appropriate use of awards/recognition systems:   
     1. Identify, establish, and help administer special professional, HS category-specific awards.
     2. Maintain cognizance of the existing award programs and opportunities, and encourage the nomination of qualified individuals for such awards.
  5. Serve as a communication link and information resource for the category:   
     1. Communicate to voting/nonvoting membership important information concerning professional, ethical, and technical issues.
     2. Encourage individual membership in, and involvement with, professional organizations and societies in order to promote the development and maintenance of professional acumen and to promote open communication with non-federal colleagues.
     3. Ensure the distribution of minutes and/or other HS PAC developed materials, to the extent possible and appropriate. Ensure the availability of HS PAC minutes to other PACs and the Office of the Surgeon General.

**Membership**

* 1. Basic Eligibility Requirements: Members must be full-time CC or CS personnel at the time they are nominated and appointed to the HS PAC and meet the [eligibility requirements](http://www.usphs.gov/profession/healthservices/default.aspx) for initial appointment to the HS category and personnel systems. In addition, all CC officers must meet the Readiness and Deployment Operations Group (RedDOG) basic readiness standards at the time they are nominated and appointed to the HS PAC and throughout their term or service on the HS PAC.
  2. Staff from the Office of the Secretary (OS) and the Office of Assistant Secretary for Health (OASH) may serve on the HS PAC provided that they recuse themselves from voting on issues and decisions that may have the appearance of a conflict of interest, with respect to their position.
  3. Size of the PAC: The HS PAC shall have no fewer than 15 and no more than 20 voting members.
  4. Organizational Representation: In order to provide a range of experiences and perspectives necessary for addressing issues before the HS PAC, every effort must be made to have the broadest representation possible among all agencies that are routinely staffed by CC Officers of the HS category.
  5. Geographic Considerations: The HS PAC will have, as voting members, at least two individuals whose regular duty station is geographically removed by a distance of 75 or more miles, from the Washington, D.C., metropolitan area.
  6. Diverse Representation: The HS PAC will make a concerted effort to be diverse in the composition of its membership.
  7. Personnel System: The HS PAC will make a concerted effort to include CS personnel in the composition of its membership.
  8. Professional Seniority: The HS PAC will have as a voting member a minimum of one individual who at the time of appointment to the HS PAC has less than five years of professional experience.
  9. Professional Discipline Composition: Cognizant of the fact that the HS PAC is structured around the USPHS CC-defined professional categories which encompass more than one major professional discipline, to the extent possible, the HS PAC should contain at least one voting member who possesses the requisite credentials for each of the respective subcategories that make up the HS category. To facilitate selection of members from the various professional disciplines, the HS category will be divided into three subcategories: (1) Clinical, (2) Health Administration and Health Education, and (3) Basic and Applied Sciences, based on commissioning degree. When a new discipline is added to the HS category, it shall be assigned to the appropriate subcategory, as determined by the HS PAC.
  10. Ex-Officio Members (non-voting): The Chief Professional Officer is an ex-officio member of the HS PAC [see IX (1)]. The Junior Officer Advisory Group (JOAG) representative is an ex-officio member of the HS PAC. The former chair may serve one additional year as an ex-officio member of the HS PAC [see VIII (3)]. The HS PAC may identify other individuals and request that they serve as ex-officio members.
  11. Liaison Members (non-voting): The HS PAC may identify individuals to serve in a liaison capacity to provide information or assist with activities, e.g., staff from the Office of the Secretary (OS) or the Office of Public Health and Science (OPHS).

