



Therapist Professional Advisory Committee

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TO: The Office of the Surgeon General
FROM: CAPT Scott Gaustad, Chief Professional Officer, Therapist Category
SUBJECT: Review/ Approval of Therapist Professional Advisory Committee Charter

ISSUE

Review and approval of proposed revisions to the TPAC Charter.

DISCUSSION

The TPAC provides advice and consultation through the Chief Professional Officer to the Surgeon General on issues related to the professional practice and the professional activities of civil service and Commissioned Corps Therapist Category Members.

The TPAC Charter has been revised and is consistent with the Model Charter issued by the Office of the Surgeon General. The revisions included updating to coincide with the Model Charter dated March 2012.

RECOMMENDATION

It is recommended that you approve the TPAC charter as reviewed/ revised.

DECISION

Approved Regina M. Benjamin Date: JAN 24 2013

VADM Regina M. Benjamin, M.D., M.B.A.
Office of the Surgeon General
United States Public Health Service

Attachment:
Tab A - Reviewed/ revised TPAC charter, dated
Tab B - Last approved charter

**THERAPIST PROFESSIONAL ADVISORY COMMITTEE (TPAC)
CHARTER
DATE: November 2012**

<u>Section</u>	<u>Title</u>
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II	RELATIONSHIP OF THE PAC TO THE U.S. PUBLIC HEALTH SERVICE
III	OBJECTIVES
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The Therapist Professional Advisory Committee (TPAC) Charter

(I) MISSION

The Therapist Professional Advisory Committee (TPAC) was created by, and is to advise and serve, the Surgeon General and the Public Health Service through the Chief Professional Officer (CPO), on issues relating to the professional practice and the personnel activities, Civil Service (CS) and Commissioned Corps (CC), of the Therapist Category. Working through the CPO, the TPAC provides similar advisory assistance, upon request, to the Operating Divisions (OPDIVs) or Staffing Divisions (STAFFDIVs) of the Public Health Service (PHS), and to non-PHS Programs that routinely use PHS personnel.

(II) RELATIONSHIP OF THE TPAC TO THE UNITED STATES PUBLIC HEALTH SERVICE (USPHS)

In carrying out its responsibilities, the TPAC 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 TPAC advises the CPO, who in turn advises the Surgeon General. While TPAC members are chosen from the respective PHS 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 OPDIVs and organizations staffed by PHS personnel.

(III) OBJECTIVES

The TPAC serves in a resource and advisory capacity through the CPO to assist in the development, coordination, and evaluation of activities related to the professional discipline(s) it represents in the PHS with the specific objectives of:

1. Identifying and facilitating resolution of issues of concern as they relate to the Therapist Category and related civil service professional disciplines.
2. Assessing PHS personnel needs and assisting in meeting these needs through recruitment, training, utilization, and recognition of officers in the Therapist Category and related civil service professional disciplines.
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 of the Therapist Category and related civil service professional disciplines.
4. Promoting the development and utilization of Audiology, Occupational Therapy, Physical Therapy, Respiratory Therapy, and Speech - Language Pathology by the PHS and other Government programs.
5. Promoting cooperation and communication among Audiologists, Occupational Therapists, Physical Therapists, Respiratory Therapists, and Speech - Language Pathologists and other health professionals.

6. Promoting all aspects of the Therapist Category and related civil service professionals throughout the OPDIVs of the PHS.
7. Providing liaison among professional disciplines within and among PHS components, and providing advice and consultation to the OPDIV Heads and operating programs upon request.
8. Advocating for best practices within the profession.
9. Facilitating relationships with professional organizations and academia to promote the linkage between public health and the professions and disciplines of the USPHS.

