

Public Health Service Academy of Physician Assistants Newsletter



PHSAPA Welcomes New BOD

By LCDR Camille Hawkins
phsapa@yahoo.com

The PHSAPA welcomes its new board of directors (BOD) for 2006-2007. The following members were recently voted in to the following seats:

President: LCDR James Cannon, USCG
 President Elect: LCDR Camille Hawkins, USPHS
 Vice President: CDR Robin Hunter Buskey, USPHS
 Secretary: William A. Zarychta, USPHS
 Treasurer: LT Mark McKinnon, USPHS
 Director: CDR Frances Placide, USPHS
 Director: LT Paul K. Hager, USPHS

We thank our previous board members for all of their hard work, dedication and support. Without all of your efforts, the PHSAPA would not be able to continue to it efforts on behalf of the uniformed and federal PA's.

PHSAPA General Membership Meeting

Held at the AAPA annual conference in San Francisco

The PHSAPA held its Annual General Membership Meeting during the AAPA conference in San Francisco on May 30, 2006.

RADM Kenneth P. Moritsugu, Deputy Surgeon General of the United States was our keynote speaker. RADM Moritsugu addressed our members regarding the transformation of the corps and how it may affect PAs. He also answered several questions from PHS and civilian guests in attendance regarding issues concerning PAs.

Look for the full story in the next newsletter.

New OCCO General Email Boxes

By LCDR Camille Hawkins

Help spread the word!!! OCCO has developed several new general email boxes. The development of these mailboxes is to facilitate timely responses so officers do not have to wait when a staff member is away on leave, is out of the office or transfers. For questions or problems with:

Promotions write to: PHSPromotions@hhs.gov
 Assimilations write to: PHSAssimilations@hhs.gov
 Travel write to: PHSTravel@hhs.gov
 Awards write to: PHSAwards@hhs.gov
 COERS write to: PHSCOERS@hhs.gov

Soon we will be adding mailboxes for PHS leave and PHS PIR questions.

Inside This Issue

- 1 Message from the Past
President; New OCCO emails
- 2 Coast Guard Corner
- 3 HOD news
- 4 Upcoming events
- 5 Job Opportunities
- 6 Legislative news
- 7 Medical School Scholarships
- 8 Three & Freeze policy change
- 9 Board of Directors 2006-2007

**Help
spread
the
word- New
OCCO email
addresses**

Coast Guard Corner

By LCDR James Cannon, APA, USCG
jcannon64@comcast.net

Operational Medicine in the USCG

The United States Coast Guard (USCG) is one of the five armed services of the United States of America and an agency within the Department of Homeland Security. The USCG is responsible for a wide variety of security and humanitarian missions offering an excellent environment for Physician Assistant (PA) clinical practice. The history of PA's in the agency goes back to the early 1970's with PA Victor Germino who was in the first class at the Duke University PA program. Healthcare in the USCG is provided through physician-PA teams in over 35 facilities including small hospitals, clinics, and super sick bays serving a vital mission keeping the agency's 46,000 members ready to serve. The PA is a key member on the healthcare team and often one of the first to operationally deploy. The term operational medicine can be defined as primary and specialized healthcare provided to a specific population or occupation. In our case, this is the military (all branches). Even though a formalized medical specialty for this type of medical practice does not yet exist, the armed forces have recognized operational medicine as a set of skills for which privileging should occur. In addition to sound primary care skills, the operational medicine clinician is concerned with the implications of medical readiness (immunizations, dental status, general physical exams, and occupational physical exams), chronic conditions, or medications, and their implications within environment in which the duties will be performed.

Additionally, special training in combat/field medicine, tactical medicine, CBR/NBC, field sanitation, and tropical medicine will invariably serve useful at some point in an operational clinician's career. In my short time with the USCG, I have had the opportunity to provide medical care in number of diverse and challenging settings. They have included on board a cutter/Ice breaker/aircraft, an oil platform in Iraq, the floor of the Democratic National Convention, and pier side in the Republic of Korea. The ability to use the basic but effective history and physical exam skills that we were all taught in school become essential to ensuring a good clinical outcome. Creativity and a good PDA with references also help. If interested in operational medicine, I encourage you to seek out training opportunities such as Medical Management of Chemical Biological Casualties, Combat Casualty Care, Humanitarian Assistance, and tactical medicine as the opportunities might present. I could not imagine practicing medicine in a better setting providing an excellent mix of the classic clinic with that of the operational mission. The opportunity and challenge that operational medicine adds to our skill sets is a dimension that only few PA's have experienced. Try it, you might like it!

