

PHYSICIANS PROFESSIONAL ADVISORY COMMITTEE CHARTER

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The Physicians Professional Advisory Committee (PPAC) Charter

(I) MISSION

The Physicians Professional Advisory Committee (PPAC) 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 medical category. Working through the CPO, the PPAC 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 PPAC TO THE UNITED STATES PUBLIC HEALTH SERVICE (USPHS)

In carrying out its responsibilities, the PPAC 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 PPAC advises the CPO, who in turn advises the Surgeon General. While PPAC 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 OPDIV and organizations staffed by PHS personnel.

(III) OBJECTIVES

The PPAC 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 Medical category and related civil service professional disciplines.
2. Assessing PHS personnel needs and assisting in meeting these needs through activities in recruitment, training, utilization, and recognition of officers in the Medical 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 Medical category and related civil service professional disciplines.
4. Promoting the development and utilization of Physicians by the PHS and other

Government programs.

5. Promoting cooperation and communication among Physicians and other health professionals.
6. Promoting all aspects of the Medical 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 OPDIVs 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 PPAC 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 PPAC 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 Medical 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 Medical 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 Medical category, and identify and recommend training and/or experience opportunities designed to meet these needs.
 - f. Review applications for long-term training, assess appropriateness of requested training in terms of the individual's and the Service's need, and provide recommendations for the approval/disapproval of such requests.
3. Provide advice and assistance on staffing issues:
- a. Assess and project need for the Medical 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, Medical 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 Medical category and related civil service professional disciplines.
 - g. Assist in the development of orientation materials for newly-hired Medical category professionals through the PPAC Mentoring Program and provide advice / recommendations concerning PHS orientation programs.

4. Communicate and encourage appropriate use of awards/recognition systems:
 - a. Identify, establish, and help administer special professional, Medical 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 Medical 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 PPAC-developed materials to the extent possible and appropriate to CC and CS staff. Ensure the availability of PPAC minutes to other PACs and the Office of the Surgeon General through the PPAC website.

(V) MEMBERSHIP

1. **Basic Eligibility Requirements:** Members must be full-time CC or CS, and at the time they are nominated and appointed to the PPAC meet the eligibility requirements for initial appointment to the Medical 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 PPAC and throughout their term of service on the PPAC.
2. Staff from the Office of the Secretary (OS) and the Office of Public Health and Science (OPHS) 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 PPAC 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 PPAC, every effort must be made to have the broadest representation possible among all agencies that are

routinely staffed by Commissioned Corps Officers of the Medical category.

5. Geographic Considerations: The PPAC 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 PPAC 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 PPAC will make a concerted effort to include civil service personnel in the composition of its membership.
8. Professional Seniority: The PPAC will have as a voting member a minimum of one individual who at the time of appointment to the PPAC has less than 5 years of professional experience.
9. Ex Officio Members (non-voting): The Chief Professional Officer is an ex-officio member of the PPAC [see IX (1)]. The JOAG Representative is an ex-officio member of the PPAC. The former chair may serve 1 additional year as an ex-officio member of the PPAC [see VIII (3)]. The PPAC may identify other individuals and request that they serve as ex-officio members.
10. Liaison Members (non-voting): The PPAC 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).

(VI) NOMINATION PROCESS

1. Annually, the PPAC will solicit, through newsletters and other appropriate means, nominations for vacancies on the PPAC from all individuals in the Medical 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 PPAC 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. PPAC 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 PPAC, they are not eligible for reappointment. Terms of office may be served consecutively at the discretion of the PPAC.
3. Alternates: Cognizant of the demands of the member's primary work responsibilities and the PPAC's need to conduct business, the PPAC 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 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 PPAC member to keep the alternate fully informed and knowledgeable of the PPAC's activities. Any OPDIV clearance or approval requirements for travel/per diem will have to be handled within the OPDIV by the primary PPAC member. All alternates must meet OFRD basic readiness standards.
4. Attendance: Any member of the PPAC who frequently misses meetings without just cause can, at the discretion of the PPAC in consultation with the CPO, be asked to voluntarily resign from the PPAC, or the PPAC 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 PPAC.
2. Term of the Chairperson: The Chairperson will serve a 1-year term and may be re-elected for 1 additional year. The PPAC may choose to elect the Chairperson for one 2-year term with no opportunity for re-election to that post. Additionally, each PAC may elect to have a Chair-Elect post so that after one year in this capacity the Chair-Elect automatically becomes the Chair for a year.
3. Term of Appointment: If the term of Chairperson coincides with the expiration of that individual's membership on the PPAC, the former Chair may serve additional year as an ex officio member of the PPAC 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. PPAC Membership: The Medical Chief Professional Officer shall be a non-voting ex-officio member of the PPAC.
2. Relationship with the PPAC: All output of the PPAC, 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 PPAC shall develop its own internal operations and procedures (e.g. bylaws). These shall include, at the minimum provisions covering the following:
 - a. Operational year: Determine 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 PPAC meeting will be developed and approved by the PPAC members.
 - b. Minutes and reports of the PPAC will be distributed in accord with Item IV (5) (C) FUNCTIONS.
 - c. The PPAC must establish a system to maintain a permanent file of the official minutes and reports of the PPAC.
3. Executive Secretary: The Executive Secretary must be a member of the category but is not required to be a voting PPAC member.
4. Quorum: A Quorum consists of at least 50 percent of the PPAC 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 PPAC elects to establish standing or ad hoc committees, said membership may include non-PPAC members provided that the chairman of the committee is a voting member of the PPAC.

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DECISION

Approved Kenneth P. Moritsugu Disapproved _____ Date 6/12/2007