

# COMMISSIONED OFFICER PROMOTION REVIEWS

## Commissioned Officer Promotion Reviews

Commissioned Officer promotions are announced annually. The CO promotion year begins July 1 of a given year through June 30 of the following year. PHS Promotion Boards meet in the spring to consider agency CO promotion recommendations against the allocated number of vacancies within each category and grade. Therefore, it is necessary that Commissioned Officer promotions be anticipated well in advance of the time frame for receipt of such recommendations to facilitate evaluation by the appropriate Promotion and Tenure Review Panel and subsequent NIH review. The Division of Commissioned Corps Personnel (DCP) generally notifies the agencies in late September/October with a required due date of October/November (timelines may vary).

Prior to submitting recommendations for promotion, it is important to ensure that the officer is on a billet that is reflective of his/her current duties and responsibilities. S/he must also meet any applicable licensure requirements and have a current Commissioned Officers' Effectiveness Report (COER) on file at DCP.

### **Promotion Eligibility and Precepts:**

Commissioned Officers are notified by DCP of their eligibility for promotion. They are also provided with a Promotion Information Report (PIR) that summarizes in a succinct fashion, information about the officer (i.e., dates of transfers, promotion, etc.). Officers are encouraged to review the PIR for correctness and submit changes directly to the DCP (changes must be in writing and supported by appropriate documentation).

Categorical/group boards review the records of officers eligible for promotion. Each promotion board consists of five members who are at the T-06 level and who are as representative of the category or group in terms of agency representation and specialty. Promotion reviews consist of consideration of the officer's career as it relates to the following precepts:

- **Performance**: factors considered are (1) performance on annual COERs; and (2) performance history over time.
- **Mobility**: factors considered are (1) career track and primary job; (2) needs of the service; (3) length of service; (4) personal hardship; and (5) overall performance in each assignment.
- **Awards**: factors considered are (1) agencies to which the officer has been assigned; (2) length of service; (3) grade; (4) PHS awards; and (5) non-PHS awards.
- **Career Progression**: factors are (1) billet grade; (2) level of responsibility; (3) independence; (4) management/supervisory duties; (5) contribution to PHS; (6) contributions to category; and (7) impact and/or accountability of actions. Emphasis is placed on the officer's contributions as s/he progresses into positions, which require increasing responsibilities.

- Career Potential: factors considered are (1) future needs of the service; (2) potential for a 30-year career; (3) long-term commitment to the commissioned corps; (4) ability to perform at a higher grade; (5) effects on PHS mission or programs; and (6) officer's integrity and ethics. These factors are evaluated in light of the findings derived from the previous four factors.
- Agency Recommendation: factors are (1) Impact on Mission -- contributions of the officer in fulfilling the mission of the NIH; (2) Value Added -- quality of specific products and/or services rendered by the officer and individual initiative and creativity in the officer's work for the NIH.

Each officer eligible for promotion is assessed in relation to the above criteria and points are assigned to each precept. The maximum points in each precept for Temporary (T) and Permanent (P) grade that may be awarded vary by grade level.

### **Temporary and Permanent Promotions**

Temporary promotions are promotions to any grade earlier than the date on which the officer would meet the eligibility requirements under permanent promotion criteria, and are based on the years of creditable training and experience (T&E). (Commissioned Corps salaries are usually based on the temporary grade.)

Officers eligible for temporary promotion to the assistant grade (CO-02) or senior assistant grade (CO-03) receive administrative review by DCP and are automatically promoted unless their records are referred to a promotion board and it is determined by the board that they are not fully qualified for promotion. Medical Officers eligible for promotion to grade 04 also receive an administrative promotion in the same manner. Thus, promotions to T-02 and 03 and Medical Officer promotions to the T-04 **are not** subject to the agency's internal promotion review process.

Officers eligible for consideration for promotion to the full (CO-04), senior (CO-05), and director (CO-06) grades are considered and ranked by DCP promotion boards in relation to the officers of the same category and grade who are being considered for promotion. They are promoted only to the extent that there are vacancies in grade within the numbers in grade allocation, which are established annually by category, in accordance with the needs of the PHS. All promotions to the grades 05 and 06 must undergo an internal review prior to the annual CO promotion cycle.

Permanent promotions are afforded to officers whose qualifications and performance clearly indicate that the officers can perform the duties associated with the grades for which they are being considered. They must have met the required active duty time and training and experience (T&E) to be eligible. Permanent promotions do not undergo an internal review, however, they do receive formal ranking by the Clinical Center during the CO annual promotion cycle.

