



# Health Services Technician Force Notes

## MAY – 2016



*Note: Most of the links in this document require you to be within the CGDN+ Network.*

**Disclaimer:** This newsletter is for the sole purpose of passing information to those within the Health Services Technician Rating. Questions, comments, or things of interest may be sent to Michael.a.Aviles@uscg.mil

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**RFMC:** Wow, time has flown by for me; learning all aspects regarding force management pyramids, and career structures has been challenging yet gratifying. As the medical subject matter expert, I've been the point of contact for many HQ programs. This has enlightened me on the Health Services world of work and how our rating is interconnected with so many operational and support partners.

I cannot tell you how excited I am to be your RFMC! First let me say "I didn't sign up for this job to be the one that shuts it all down". As I have discussed with CAPT Eric Johnson (CO, HSWL-SC) we both don't want to share that title. There have been many discussions and concerns about the HS rating going away, and with recent losses in contracted personnel along with PGUI/CHCS, and other systems, it's hard not to feel as if this could come true. Up to this point we haven't lost any AD billets but just recently it was revealed that 12 HS billets will be deleted as part of a 2014 resource proposal (RP) rebalancing initiative that went into effect April 2016. Units that are affected by these billet reductions are aware and have been notified through routine notification process. With these looming clouds it's hard to stay focused on daily responsibilities, but that's exactly what I need you to do. Your job is important to the

Active Duty Service Member and families. Our operational partners rely on our footprint! We must stay focused and must not become discouraged. I know I will do all I can to keep you informed through various lines of communications. As RADM Schwartz stated during her unit visits, she wanted to remain transparent as she discussed the pressing issues regarding the Health Services community. Now I won't go into too much detail since most, if not all have some idea as to why we don't have an electronic health record (EHR) today. I can assure you that one is on the way; it may take 12 months, but one is coming. It's a mission critical tool! Another big issue discussed was the Center for Naval Analyses (CNA) study. This reviewed our organic health services footprint and recommended several courses of actions (COA's). As most of you are aware, nothing has come from this other than CG leadership implementing the following:

*Health Services integrated project team* [HS-IPT] charter was signed by VADM Stosz for the purpose of conducting a review of the USCG's Health Services program to determine the missions to be supported and the locations where the USCG should continue to provide organic primary health care. What does this mean? It means the services we provide to our operational partners will identify core services, develop staffing standards required for all Coast Guard Clinics and develop requirements for Occupational Health, Operational & Aviation medicine, Afloat & Deployed Special Forces support, and contingency response. I see this as an opportunity to identify deficiencies and strengthen our scope of practice to reflect mission support within the operational community. We have to grow our rating capability at all levels and this HS-IPT will help get us there. The HS-IPT is comprised of Subject Matter Experts representing CG-11, CG-7, CG-82, Cyber, DCMS, DCO, LANT, PAC, HSWL-sc, PSC, FC, DOL, CMC's, including program management, requirements, operations, training, compliance, and safety. Although many contributors, only 5 members have a voting function and I'm one of them.

The Coast Guard has faced many budgetary challenges throughout its history and no program is immune to this type of discretion. My role is to advocate for the rating and I will do the hard work to ensure our rating has the relevant training backed by a sustainable system that allows Corpsman to function at the highest levels of their scope of practice. To do this we must take an inward look and realize that the rating has continued to diminish the skill sets of the Corpsman at all regional practice sites, which have the responsibility of training our future per COMDTINST 6000.1F-1B.5.j & 1B.6.h. We've got to get this right! [\[Flag Voice 460\]](#)



*Bravo Zulu* to the HS/IDHS/HCF of the year (2015) recipients as the ALCOAST identifying these deserving members and facility will be released very soon. All are well deserving, and have upheld the traditions of excellence.

**HS3 Emilia Anangfac:** Base New Orleans Clinic; Dental school honor graduate, Medical



Education Training Center (METC), Fort Sam Houston, TX.

**HS1 Jonathan Edwards:** White House Clinic; Received the DHS Life Saving Award, the first USCG member to be selected for this award.



**HS2 Brianna Rapattoni** TRACEN Petaluma Clinic; Received the 2015 Pharmacy Technician of the year award.



**HS3 Kristin Plichta** Air Station Miami Clinic; Dental graduate May 2016



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## Are you ready for the SWE?

