

# The Nurse Professional Advisory Committee Charter

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42

## **I. MISSION**

The Professional Advisory Committee (PAC), chartered under the Office of the United States Surgeon General (OSG), employs the voluntary service of United States Public Health Service (USPHS) Commissioned Corps Officers to advise OSG, and their associated Chief Professional Officer (CPO) as an OSG representative appointed by the Surgeon General (SG), on issues relating to the professional practice and the personnel activities of the Category, and to support initiatives and program activities under the direction of OSG and guidance of their CPO.

## **II. RELATIONSHIP OF THE PAC TO THE U.S. PUBLIC HEALTH SERVICE**

The PAC represents the SG and USPHS Commissioned Corps (PHS). In carrying out its responsibilities, the PAC operates as a resource in an advisory capacity and provides subject matter expertise to the OSG (SG and Deputy Surgeon General (DSG)). It does not substitute for line management or in any way exercise the prerogatives of the respective operating programs. While PAC members are chosen from the respective HHS Operating Divisions (OPDIVs), Staff Divisions (StaffDIVs), and Non-HHS organizations, they neither represent their organization’s management, nor speak for the organization. They are knowledgeable professionals who represent a cross section of the interests, concerns, and responsibilities of the professionals in the Category and organizations staffed by PHS Officers. PAC membership is reserved to Active Duty PHS officers only.

## **III. OBJECTIVES**

The PAC serves as a resource in an advisory capacity and provides subject matter expertise, in conjunction with and in support of the CPO, to OSG with the specific objectives of:

1. Identifying and facilitating resolution of issues of concern as they relate to the PHS, the Category, and professional disciplines.
2. Assessing PHS officer needs and assisting in meeting these needs through recruitment, training, utilization, and recognition of officers in the Category, based on directions from OSG.
3. Promoting cooperation and communication, advancing science and technical knowledge, and improving professional practice across the discipline(s) and other health professions, including the dissemination of OSG approved best practices and guidance.
4. Serving as force multipliers to promote SG priorities as directed by OSG.

## The Nurse Professional Advisory Committee Charter

---

### 43 IV. FUNCTIONS

44

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

47

48 1. Provide general professional advice and recommendations to OSG and their CPO:

49 a. Develop position papers, statistical reports, and/or guidelines to advise on  
50 matters relating to personnel issues and professional practice of the PAC.

51 b. Deliberate issues, develop findings, and present recommendations on the  
52 professional aspects of the category, (i.e., new technologies, regulations,  
53 curricula, roles, ethical and professional standards etc.).

54 2. Provide category career development and readiness advice to OSG:

55 a. Provide advice on PHS practices concerning career development to OSG.

56 b. Provide advice on issues related to PHS officer promotion practices for the  
57 category.

58 c. Identify both continuing and long-term intramural/extramural education needs of  
59 the category, and identify and recommend training and/or experience  
60 opportunities designed to meet these needs.

61 3. Provide staffing/recruitment and retention advice to OSG:

62 a. Assess and project needs for the category staffing levels throughout the PHS,  
63 under the direction of OSG.

64 b. Provide guidance for recruitment to the short-term student affiliation programs  
65 (COSTEP, summer students, etc.).

66 c. Collaborate with OSG to develop, and/or review category-specific PHS officer  
67 recruitment materials, procedures, and programs.

68 d. Help identify PHS officers and establish networks to assist and facilitate  
69 recruitment activities as directed by OSG.

70 e. Provide guidance to OSG concerning the recruitment of qualified candidates.

71 f. Assist in the development of orientation materials for newly-hired category  
72 professionals and provide advice/recommendation concerning orientation  
73 programs as directed by OSG.

74 4. Provide PHS and category event, award, and recognition support to OSG:

75 a. Maintain awareness of award programs, events, and opportunities;

76 b. Advise OSG and CPOs as requested based on this awareness.

77 c. Encourage the nomination and recognition of qualified individuals for PHS,  
78 professional organization, and category specific awards.

79 d. Serve as an awards coordinator for the category under the direction of OSG.

80 5. Serve as a communication link and information resource for the category under the  
81 direction of OSG:

82 a. Communicate to the category important information concerning professional,  
83 ethical, and technical issues.