## **Non-Recommendations for Promotion**

When decisions have been made to "not recommend" an officer for promotion, a brief justification is required (Exhibit 2). Examples may include: when an officer is performing well, but is simply not ready to advance to the next level, there is a lack of research productivity, or an officer may not be in a position which can advance him/her to tenure. At any rate, non-recommendations must specifically address the reasons for non-recommendation. They must be based upon performance-related issues.

NOTE: Non-recommendations may also have an impact upon the officer's future career within the PHS (i.e., referral to the Involuntary Retirement Board, etc.).

## **Temporary Promotions - Non-ROG**

Temporary Promotions to grade 04 are not subject to an internal review process, however, they will be ranked by the CC during the CO promotion cycle.

Temporary Promotions to grades 05 and above require review by the CC Promotion and Tenure Review Committee prior to the annual CO promotion cycle. CO promotion recommendations approved by the Promotion and Tenure Review Committee will then be ranked by the CC during the annual CO promotion cycle.

- a. The following documents are to be submitted by the Department Chief to the PASS Unit, Personnel Operations Section, OHRM for coordination:
  - A memorandum of recommendation addressed to the NIH Review Committee, which indicates a Grouping of 1, 2, 3, or 4. The narrative write-up is to be in the prescribed format (see Exhibit 1) and be commensurate with the COER on file.
  - A current, dated curriculum vitae, and
  - Bibliography (if appropriate)
- b. The Deputy and Associate Directors, CC will review all department rankings and recommendations by category and grade. They will review the submissions for consistency across the board--taking into account individual officers contributions and whether they warrant promotion irrespective of how they compare relative to other officers. A CC ranking will be prepared based upon the prescribed limits (percentage) by grade and category set by DCP and submitted to the Director, CC for review and approval.
- c. The Director, CC will review the CC-wide ranking and will submit a rank-order memorandum which provides the numerical Grouping of all officers by category, grade, and temporary/permanent promotion. This memorandum will serve as the final ranking for the Clinical Center; it will be forwarded to the NIH CO Liaison for submission to the Board of Scientific Directors for further review and NIH-wide ranking.

## **Permanent Promotions - Non-ROG**

Permanent promotions for Non-ROG officers **do not** require review by the Promotion and Tenure Review Committee. They do, however, require the submission of a promotion recommendation package and CC ranking along with all temporary promotions during the annual CO Promotion cycle.

## **Temporary Promotions - ROG**

Officers appointed to the Research Officers Group (ROG) are generally made at the 03 grade level. Under current policy, **Medical Officers** within ROG will be promoted to grade 04, after six (6) months of active duty service provided they have a satisfactory Commissioned Officers Efficiency Report (COER), the required Training and Experience (T&E) credit, and the recommendation of the Department Chief with concurrence from the Director, CC. These officers **are not** subject to the internal promotion review requirement; however a memorandum of recommendation must be prepared which addresses the promotion criteria outlined in the above section.

Promotions to the grades **05 and 06** for ROG officers involve tenure-track and/or tenuring decisions, and **must** undergo a formal review by the CC Promotion and Tenure Review Committee prior to the annual CO promotion cycle. If approved by the Committee, these promotion recommendations returned to the initiating department for submission during the call for recommendations. Approved recommendations will be considered during the annual CO promotion cycle.

- a. The following documents are to be submitted by the Department Chief to the PASS Unit, Personnel Operations Section, OHRM, CC for coordination during the annual CO promotion cycle:
  - Transmittal Sheet;
  - Recommending Memorandum from the Department Chief addressed to the NIH Review Committee. The memorandum should address the areas outlined in Appendix D, Part C.1-a above, and the agency promotion precepts, Impact on Mission (contributions of the officer), and Value Added (quality of products/services and individual initiative and creativity);
  - Current, dated curriculum vitae and bibliography; and
  - Five (5) of the most important papers published in the last three (3) years.
- b. The CC will review all recommendations by category and grade. Each ranking will be based upon the officers' service contributions, impact on his/her profession, contributions made to his/her field, etc. A final CC ranking will be prepared based upon the prescribed limits (percentage) by grade and category set by DCP.

- c. Prior to the annual promotion cycle deadline, the Director, CC will prepare a rank-order memorandum, which provides a numerical Grouping of all ROG officers eligible for promotion. This memorandum will serve as the final ranking for the Clinical Center; it will be forwarded to the Division of Senior Systems' CO Liaison for submission to the Board of Scientific Directors for further review and NIH-wide ranking.

### **Permanent Promotions - ROG**

Permanent promotions for ROG officers **do not** require prior review by the CC Promotion and Tenure Review Committee. However, they do require a numerical ranking prior to submission during the annual promotion cycle.

### **Exceptional Capability Promotions (ECPs):**

Exceptional Capability promotions are temporary promotions afforded to officers not eligible for promotion in their own right (i.e., do not have the required Training and Experience [T&E] credit). ECPs are based on the officer's possession of unusual levels of training and/or professional experience, or demonstration of exceptional capability in carrying out the mission of PHS. In order to be nominated for EC promotion, the officer must have been on active duty for at least one (1) year.