(IV) FUNCTIONS

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

1. Provide general professional advice and recommendations:
 - a. Review and comment on issues referred to the TPAC through the CPO by the Surgeon General, OPDIV Heads, and/or STAFFDIV Heads.
 - b. Deliberate issues; develop findings, and present recommendations through the CPO to the Surgeon General.
 - c. Provide advice on the professional aspects of the Therapist Category, i.e., new technologies, regulations, curricula, roles, etc.
 - d. Provide advice on ethical and professional standards.
 - e. Review and provide recommendations concerning proposed or needed changes to appointment standards and professional requirements, e.g., licensure required to maintain high quality staff.
2. Act as primary resource for career development:
 - a. Advise on CC and CS practices concerning career development.
 - b. Advise on operating practices concerning the appropriate/optimum use of personnel designed to best meet PHS needs and the needs of the individual.
 - c. Advise on issues related to PHS promotion practices and, for commissioned officers, assimilation into the Regular Corps for the Therapist Category.
 - d. Formulate criteria for the selection of candidates for training and/or other career development options.

- e. Identify both continuing and long-term intramural/extramural education needs of the Therapist Category, and identify and recommend training and/or experience opportunities designed to meet these needs.
3. Provide advice and assistance on staffing issues:
- a. Assess and project need for the Therapist Category staffing levels, both CC and CS, throughout the PHS.
 - b. Provide advice on the goals, objectives, and procedures designed to meet the PHS staffing needs and assist in category retention initiatives.
 - c. Provide guidance for recruitment to the short-term student affiliation programs (COSTEP, summer students, etc.).
 - d. Develop, and/or review and critique, Therapist Category-specific PHS recruitment materials, procedures, and programs.
 - e. Help establish networks of current, as well as former, PHS professionals, who can assist and facilitate recruitment activities.
 - f. Provide guidance to approved PHS “Associate Recruiters” and other recruiters concerning the recruitment of qualified candidates to the Therapist Category and related civil service professional disciplines.
 - g. Assist in the development of orientation materials for newly-hired Therapist Category professionals and provide advice/recommendations concerning orientation programs.
4. Communicate and encourage appropriate use of awards/recognition systems:
- a. Identify, establish, and help administer special professional, Therapist Category specific awards.
 - b. Maintain cognizance of the existing CS and CC 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:
- a. Communicate to the CC/CS Therapist Category staff important information concerning professional, ethical, and technical issues.
 - b. Encourage individual membership in, and involvement with professional organizations and societies in order to promote open communication with non-federal colleagues.

- c. Ensure the distribution of minutes and/or other TPAC-developed materials to the extent possible and appropriate to CC and CS staff. Ensure the availability of TPAC minutes to other PACs and the Office of the Surgeon General through the TPAC website.

This list of functions is not all inclusive. The TPAC has the responsibility to identify and add functions as necessary to carry out its objectives. Such functions shall be in concert with the overall mission of the TPAC and found in the TPAC Policies and Procedures Manual.

(V) MEMBERSHIP

1. **Basic Eligibility Requirements:** Members must be full-time CC or CS personnel, at the time they are nominated and appointed to the TPAC, and meet the eligibility requirements for initial appointment to the Therapist Category and personnel systems. In addition, all CC personnel must meet the Office of Force Readiness and Deployment (OFRD) basic readiness standards at the time they are nominated and appointed to the TPAC and throughout their term of service on the TPAC.
2. Staff from the Office of the Secretary (OS) and the Office of the Assistant Secretary for Health (OASH) may serve on a PAC providing that they recuse themselves from voting on issues and decisions that may have the appearance of a conflict of interest with respect to their duty assignments.
3. **Size of the PAC:** The TPAC shall have no fewer than 7 and no more than 20 voting members.
4. **Organizational Representation:** In order to provide the range of experiences and perspectives necessary for addressing issues before the TPAC, every effort must be made to have the broadest representation possible among all agencies that are routinely staffed by Commissioned Corps Officers of the Therapist Category.
5. **Geographic Considerations:** The TPAC 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 Metropolitan Area.
6. **Gender and Minority Representation:** The TPAC will make a concerted effort to include both men and women and racial and ethnic minorities in the composition of its membership.
7. **Personnel System:** The TPAC will make a concerted effort to include civil service personnel in the composition of its membership.
8. **Professional Seniority:** The TPAC will have as a voting member a minimum of one individual who at the time of appointment to the TPAC has less than 5 years of professional experience.
9. **Professional Discipline Composition:** Cognizant of the fact that the TPAC is structured around the PHS Commissioned Corps defined professional categories which encompass more than one major professional discipline, to the extent possible the TPAC should attempt to be as inclusive as practical in selecting members who possesses the requisite credentials for each of the respective sub-disciplines that make up the category.