84 b. Maintain awareness of professional organizations, societies, and academic  
85 institutions that will help raise the visibility of the PHS. These may include

## The Nurse Professional Advisory Committee Charter

---

- 86 discipline-specific national organizations, professional schools pertaining to the  
87 category, and organizations that promote the PHS or the other Uniformed  
88 Services.
- 89 c. Distribute PAC developed materials to professional staff and officers, as  
90 appropriate, under the direction of OSG.
- 91 d. Ensure the availability of PAC notes and materials to OSG.
- 92 6. Support to the CPO shall include, but are not limited to the following:
- 93 a. Provide advice on the professional aspects of the category, i.e., new technologies,  
94 regulations, curricula, roles, etc.
- 95 b. Provide advice on ethical and professional standards related to the Category.
- 96 c. Provide advice on PHS and category practices concerning career development.
- 97 d. Provide advice on issues related to PHS officer promotion practices for the  
98 category such as revision of promotion benchmarks.
- 99 e. Provide advice on projected needs for category staffing levels in the PHS.
- 100 f. Review proposed and recommend needed changes to appointment standards and  
101 professional requirements, e.g., licensure required to maintain high quality staff.
- 102 g. Review and provide recommendations on operating practices concerning the  
103 optimum use of personnel to meet PHS and individual officer needs.
- 104 h. Provide advice on the selection of candidates for training as communicated by  
105 OSG and/or other career development options.
- 106 i. Identify and recommend continuing and long-term intramural/extramural  
107 education needs of the category.
- 108 j. Identify and recommend training and/or experience opportunities designed to  
109 meet these needs to senior leadership.
- 110 k. Provide advice on the goals, objectives, and procedures designed to meet PHS and  
111 category recruitment and retention initiatives.
- 112 l. Facilitate relationships with professional organizations and academia to promote  
113 public health and PHS professions and disciplines in accordance with guidance  
114 from OSG.
- 115

### **V. VOTING MEMBERSHIP**

- 116
- 117
- 118 1. Basic Eligibility Requirements: Members must be full-time PHS officers at the time  
119 they are nominated and appointed to the PAC. In addition, officers must maintain  
120 basic readiness standards.
- 121 2. Size of the PAC: The minimum size of the PAC shall be 7 members of the category,  
122 while the maximum size of the PAC shall be 30 members.
- 123 3. Organizational Representation: In order to provide the range of experiences and  
124 perspectives necessary for addressing issues before the PAC, every effort must be  
125 made to have the broadest representation possible among all agencies that are  
126 routinely staffed by PHS officers of the category.

## The Nurse Professional Advisory Committee Charter

---

- 127 4. Geographic Considerations: The PAC will have, as voting members, at least two  
128 individuals whose regular duty station is geographically 75 miles outside of the  
129 Washington D.C. Metropolitan Area.
- 130 5. Gender and Minority Representation: The PAC will make a concerted effort to include  
131 gender, racial, and ethnic minorities in the composition of its membership.
- 132 6. Professional Seniority: The PAC will have as a voting member a minimum of one junior  
133 officer who at the time of appointment to the PAC has less than 5 years of service as  
134 a PHS officer.
- 135 7. Professional Discipline Composition: Cognizant of the fact that the PAC is structured  
136 around the PHS defined professional categories which encompass more than one  
137 major professional discipline, to the extent possible the PAC should attempt to be as  
138 inclusive as practical in selecting members who possesses the requisite credentials for  
139 each of the respective sub-disciplines that make up the category.
- 140 8. Ex-Officio Members (non-voting): The CPO, Immediate Past Chair and Junior Officer  
141 Advisory Group Representative are ex-officio members of the PAC. The former chair  
142 serves to help ensure continuity of PAC operations. The PAC may identify other  
143 individuals to serve as ex-officio members to provide substantive coordination with  
144 relevant professional and academic organizations; such members are recommended  
145 by the PAC to OSG for approval.
- 146 9. Liaison Members (non-voting): The PAC may identify individuals to serve in a liaison  
147 capacity to provide information or assist with activities, e.g., staff from the Office of  
148 the Secretary or the Office of the Assistant Secretary for Health.
- 149