Exceptional Capability promotions are not automatic and are extremely competitive. Supervisors must nominate officers and receive the concurrence of the Director, CC.

1. When submitting nominations for EC promotion, supervisors should ensure that nominated officers are on a current billet that is at or above the proposed grade. If the officer's billet is not rated at or above the proposed grade, s/he is not eligible for such a promotion. An EC Transmittal Sheet (Exhibit 3), memorandum addressed to the Director, DCP, OSG, and current curriculum vitae and bibliography are to be submitted to the OHRM for coordination. The nominating memorandum (Exhibit 4) should address the following:
  - the officer's unusual level of professional training or experience that is of particular value to the PHS;
  - the kind of superior ability that the officer has demonstrated in his/her present grade; and
  - provide acknowledgement that the officer's current billet has a rating at or above the grade of the proposed promotion.
2. Once all nominations are received by OHRM, CC, they will be forwarded to the Director, CC. The Director, CC will review the nominations received, and will make the final decision regarding the rank-order of those officers nominated for an Exceptional Capability Promotion.

3. After the Director, CC has ranked in order of preference those officers nominated, PASS Unit, the Personnel Operations Section will forward all nominations to the NIH CO Liaison, for further review.
4. The DSS will compile all nominations received from the ICs and will submit them to the NIH Intramural and/or Exramural Review Board for a final NIH ranking and approval by the Director, NIH.
5. Nominations that were not included in the NIH final ranking will be returned to the OHRM, CC. OHRM will inform appropriate officials of the outcome.

### **Commissioned Corps Correspondence Formatting**

The DCP has developed a minimum acceptable standard for all official material submitted. All correspondence, award nominations, promotion recommendations, forms, etc. should comply with the following:

- should not to exceed two (2) pages in length;
- must be typed using any block style font;
- must contain one (1) inch margins on all sides;
- must be typed using no less than a 12 point font size or no more than 12 characters per inch (cpi)

## EXHIBIT 1: Sample Recommendation for CO Promotion



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health  
Bethesda, Maryland 20892  
10 Center Drive, MSC 1662  
Building 10, Room  
(301)  
(301) 402- (FAX)

TO: NIH Review Committee

THROUGH: Director, Warren Grant Magnuson Clinical Center \_\_\_\_\_

FROM: Department Head, CC

SUBJECT: Recommendation for Promotion of: (State Officer's Name and Rank)

This is to strongly recommend the promotion of (name of officer and degree, if any, e.g., James R. Jones, MPH), PHS Serial Number (5-digit PHS Serial #) to the [temporary and/or permanent] rank of (rank, e.g., CAPT, CDR). (Rank and last name, e.g., CDR Jones) is a (Category, e.g., Sanitarian) who currently serves as (position title, e.g., Section Leader) in the (organization description, e.g., Systems Section, Once of the Director). S/he is assigned to Billet Number (billet #, e.g., 06HN000), which is rated at the level of (grade, e.g., 0-5).

(Rank & last name, e.g., CDR Jones) has direct responsibility for (Describe the officer's responsibilities and their relationship to the overall responsibilities and mission of the organization to which s/he is assigned.)

NOTE: This section should summarize for the reviewer what the organization does, and how the duties of the officer fit into the organization's mission. It should allow the reviewer to better understand and evaluate the following section, in which the officer's performance and accomplishments in carrying out her/his responsibilities are highlighted. If the officer is tenured, this section should also note when and how s/he attained his/her tenure status.

For the period (dates of current assignment, e.g., January 1, 1996 to December 31, 1997), (rank and last name, e.g., CDR Jones) demonstrated (describe WHAT the officer did that is deserving of the promotion, including HOW her/his performance surpassed what might be expected of an "average" officer. See the attached examples of actions that relate to the impact of the officer's conduct on the mission, as well as examples of value added criteria).



Based on her/his outstanding capabilities, superior performance of duties and clearly demonstrated potential for continued significant contributions to the Commissioned Corps of the US Public Health Service, I wholeheartedly recommend the immediate promotion of (rank and full name, e.g., CDR James Jones) to the [temporary and/or permanent] rank of (rank, e.g., Commander), and recommend that s/he be placed in Group (1, 2, 3, or 4).

Department Head's Signature

Attachments

**NOTE:** TYPED MATERIAL MUST NOT EXCEED 2 PAGES, TYPED IN STANDARD FONT (COURIER, TIMES, NEW ROMAN), FONT OR PITCH SIZE OF NOT LESS THAN '12', SINGLE-SPACED WITH ONE INCH MARGINS.