Tricare users forced to order online?

By WAYNE SMITH
Times Business Editor waynes@htimes.com

Pharmacist says a new bill could end local prescriptions. Becky Walton isn't just worried about losing business at her Cove Pharmacy in Hampton Cove. She's also concerned for her TRICARE customers who may be forced to mail-order most of their prescription drugs through a single, online company. Walton said most consumers prefer going to a community pharmacy instead of ordering them by mail. "They walk in the door and I know their name, what medications they are taking, and what they've been on," said Walton, who owns Cove Pharmacy along with her husband, Gary. "If (military families) are forced to order 75 percent of their prescriptions, I won't be able to do that anymore."

The House and Senate have been considering a plan to offer free mail-order drugs. But the plan would increase retail pharmacy co-payments, at least doubling them. For example, a co-pay for a generic drug would jump from \$3 to \$6. The Congressional Budget Office estimates the Department of Defense will save \$1.5 billion between 2007 and 2016 by moving toward the mail-order pharmacy option. The bill is part of the defense spending budget.

Walton's customers who are part of the Tricare plan may be forced to pay more for the drugs at her pharmacy, or order them by mail for free. "They're not taking everything into consideration," Walton said. "Sometimes, it's hard for someone older to get on the Internet and order their medication. They need to take out the language that says it has to be mail-ordered. Don't force them to mail-order and force me out of business."

The Department of Defense is trying to cut health care costs, projected to account for 12 percent of the Pentagon's budget by 2015 if no changes are made, according to one report. The National Community Pharmacy Association said the provision in the Senate bill requires Tricare enrollees to obtain most of their medication through the mail-order program after April 1, 2007. The NCPA said most consumers prefer obtaining their pharmacy services in person rather than through the mail. [It is asking consumers to contact their senator.](#) According to Bill Eley, director of legislative affairs for Alabama-based American Pharmacy Cooperative, the bill passed the Senate on Thursday night and now goes to a conference committee with the House of Representatives to work out differences. He expects a vote in July.

"When consumers are forced to mail-order and the mail doesn't come, where do they go for help?" said Eley. "The local pharmacy will help and sell them a couple of pills to get them through every time." Walton said the Senate version of the bill says all maintenance medication (drugs taken regularly) must be mail-ordered from pharmacy benefit manager Express Scripts, a dotcom. If mail-ordering is mandated, the only drugs Tricare enrollees could get from her would be antibiotics or emergency medications. She said she now takes care of about 100 families who are Tricare enrollees. "That's 100 families worth of business," she said.

Controversial Specialty PA Certification Focus at the AAPA House of Delegates

By Mark F. McKinnon, MS, PA-C
LT USPHS

During his annual report to the AAPA House of Delegates, NCCPA's Chair Bill Kohlhepp announced that the NCCPA had developed a task force to evaluate the feasibility of establishing formal credentialing and standardization for specialty PAs.

In his report, Kohlhepp said "At its meeting earlier this month, the NCCPA Board of Directors approved new initiatives. I'm announcing those initiatives to this body and from here to the profession at large. To me, these initiatives hail the next evolution of our profession – they are grounded in our history – but pave the way for our future." The complete annual report is available on the NCCPA website www.nccpa.net/News_06AAPAConfAnnouncement.aspx.

"Our first new initiative is an age-old issue that has resurfaced with an intensity and a frequency that we've never seen before and is manifested in calls for action from both PA and physician specialty organizations. The profession is changing, and the numbers of PAs practicing in specialties continues to rise. As a result, PA professional organizations have and continue to respond to this changing environment. As Speaker, I presided over a House that changed its composition in order to include the voice of specialty PA organizations in its deliberations. The NCCPA Board is responding to that changing environment by approving the development of a solution to meet the needs of specialty PAs."

The idea of specialties has been addressed within the PA profession in the past and will continue to be a topic of debate for many years to come. The AAPA has feverishly opposed a specialty focus and has supported maintaining a generalist model for PAs. The NCCPA focus will be on specialty certifications in addition to the current PANRE and PANCE certification exams.

"In addition to defining a solution to meet the needs of specialty PAs, the NCCPA Board also looked at ways to makeover PANRE, so that it exists both as a generalist exam in its current format and can be flexible with regard to component areas that could serve as add-ons to a shortened generalist exam. I assure you again that PANRE will continue to serve as the requirement for completing the recertification process and PANCE will continue to serve as the requirement for initial certification," Kohlhepp further stated.

