

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

PERSONNEL POLICY MEMORANDUM



PPM 07-001
EFFECTIVE DATE: 3 November 2006

By Order of the Assistant Secretary for Health:

ADM John O. Agwunobi

TO: All Regular and Reserve Corps Officers on Extended Active Duty

SUBJECT: Extension of Manual Circular 377

1. Effective immediately, the expiration date for [Manual Circular \(MC\) 377](#), "Basic Level of Force Readiness Standards for the Commissioned Corps of the U.S. Public Health Service," dated 2 July 2004, will be extended until 30 June 2007 and apply to Promotion Year (PY) 2007. The requirements of MC 377 will remain in effect until such date with the following exceptions:
 - a. Polio. Officers are no longer required to submit proof of childhood vaccination against the polio virus or receipt of an adult booster.
 - b. Tuberculosis (TB) Screening. Two negative tuberculin skin test (TST) results no greater than 12 months apart or a single negative interferon-gamma release assay (IGRA) test (e.g., QuantiFERON®-TB Gold test) result is sufficient evidence of the absence of infection with *Mycobacterium tuberculosis* (TB) and no additional annual TB screening is required. In the absence of two negative TSTs within 12 months, the officer must continue annual TST screening until this requirement is met or obtain a single IGRA result.

Note: A TST is a screening test for detecting infection with *M. tuberculosis*. (Previously TST has been referenced as "PPD" or purified protein derivative; for the purpose of this policy, PPD and TST are the same test.) An IGRA test is a blood test method now available as an optional screening test and may be used in place of the TST.

Officers with a history of a positive TST or IGRA result and who have submitted supporting documentation to the Office of Commissioned Corps Support Services (OCCSS), Medical Affairs Branch (MAB), indicating absence of active TB disease (i.e., medical evaluation including a chest radiograph) are not required to comply with this TB screening requirement. Persons who have a positive TST, IGRA, or cured TB disease should not have repeat chest radiographs performed routinely. Repeat radiographs are not needed unless symptoms or signs of TB disease develop or a clinician recommends a repeat chest radiograph.

- c. Influenza (annual). Officers are required to obtain an influenza vaccination between 1 October and 31 December of each calendar year. However, compliance with this requirement will be determined on 31 December of each year and not on the anniversary date of the officer's last influenza vaccination.
- d. All immunization data must be 1) self-recorded at <http://ccrf.hhs.gov/ccrf> and 2) submitted in hard copy to OCCSS/MAB.
- e. Force Readiness Basic Series of Training Modules. Officers are required to complete the following 12 Web-based training modules:
 - (1) Health Consequences and Response (141) – Office of Force Readiness and Deployment (OFRD) online course
 - (2) Disaster Triage (142) – OFRD online course
 - (3) Disaster Response (110) – OFRD online course
 - (4) Infectious Disease Management (180) – OFRD online course
 - (5) Terrorism (182) – OFRD online course
 - (6) ABCs of Bio-Terrorism (183) – OFRD online course
 - (7) Preventive Medicine for Field Operations (140) – OFRD online course
 - (8) Safety and Security Awareness (217) – OFRD online course
 - (9) Introduction to the Incident Command System (IS-100) – Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) course
 - (10) ICS for Single Resources and Initial Action Incidents (IS-200) – FEMA EMI course
 - (11) National Incident Management System (NIMS), An Introduction (IS-700) – FEMA EMI course
 - (12) National Response Plan (NRP), An Introduction (IS-800) – FEMA EMI course

These training modules can be accessed through:

OFRD Web site at <http://ccrf.hhs.gov/ccrf/training.htm>

FEMA Web site at <http://www.training.fema.gov/EMIWeb/IS/crslist.asp>

Officers are required to retain documentation of completion for the required basic series training modules. Training modules will be electronically tracked by OFRD. Once completed, the basic series training modules do not need to be repeated annually unless directed by the Surgeon General (SG) through the Director, OFRD, due to changes made to the course content and/or new courses added to the series. The changes will be published in a Personnel Operations Memorandum.

- f. Clinical Service Hours. Officers deploying in clinical positions who are not assigned to a clinical billet in their regular duty assignment must acquire a minimum of 80 clinical hours in his/her specialty on an annual basis. All officers

who wish to deploy in a clinical billet must record their hours working directly with patients at <http://ccrf.hhs.gov/ccrf> in accordance with current policy.