## **Impact on Mission**

- How has the officer's responsibility made an impact towards the mission of NIH?
- How much self-direction does the officer have in making decision that would have significant impact?

How does the officer implement time management with regards to daily activities and plan projects?

- How effective is the officer's analytical abilities and to what degree have these Skills been essential?
- How has the officer demonstrated a commitment to professional behavior at all time?
- What is the evidence of mentorship?
- What type of significant investment has the officer made in cultivating NIH community and what accomplishments have the officer made with an effective impact towards the mission of NIH?
- What is the officer's expertise in various subject areas related to position in the program/agency?

How essential is the officer to the organization?

- What type of innovative systems or approaches has the officer implemented or developed?
- What specific products and/or services have the officer provided which have contributed to the effectiveness of the organization?

## **Value Added**

- Officer is skilled in directing workflow
- Officer shows an initiative in promoting harmony, providing encouragement with a positive motivational approach within the workgroup
- Officer promotes an interest in upward mobility for staff
- Bring innovative and constructive suggestions for positive change
- Involvement in outside activities, i.e. e workgroups, teams, committees, taskforce, affiliations with professional organization
- Keeps abreast of current and new guidelines, technologies and treatments within the health care field
- Officer demonstrates performance abilities expected at the next grade level
- This officer continues to be scientifically active through publishing, serves on an educational or editorial board, presents any type of formal teaching/lectures that are in conjunction with the responsibilities of his/her position
- Recognition of officer's achievements/accomplishments by peers, outside professional organizations, and NIH

## EXHIBIT 2: SAMPLE NON-RECOMMENDATION MEMORANDUM



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health  
Bethesda, Maryland 20892  
Building:  
Room:  
Telephone:

TO: Director, Division of Commissioned Personnel, OSG  
FROM: Department Head  
SUBJECT: Non-Recommendation for Promotion of \_\_\_\_\_

Provide a brief justification as to why the officer is not recommended. All non-recommendation must specifically address the reason(s) for non-recommendation. Examples may include that the officer has not yet demonstrated ability to conduct independent research. You may also request to defer considering promotion pending receipt of BSC report, etc.

Do not use the previous standard non-recommendation memo. DCP will not accept boilerplate memoranda indicating non-recommendation. All non-recommendations must be based upon performance-related issues.

Department Head signature

Concur: \_\_\_\_\_ Date \_\_\_\_\_  
John I. Gallin, M.D.  
Director, Warren Grant Magnuson Clinical Center

Nonconcur: \_\_\_\_\_ Date \_\_\_\_\_  
John I. Gallin, M.D.  
Director, Warren Grant Magnuson Clinical Center

**NOTE: Officers being non-recommended must be notified of the program/agency decision.**

**EXHIBIT 3: ECP TRANSMITTAL SHEET**

**COMMISSIONED OFFICER TRANSMITTAL SHEET  
(SUBMIT TO THE DIVISION OF SENIOR SYSTEMS, BLDG. 31, ROOM B3C-08)**

**EXCEPTIONAL CAPABILITY PROMOTION RECOMMENDATION**

**NAME** \_\_\_\_\_ **ICD** \_\_\_\_\_

**PROPOSED GRADE** \_\_\_\_\_ **CATEGORY** \_\_\_\_\_

**POSITION TITLE** \_\_\_\_\_

**BILLET NUMBER** \_\_\_\_\_

**EOD (MOST RECENT EOD AT NIH IN CORPS)** \_\_\_\_\_

**TRAINING & EDUCATION DATE (TED)** \_\_\_\_\_

**DATE OFFICER ELIGIBLE IN OWN RIGHT** \_\_\_\_\_

\_\_\_\_ **INTRAMURAL** (CHECK ONE) \_\_\_\_ **EXTRAMURAL**

EXHIBIT 4: SAMPLE EC RECOMMENDATION



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health  
Bethesda, Maryland 20892  
Building:  
Room:  
Telephone:

TO: Director, DCP, OSG  
FROM: Department Head  
SUBJECT: Recommendation for Exceptional Capability Promotion - Officer's Name to Grade

Memorandum must address:

- the officer's unusual level of professional training or experience which of particular value to the PHS;
- the kind of superior ability which the officer has demonstrated in his/her present grade;
- the officer's current billet has a rating at or above the grade of the proposed promotion.

Department Head signature

Attachments:  
Curriculum Vitae  
Bibliography

Concur: \_\_\_\_\_ Date \_\_\_\_\_  
John I. Gallin, M.D.  
Director, Warren Grant Magnuson Clinical Center

Nonconcur: \_\_\_\_\_ Date \_\_\_\_\_  
John I. Gallin, M.D.  
Director, Warren Grant Magnuson Clinical Center