1. **Nomination Process**
   1. Annually, the HS PAC will solicit, through newsletters and other appropriate means, nominations for vacancies on the HS PAC from all individuals in the HS category and health professional disciplines. Self-nominations will be solicited. The names may be transmitted by the CPO to the nominees' respective OPDIV head, who may endorse the nominee(s) or provide alternate or additional nominations meeting the general representation requirements demonstrated by the original nominees. The OPDIV head's response will be reviewed by the HS PAC and CPO, who will identify, by name, those highly qualified to fill anticipated vacancies. A final list of nominees will be sent by the CPO to the Surgeon General for selection and approval.
   2. This nomination process shall be conducted so that the final nomination package is available for the Surgeon General's consideration no less than 60 calendar days prior to the expiration of the regular term of exiting members.
   3. Should the need arise to fill a vacancy for an unexpired term of a voting member; the vacancy shall be filled through the annual nomination process.
2. **Term of Appointment**
   1. HS PAC members will be selected for a three-year term. The terms will be staggered to ensure rotational balance.
   2. Once a member has accumulated a lifetime total of six years of service on the HS PAC, they are not eligible for reappointment. Terms of office may be served consecutively at the discretion of the HS PAC.
   3. Alternates: Cognizant of the demands of the member's primary work responsibilities and the HS PACs need to conduct business, the HS PAC has the option of establishing procedures to allow each voting member to appoint, and inform the Chairperson of, a single individual from the same OPDIV or professional discipline who can serve as his/her alternate. Such alternates shall have voting privileges when serving in the place of the primary member. It is the responsibility of the primary HS PAC member to keep the alternate fully informed and knowledgeable of the HS PAC's activities. Any OPDIV clearance or approval requirements for travel will have to be handled within the OPDIV by the primary HS PAC member. All alternates must meet OFRD standards.
   4. Attendance: Any member of the HS PAC who frequently misses meetings without just cause or does not attend at least one meeting in person can, at the discretion of the HS PAC Chair and in consultation with the CPO, be asked to voluntarily resign from the HS PAC, or the HS PAC Chair in consultation with the CPO can initiate a request to the Surgeon General to terminate said membership and so inform the OPDIV Head.
3. **Chairperson and Chair-elect**
   1. TheChairperson will be elected by the voting membership of the HS PAC.
   2. Term of the Chairperson: The Chairperson will serve a one year term.
   3. A Chair-elect will be elected by the membership of the HS PAC so that after one year in this capacity, the Chair-elect automatically becomes the Chairperson.
   4. Term of Appointment: If the term of the Chairperson coincides with expiration of that individual's membership on the HS PAC, they may serve one additional year as an ex-officio member of the HS PAC provided the OPDIV head is informed and concurs with the extension, unless reappointed as a regular member per the provisions of Section (VI).

**IX. Chief Professional Officer (CPO)**

* 1. HS PAC Membership: The HS CPO shall be a non-voting ex-officio member of the HS PAC.
  2. Relationship with HS PAC: All output of the HS PAC, be it correspondence, reports, minutes of its proceedings, or other, must be transmitted through the CPO, who, as he/she may deem appropriate, may provide concurring or nonconcurring comments but may not stop or unduly delay such transmittals.

**X. Operations and Procedures**

* 1. The HS PAC shall develop its own internal operations and procedures (e.g., bylaws). These shall include, at a minimum, provisions covering the following:  
     1. Operational year: Determine the day and month chosen as the beginning of the operational year.
     2. Frequency of meeting: Meetings will be held every other month.
     3. Agenda: A meeting agenda and appropriate background material is to be made available to the members.
  2. Records and Reporting:  
     1. Minutes of each HS PAC meeting will be developed and approved by the HS PAC members.
     2. Minutes and reports of the HS PAC will be distributed in accord with [Item IV (5) (C) Functions](http://usphs-hso.org/pac/charter.shtml#functions_5_c).
     3. The HS PAC must establish a system to maintain a permanent file of the official minutes and reports of the HS PAC.
  3. Executive Secretary: The Executive Secretary must be a member of the category but is not required to be a voting HS PAC member.
  4. Quorum: A Quorum consists of at least 50 percent of the HS PAC's voting membership. An alternate attending in lieu of the member shall be counted in determining the quorum requirement.
  5. Voting: Where voting is required or appropriate, (i.e., election of the Chair), action will be determined by a simple majority of those voting members present.
  6. Committees: Where the HS PAC elects to establish standing or ad hoc committees, said membership may include non-HS PAC members provided that the chairman of the committee is a voting member of the HS PAC.

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Approved:   
  
  
  
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