One of the factors that has forced the NCCPA to initiate an investigation into specialty certification and recognition was the recent efforts of a Utah-based group, lead by dermatologist Richard W. Parkinson, MD, to develop a private specialty PA certification program. The AAPA leadership recently alerted constituent organization leaders and the House of Delegates that this endeavor by the Utah group could threaten the well-being of the PA profession.

NOMINATE CANDIDATES FOR AAPA 2007-2008 BOARD OF DIRECTORS

Are you interested in nominating an AAPA fellow member (including yourself) to run for an elected AAPA position? For information and forms, go to <http://www.aapa.org/members/cal.html>.

AAPA News

2006 PA Leadership Summit at the AAPA

PA Leadership Summit will take place July 27-30 in Arlington, Virginia. Only AAPA committees, councils, and the Student Academy Board of Directors will attend this and future Leadership Summits.

Instead of attending Leadership Summit, constituent organization leaders will be encouraged to gather at an annual February meeting sponsored by AAPA.

- In odd-numbered years (2007), the meeting will focus on constituent organization management.
- In even-numbered years (2008), the meeting will focus on legislation and Capitol Hill visits. For information about Leadership Summit and the February constituent organization leader programs, go to <http://www.aapa.org/toolbox/leadershipsummit.html>

VA Mortgages for Active Duty Members

5 Reasons to Use a VA Home Loan

- 1) Buy a home up to \$417,000
- 2) No down payment
- 3) Lock in historically low rates
- 4) Refinance to lower monthly payments
- 5) Get cash for purchases and remodeling

Things to remember: Member married to member does not double the amount which can be financed. VA loans do have mortgage insurance – which may increase your payment by several hundred dollars.

Upcoming Events

- | | |
|--|---------------------|
| MAPA's 2006 Annual Primary Care Update | July 20-30 |
| Provider: Missouri Academy of PAs
Location: Branson, MO
Contact: Ryan Pock, PA-C, 417/335-7556 or rcpock@skaggs.net | |
| 31st GAPA Summer CME Conference & Exhibition | July 24-28 |
| Provider: Georgia Association of PAs
Location: Sandestin, FL
Contact: GAPA, 888/811-4282 or info@gapa.net or www.gapa.net | |
| VAPA's 24th Annual Summer CME | July 24-28 |
| Provider: Virginia Academy of PAs
Location: Virginia Beach, VA
Contact: VAPA, 703/836-2407 or vapa@vapa.org or www.vapa.org | |
| MAPA's 16th Annual CME & Membership Meeting | August 2-5 |
| Provider: Montana Academy of PAs
Location: Fairmont, MT
Contact: MAPA, 703/836-2272 ext 3308 or montanapas@aapa.org or http://www.aapa.org/mapa/index.htm | |
| 2006 FAPA Summer Symposium | August 2-6 |
| Provider: Florida Academy of PAs
Location: Marco Island, FL
Contact: Dayne Alonso, 786/512-5206 or daynepa@earthlink.net or www.fapaonline.org | |
| Certification & Recertification Exam Review | August 7-11 |
| Provider: CME Resources
Location: Chicago, IL
Contact: 800/522-3439 or cme@cmeresources.com | |
| 30th Annual NCAPA Summer Conference | August 13-18 |
| Provider: North Carolina Academy of PAs
Location: Myrtle Beach, SC
Contact: Jennifer Hedgepeth, 800/352-2271 or conference@ncapa.org or www.ncapa.org | |
| Certification & Recertification Exam Review | August 14-18 |
| Provider: Western Michigan University
Location: Kalamazoo, MI
Contact: Cheri Lay, 269/387-4174 or Cheryl.lay@wmich.edu or eup.wmich.edu/olle | |
| 10th Annual Certification Review for Pas | August 15-18 |
| Provider: Oregon Health & Science University PA Program
Location: Portland, OR
Contact: Tanya Schaefer, 503/494-7439 or pareview@ohsu.edu or www.ohsu.edu/pa/pareview/ | |

\$\$ Savings for Military Members

Apple salutes the US Military.

Now government and military personnel can receive up to 17% off Apple products for personal use. This includes the world's most popular digital music player, the iPod.

Call 1-800-MY-APPLE and mention military discount
OR
Click on the "Get Discount Online" button to access these exclusive discounts.
OR
Visit any retail Apple Store and bring proof of military or government status.

Free Shipping on orders over \$50.