2. Effective immediately, a new Subsection E.11, "Force Readiness Requirements," is added to Instruction [CC23.3.4](#), "Appointment Standards and Appointment Boards," dated 19 March 2003. The section will read as follows: "All Regular and Reserve Corps officers on extended active duty must meet and continuously maintain force readiness standards established by the Assistant Secretary for Health (ASH) beginning not later than 1 year from the date of appointment. Compliance with these standards is a critical aspect of an officer's overall performance of his/her assigned duty and is required for continued service on extended active duty. Officers failing to meet and maintain standards and who are not in probationary status, will be referred to a board for a recommendation on retention, termination and/or other appropriate action."
3. Effective immediately, Subsection D.1.c. of Instruction [CC23.7.1](#), "Involuntary Separation During the Probationary Period Served by Officers on Active Duty in the Reserve Corps," will be revised to read as follows: "Failure to demonstrate level of performance including compliance with force readiness standards, conduct, dedication to duty, or professional attitude and attributes expected of an officer in the uniformed services." This revision is consistent with the revision listed in Section 2, and appraises Reserve Corps officers that failure to abide by the force readiness standards of the Corps may result in separation from active duty and/or termination of an officer's commission.
4. Effective immediately, a new eligibility requirement for assimilation is added to Subsection D.6 of Instruction [CC23.3.7](#), "Regular Corps Assimilation Program," and will read as follows: "Must meet the force readiness standards of the Corps as established by the ASH." This requirement will ensure that only officers who have demonstrated a dedication and support for the response mission of the Corps will be eligible to achieve career status. Officers who meet the eligibility requirements, but later fail to meet and maintain compliance with force readiness standards will not have their names forwarded for nomination by the President and/or be eligible for assimilation into the Regular Corps if confirmed by the U.S. Senate.
5. Effective immediately, officers may be involuntarily retired for noncompliance with the force readiness standards. Subsection D.1 of Instruction [CC23.8.4](#), "Involuntary Retirement After 20 Years of Service," is revised to read as follows: "The officer's performance of duty is marginal and/or at a level below that expected of an officer of similar grade and category as reflected by the Commissioned Officers' Effectiveness Report (COER) ([Form PHS-838](#)), other appropriate documentation, or when the officer has failed to meet and maintain force readiness standards established by the ASH."
6. Effective immediately, on 31 December 2006, all officers serving on extended active duty will be assessed for compliance with the force readiness standards contained in Manual Circular 377 and this Personnel Policy Memorandum. Failure to comply with the requirements will result in the following:
 - a. Officers on active duty for less than 1 year who are being considered for non-competitive promotion will not be promoted unless readiness requirements are met.
 - b. Officers being considered for competitive temporary grade promotion during PY 2007 and who have been on active duty for at least 1 year on 31 December 2006 will receive an automatic "not recommend" by the Annual Temporary Promotion Board (ATPB) and referred to a board to consider retention, termination and/or other appropriate action.

- c. Officers who are compliant on 31 December 2006, but fail to meet force readiness requirements when the temporary grade promotion list is finalized for submission to the ASH will be referred to a board to consider retention, termination, and/or other appropriate action. Officers being examined for temporary grade promotion who are compliant on 31 December, but fail to meet the force readiness requirements when the temporary grade promotion list is finalized for submission to the ASH will have their names removed from the list of officers recommended for temporary promotion whether or not they were above the line and will be referred to a board to consider retention, termination, and/or other appropriate action.
 - d. Officers receiving special pay are also advised that receipt of a “not recommend” for temporary and/or permanent promotion will be referred to a board to review special pay issues.
 - e. Officers not being examined for temporary grade promotion will be referred to a board to consider retention, termination, and/or other appropriate action.
7. The policy set forth in Subsections 6.a. and 6.b., will be applied to assess compliance with the force readiness standards on 31 December of each subsequent year starting on 31 December 2007.
8. Officers detailed to a component of the Armed Forces who meet the health, safety, and physical readiness standards for the military service to which detailed will satisfy Subsections 5.a. and 5.b. of Manual Circular 377. Officers must continue to meet the training and professional competency standards set forth in Subsection 5.c. of Manual Circular 377. Officers responding to deployments within the United States **must** report for duty in the appropriate Commissioned Corps of the U.S. Public Health Service uniform.

/s/
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