10. Ex-Officio Members (non-voting): The Chief Professional Officer is an ex-officio member of the TPAC [see IX (1)]. The JOAG Representative is an ex-officio member of the TPAC. The former chair may serve 1 additional year as an ex-officio member of the TPAC [see VIII (3)]. The TPAC may identify other individuals and request that they serve as ex-officio members.
11. Liaison Members (non-voting): The TPAC 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 the Assistant Secretary for Health (OASH).

(VI) NOMINATION PROCESS

1. Annually, the TPAC will solicit, through newsletters and other appropriate means, nominations for vacancies on the TPAC from all individuals in the Therapist Category and represented civil service professional disciplines. Self-nominations will be solicited. The names will be transmitted by the CPO to the nominee's 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 TPAC 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 the member.
3. Should the need arise to fill an unexpired term of a voting member; the vacancy shall be filled through the annual nomination process.

(VII) TERM OF APPOINTMENT

1. TPAC Members will be selected to serve 3 year terms. Terms will be staggered to ensure rotational balance.
2. Once a member has accumulated a lifetime total of 6 years of service on the TPAC, they are not eligible for reappointment. Terms of office may be served consecutively at the discretion of the TPAC.
3. Alternates: Cognizant of the demands of the members' primary work responsibilities and the TPAC's need to conduct business, the TPAC 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 *for 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 TPAC member to keep the alternate fully informed and knowledgeable of the PACs activities. Any OPDIV clearance or approval requirements for travel/per diem will have to be handled within the OPDIV by the primary TPAC member. All alternates must meet OFRD basic readiness standards.

4. Attendance: Any member of the TPAC who frequently misses meetings without just cause can, at the discretion of the TPAC Chair in consultation with the CPO, be asked to voluntarily resign from the TPAC, or the TPAC Chair in consultation with the CPO can initiate a request to the Surgeon General to terminate said membership and so inform the OPDIV Head.

(VIII) CHAIRPERSON

1. The chairperson will be elected by the voting membership of the TPAC.
2. Term of the Chairperson: The Chairperson will serve a 2-year term with no opportunity for re-election to that post.
3. Term of Appointment: If the term of Chairperson coincides with the expiration of that individual's membership on the TPAC, the former Chair may serve one additional year as an ex officio member of the TPAC 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. TPAC Membership: The Therapist Category Chief Professional Officer shall be a non-voting ex-officio member of the TPAC.
2. Relationship with the TPAC: All output of the TPAC, 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 non-concurring comments but may not stop or unduly delay such transmittals.

(X) OPERATIONS AND PROCEDURES

1. The TPAC shall develop its own internal operations and procedures (e.g., Bylaws, Policies and Procedures). These shall include, at the minimum provisions covering the following:
 - a. Operational year: Determine and report to the Surgeon General the day and month chosen as the beginning of its operational year.
 - 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 T PAC meeting will be developed and approved by the TPAC members.
 - b. Minutes and reports of the TPAC will be distributed in accord with Item IV (5) (C) FUNCTIONS.
 - c. The TPAC must establish a system to maintain a permanent file of the official minutes and reports of the TPAC.

3. Executive Secretary: The Executive Secretary will be a voting member of the TPAC.
4. Quorum: A Quorum consists of at least 50 percent of the TPAC 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 TPAC elects to establish standing or ad hoc committees, said membership may include non-TPAC members provided that the chairman of the committee is a voting member of the TPAC.

DECISION

Regina M. Benjamin Approved _____ Disapproved _____ Date JAN 24 2013

VADM Regina M. Benjamin, M.D., M.B.A.
Office of the Surgeon General
United States Public Health Service