Job Opportunities

DIHS: There are over 130 IMMEDIATE vacancies (in billets ranging from O-3 to O-6) for USPHS Commissioned Officers! Join the Division of Immigration Health Services (DIHS)!

DIHS provides or arranges for health care services for undocumented migrants detained by U.S. Immigration and Customs Enforcement (ICE). The mission of the Division is to "protect America by providing health care and public health services in support of immigration law enforcement."

Once again, DIHS is rising to new challenges; the organization is preparing to play its role in the President's Secure Border Initiative. The Secure Border Initiative is a comprehensive approach to immigration enforcement, focusing primarily on two major enforcement themes: 1) controlling the border and 2) immigration enforcement within our country. Because of the Secure Border Initiative, DIHS is opening 8 new sites in the next few months, along with an additional 6,000 detainee beds. The first of the new sites opens as early as August 1st 2006 and all sites need to be completely staffed no later than October 1st 2006!

DIHS is recruiting for the following positions:
Physicians/Pharmacists/Dentists/**Physicians Assistants**/
Nurses and Nurse Practitioners/Health Service Administrators/
Mental Health Professionals

The sites are as follows:

- *** Port Isabel, TX (existing site is opening a new 42-bed hospital)
- *** Willacy, TX (50 miles N of Port Isabel in Raymondville)
- *** Harlingen Staging Facility (Harlingen, TX)
- *** Austin, TX (in Taylor, TX)
- *** Stewart Cty, GA (about 40 miles south of Columbus)
- *** Florence, AZ
- *** Eloy, AZ (25 mi south of Florence)
- *** Pinal, AZ (also several miles from Florence)
- *** Denver, CO

Officers will have the opportunity to be a member of a growing and dynamic organization, participate in our Aviation Medicine program, receive a significant annual CME allowance, plus attend funded category training conferences. If you are a USPHS Commissioned Corps Officer or applicant specifically interested in an employment opportunity with us, contact a member of our DIHS recruitment staff toll free at 1(877)353-9834 or e-mail them at dihs.recruitment@dhs.gov today! To apply, please forward a copy of your CV and a letter of intent to the HR office via the dihs.recruitment@dhs.gov e-mail, or fax it to (866)573- 8529.

Also, officers and officer candidates are encouraged to access the www.inshealth.org website (click on "Vacancies"), to regularly access the Vacancy Announcement Tracking System on the www.usphs.gov website ("Click on Jobs"), and to register with their category list-servs for current and upcoming DIHS vacancies and application guidelines.

Look at these websites for jobs with the following agencies:

FDA - CONSUMER SAFETY OFFICER POSITIONS

<http://jobsearch.usajobs.opm.gov/jobsearch.asp?jbf522=&fn=4425&q=&FedEmp=Y&jbf574=HE36&brd=3876&vw=d&ss=0&FedPub=N&caller=%2Fa9fda.asp&SUBMIT1.x=71&SUBMIT1.y=11>

EPA 1301 Physical Scientist/Environmental Scientist 0028
Environmental Protection Specialist

<https://jobs.quickhire.com/scripts/epa.exe/runuserinfo?Haveusedbefore=5#PublicS>

IHS

<http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/pdf/23606-06272006034314.pdf>

<http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/pdf/23299-06022006110810.pdf>

<http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/pdf/22128-03072006033739.pdf>

<http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/pdf/23231-05252006124445.pdf>

http://jobsearch.usajobs.opm.gov/jobsearch.asp?jbf574=HE*&q=&jbf522=&fn=4423&FedEmp=Y&brd=3876&vw=d&ss=0&FedPub=Y&caller=%2Fa9hhs.asp&SUBMIT1.x=84&SUBMIT1.y=14
http://www.dehs.ihs.gov/index.cfm?content=vac_view.cfm

Indian Health Service 7/18/2006: Note: NP openings are included in this listing because often times a conversation with the clinical director regarding the matching skills of a PA does lead to an announcement for PA openings. Do not hesitate to contact the facility's clinical director. To access the actual contact information and job descriptions go to:

<http://www.ihs.gov/JobCareerDevelop/CareerCenter/Vacancy/Index.cfm>

Sector Baltimore (CG) was selected as the FY 2005 Winner of the Rear Admiral Bennett S. "Bud" Sparks Award.

ROA presents the award annually to the active command judged to be the most supportive of a totally integrated Coast Guard force demonstrated by its effective use of Coast Guard Reservists. See the Coast Guard's announcement on [ROA's Coast Guard News](#) page.

http://www.roa.org/military_section/coast_guard_detail.asp?id=3865

Legislative News, *by LT Marc McKinnon*

South Carolina

HB 4015

This bill changed the authority to prescribe Schedule III-IV and non-controlled medications.