### VI. VOTING MEMBERSHIP NOMINATION PROCESS

- 150
- 151
- 152 1. Annually, the PAC will solicit nominations (self-nominations are accepted) for  
153 vacancies on the PAC from all individuals in the category. The names will be  
154 transmitted by the PAC to the nominee's respective Agency PHS liaison and CPO for  
155 endorsement. The endorsements will be reviewed by the PAC to identify highly  
156 qualified candidates to fill the anticipated vacancies. A final list of nominees will be  
157 sent by the PAC to OSG for selection and approval.
- 158 2. This nomination process shall be conducted so that the final nomination package is  
159 available for the OSG's consideration no less than 60 calendar days prior to the  
160 expiration of the regular term of the member.
- 161 3. Should the need arise to fill the remainder of the unexpired term of a voting member,  
162 the vacancy shall be filled by an officer selected from the currently serving alternates  
163 through a process that is consistent with the rigor followed in the annual Voting  
164 Member selection process.

# The Nurse Professional Advisory Committee Charter

---

165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206

## **VII. TERM OF APPOINTMENT**

1. PAC Voting Members will serve in either 2-year or 3-year terms as designated by each PAC in their Bylaws. Terms will be staggered to ensure rotational balance.
2. PAC Voting Membership is limited to a total of 9 years and a maximum of 8 years in any 10-year period. Each PAC may designate their voting membership limits between 6 and 9 years in their Bylaws.
3. Alternates: Cognizant of the demands of the members' primary work responsibilities and the PAC's need to conduct business, the 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/or PACs that consist of more than one major 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 PAC member to keep the alternate fully informed and knowledgeable of the PAC's activities. Any OPDIV clearance or approval requirements for travel/per diem must be handled within the OPDIV by the primary PAC member. All alternates must meet and maintain basic readiness standards.
4. Attendance: Any voting member of the PAC who frequently misses meetings without just cause, does not vote on PAC business items, does not participate in required activities, or does not complete assigned tasks in accordance with the PAC Bylaws, can, at the discretion of the PAC Chair in consultation with the CPO, be asked to voluntarily resign from the PAC, or the PAC Chair in consultation with the CPO can initiate a request to OSG to terminate the officer's voting membership and so inform the OPDIV Agency Liaison.
5. Removal: A voting member may be removed from the PAC at the request of the Chair for just cause (non-attendance, disciplinary action, etc.). In such case, the Chair will made a recommendation to the CPO, who, if concurred, will make a recommendation to the SG for removal of the voting member. The SG will make the final determination of removal of the PAC member.

## **VIII. CHAIRPERSON**

1. Selection: The Chairperson will be elected by the voting membership of the PAC.
2. Term: The Chairperson will serve a 1-year term. If a Chair-Elect is not identified by the end of the current Chair's term, the Chair may serve an additional 1-year term at the discretion of the CPO.
3. Term of the Chair-Elect: The Chairperson will serve as the Chair-Elect the year prior to serving as the Chairperson.
4. Immediate Past Chair: Immediately following the Chairperson term the former Chairperson may serve an additional year as a non-voting ex-officio member in the

## The Nurse Professional Advisory Committee Charter

---

207 role of Immediate Past Chair. The role of the Immediate Past Chair will be to provide  
208 advice and consultation to the current Chairperson as needed.

## The Nurse Professional Advisory Committee Charter

---

209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236  
237

### **IX. OPERATIONS AND PROCEDURES**

1. The PAC shall develop its own internal operations and procedures (e.g., Bylaws, Standard Operating Procedures). These shall include, at the minimum provisions covering the following:
  - a. Operational year: Determine and report to OSG on a quarterly basis.
  - b. Frequency of meeting: Meetings will be held once per quarter at a minimum.
  - c. Agenda: A meeting agenda and appropriate background material is to be made available to the members.
2. Records and Reporting:
  - a. Minutes of each PAC meeting will be developed and approved by the PAC members.
  - b. Minutes and reports of the PAC will be distributed in accord with Item IV (5) (C) FUNCTIONS.
  - c. The PAC must establish a system to maintain a permanent file of the official minutes and reports of the PAC.
  - d. PAC Chair will be prepared and available to brief the SG and DSG, or their representative, and their CPO quarterly as scheduled by OSG.
3. Executive Secretary: The Executive Secretary must be a member of the category but is not required to be a voting PAC member.
4. Quorum: A Quorum consists of at least 50 percent of the PAC 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 the simple majority of those voting members present.
6. Committees: Where the PAC elects to establish standing or ad hoc committees, said membership may include non-PAC members provided that the chairman of the committee is a voting member of the PAC.