Kentucky

SB 78

This bill changes PAs from certified by the state to licensed. Forty-three states and Washington DC now use licensure as the regulatory term for practicing physician assistants.

Georgia

HB 832

This bill authorizes PAs to request, receive and sign for pharmaceutical samples.

HB 873

This bill authorizes physician assistants who are licensed in good standing in the state of Georgia or other jurisdictions to provide medical care in a state of public health emergency with what ever supervision is available.

Utah

SB 146

This bill adds physician assistants to the list of health professionals who can respond to declared public health emergencies and who are included in the immunity from liability provisions provided to other health professions during these declared emergencies.

Maryland

SB 818

This bill, once signed, removes a requirement for physician co-signature of PA chart entries and streamlines the process for PAs to change supervising physicians.

Iowa

HF 2331

If signed, this bill will lift the restrictions placed on physician assistants for the prescribing of Schedule II stimulants and depressants.



Money Cents

Special 0% financing vs. taking the Rebate

You're at an auto dealership, about to sign for the \$30,000 SUV. You remember it was advertised with a \$2,000 rebate. Now your salesperson is dangling 0 percent financing instead... Is this really a Deal?

IT IS A DEAL IF...you plan to keep the car for a while - at least four years. It will take that long for the interest savings to equal the amount of money you could have gotten back in the rebate, says Jesse Toprak of Edmunds.com.

In this instance, with 0 percent interest over five years, you'll pay only the \$30,000. The same car with the rebate, no down payment and 7 percent financing over five years would cost \$33,266. (To weigh other offers, check the Decision Calculator: Low APR vs. Cash Back at Edmunds.com.)

Keep in mind manufacturers and dealers usually extend these incentives when they're having a hard time unloading inventory. Fuel prices right now have made SUVs unfashionable and impractical. Some of your savings may go out the window in the gas tank or in the form of a lower resale value down the road.

Article of Interest

Medical Recruiting Falls

Tom Philpott | July 07, 2006 / taken from Military.com (www.militaryupdate.com)

Army, Navy Medical Scholarships Go Begging

The number medical students accepting Army and Navy [scholarships](#) has fallen sharply over the last two years, in part because of the mayhem in Iraq as depicted in daily news reports, say service medical leaders. A scholarship program that the Army surgeon general calls “our lifeblood, over time, for recruiting physicians,” is failing to attract enough qualified applicants by wide margins, except in the Air Force. Difficulties in recruiting the next generation of Army and Navy physicians and dentists have spurred the [Senate](#) to approve new authorities to increase dramatically medical bonuses and stipends. The increases, which potentially involve millions of additional dollars for medical personnel, are before a House-Senate conference committee and could win the full support of Congress by fall.

The services recruit roughly 70 percent of physicians and 80 percent of dentists through the Health Professions Scholarship Program (HPSP). The rest graduate from a military-run medical school, accept military financial aid while in residency training or enter service as fully-trained doctors. HPSP scholars see full tuition covered in their civilian medical schools plus books and fees and receive a monthly stipend of \$1289. In return, students agree that for every year of schooling provided, they will serve a year as a military physician or dentist.

Young people, Kiley said, “look at this and say either ‘I don’t agree with our war’ or ‘I sure don’t want to be over there.’ So they see signing up for a scholarship as tantamount to enlisting and going right into combat.[In fact] it’s going to be anywhere from four to 9 years before that would happen.” The recruiting environment is toughening for other reasons. Kiley noted that more than half of medical school students are now women, a gender historically less interested in military service. Also, he said, the HPSP stipend of \$1279 a month “is not a lot to live on” and still stay debt free. Arthur pointed out that more scholarship alternatives to HPSP are being offered by large managed care companies and even by rural communities sponsoring the education of students who become local doctors. Many prospective medical students, he said, know little about the military, except what they read and see in the news which upsets them.

To counter such impressions, the Army and Navy are beefing up medical recruiting and sending young medical officers with operational experience to visit colleges, medical schools and professional conferences to explain the quality of their training and the rewards of service in wartime. Meanwhile, the Senate package would:

-- Double, to \$30,000 a year, the stipend for HPSP scholarships.

-- Increase to \$60,000, from \$22,000, maximum student loan repayment to entice more medical and dental school graduates into service.

-- Increase to \$45,000, from \$15,000, maximum annual grants allowed under the Financial Assistance Program for doctors who choose to complete residency training in the civilian sector before military service.

-- Increase to \$25,000, from \$10,000, the size of special pay offered to Selected Reserve health professionals trained in critically short wartime specialties. Some who might qualify include emergency room physicians, surgeons, urologists, ophthalmologists and dermatologists. This is the only initiative in the Senate packet that the [Bush](#) administration sought.

-- Enhance dental accession bonus authority. Dentists currently are offered an accession bonus of up to \$30,000. That would be raised to \$200,000, recognizing that dentist salaries in the private sector have increased with demand for their services in an improving economy.

-- Allow a new accession bonus of up to \$400,000 for physicians and dentists in war-critical specialties. Enticed from civilian life, the doctors would promise to serve at least four years. Specialists who might qualify include maxillofacial surgeons, thoracic surgeons and orthopedic surgeons.

Arthur said the Navy would like to have all of the new authorities and would use most of them immediately. The Army, said Kiley, would use the \$200,000 to \$400,000 accession bonuses “carefully and judiciously.”

For the full story go to: <http://www.military.com/features/0,15240,104359,00.html>

Three and Freeze Policy Change

Taken from eBulletin CCMS website

The following policy change was announced in the June 30, 2006, Commissioned Corps eBulletin. ADM John O. Agwunobi, Assistant Secretary for Health, sent (in part) the following message (refer to dcp.psc.gov for the full article):

Weighing all of the advice I have received, and with the Surgeon General's full support, I am announcing my intent to amend the current policy as outlined below:

- All officers who score in the bottom **quartile** for their category and grade in any promotion year and are not selected for promotion will be required to engage in career counseling with their supervisors. A report of the counseling sessions will be forwarded to the respective categorical CPOs who will engage the officers in professional counseling regarding their strengths and weaknesses for promotions, including performance concerns, as the CPO deems necessary.
- All officers who are "recommended" by a Temporary Grade Promotion Board, but not selected for promotion, should continue to be eligible for review in subsequent promotion years, except for officers who have occupied the bottom **decile** for their category and grade for 3 consecutive years.
- Officers who are reviewed by a Temporary Grade Promotion Board for any one grade and score in the bottom **decile** for their category and grade for 3 consecutive years will be referred to a Retention Board
- The Corps has expected officers to achieve basic readiness for almost 3 years and it has become an important part of our culture. Accordingly, instructions to the Temporary Grade Promotion Boards will be promulgated to require that any officer who fails to meet the basic readiness standards (excluding officers who have a previously approved waiver in place) must be given a "not recommended" outcome by the Board. All officers who are "not recommended" for promotion by a Temporary Grade Promotion Board will be referred to a Retention Board.

This process will require new policy issuances and modifications to several existing INSTRUCTIONS. For instance, a policy that governs Retention Boards will be drafted and issued. It will outline the "menu" of options available to the Board when reviewing an officer who is referred to it, to include required training, further counseling, reassignment, a "cooling off" period before further consideration for promotion, separation, and mandatory retirement. Officers will be able to appeal Retention Board determinations to the Surgeon General. The current policies regarding readiness standards and promotions will require some modification to incorporate the requirement for officers to meet all readiness standards before being reviewed by the Temporary Grade Promotion Board or receive a "not recommended" outcome from that Board. Furthermore, to implement the counseling requirement, CPOs will need to develop a counseling network for their categories and the Corps will need to develop and conduct training in this area for supervisors of officers.

The amended policy will provide all officers an opportunity to strive and advance their professional development through tools to maintain readiness, proactively manage their careers, and receive career counseling to improve their standing before the Temporary Grade Promotion Boards. This approach is consistent with and maintains the intent of the policy when it was introduced more than 3 years ago and it is in keeping with the Corps' transformation initiatives.

The policy will be assessed again in 3 years to determine if there is a need to adjust the percentile at which officers would be referred to a Retention Board, or any other element of the policy. Within that timeframe, it is anticipated that other support services, billet management plans, and 3 years of experience with the policy will be available to assess its overall impact, as well as its utility in the context of the transformed Corps.

The amended policy will be made effective upon my final approval and as such, will affect those officers in the current promotion year. It will take several months to prepare and issue new INSTRUCTIONS incorporating these policies. However, I believe it is useful for the Corps and its officers to be aware of these new policy developments before this promotion year's results are announced.

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*We are looking for
a few good men or
women... Consider
joining a PHSAPA
committee.
Contact one of the
BOD members for
additional
information or to
volunteer.*