➤ **Core Competency NREMT:**

You must have a current NREMT card in order to sit for the SWE (E5–E8 competition group). Verification of current EMT can be requested at any time. Competencies assigned to billets: E8's assigned to district SIDHS jobs must also maintain NR–EMT. E9's assigned to RFMC, School Chief, SIDHS must also maintain NR–EMT.

➤ **RPQ and EPME:**

You and your professional development coach (PDC) are accountable to the Rating & the HS Oath you took. For clarification RPQ 8.FC.1 is submitted to HS rating knowledge manager (RKM). EPME: 12–8.01–P is submitted to your unit. 12–8.02–P is submitted to Commandant CG–133 (SKCM Sorensen). 12–8.03–P is submitted to your RFMC. You must receive some form of feedback such as email acknowledging that you have satisfied the EPME. This needs to be saved and can be requested to ensure compliance at anytime.

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*HSC Mary Davenport, ARKM, TRACEN Petaluma*



Congratulations to HSC Mary Davenport as she will be transforming from HSC to CWO this summer and PCS to HSWL–SC Norfolk, VA. Welcome HSC Phillip Hershberg as the new assistant rating knowledge manager (ARKM) arriving this summer. HSC Hershberg will be busy upon arrival preparing for the Health Services Occupational Analysis that will begin Aug 2016.

TRACEN Petaluma is changing the roles of the rating knowledge manager to align with a human performance cycle standard that will introduce a better feedback loop from the fleet. This is necessary to understand how our rating interprets, implements, and performs to expectations within the diversities of the HS workforce. Currently we don't have a feedback structure that is tied to force readiness command to address, analyze and disseminate fleet-wide evidence based studies for our rating to adapt or to bring forth changes in a timely manner. We can't always wait for word of mouth to pass good information

or good practices that will help in performance improvement of our HS workforce. We will provide additional information as TRACEN begins its implementation.

How are RPQ's determined?" About every four to five years an [Occupational Analysis](#) is completed for each rate (May 20, 2011). This Occupational Analysis (OA) report provides a detailed description of the HS rating as it exists today. The data for this analysis were primarily captured through a survey of the active duty HS population.

This data is collected and used to determine what our technicians are doing and at what paygrade they are the primary ones doing it. Maximum participation is needed to accurately assess. Below are the participation results from our last OA in 2011.

HS Return Rate by Pay Grade 2011			
Pay Grade	Billets	Surveys Returned	Percent
E4	176	143	81
E5	222	177	80
E6	199	166	83
E7	116	100	86
E8	23	18	78
E9	9	9	100
Total	745	613	82

The participation average was very good and I hope to see a greater return on the next OA so we can get a pretty good sampling of our rating.

A critical component of the (OA) process is the Accomplished Performer (AP) team.

AP Selection Requirements:

- ✓ APs shall be selected based on their current expertise and performance in rating outputs (Emergency Interventions, Clinical Sick Call, Medical Administration, Patient Affairs, Medical Supply and Fiscal Mgmt, Safety and Environmental Health, etc...) and different unit types (Sectors, vessels, bases, etc...).
- ✓ No supervisor/subordinate combinations.
- ✓ No personnel currently in instructor billets
  
- ✓ Pay grade breakdown:  
Senior E5 = 2, E6 = 5, E7 = 2 (deviations require OA concurrence)
  
- ✓ Able to spend 10 working days at TRACEN Petaluma

- ✓ Due to current budget constraints OUTCONUS is not authorized.

In summary, the RPQ's are written and determined by HS personnel. The next OA survey should be coming out in the next couple of months so I encourage everyone to look forward to the opportunity to provide input and ensure that our rate continues to head in the right direction.

**If you want an opportunity to screen for the AP team please notify me via email.**

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## Training Quota Management Center (TQC)

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Each Rating Force Master Chief has a different relationship with each rating specific TQC scheduler based on the individual schools and mission requirements per rating.

**Current Process:** I review all "C" schools loaded in DA by your unit training officer (TO). Once I enroll, the TQC scheduler will enter enrollees into one of four systems depending on the type of C-school requested; [CG] or [DOD] (Army/AF/USN), once this is completed by TQC then orders will follow within 4-6 weeks out as a best practice, however sometimes it can be within one

week of convening. This isn't the most efficient system for enrolling students and has several challenges, such as there's no enrollment notification to a unit (TO) or member once you have been selected to attend. All are entered as a "first come-first served" fashion without a regional practice (RP) needs assessment or priority that is validated by the HSWL-SC. As a result, some units may not receive representation equitably. This only reduces our capability at the RP site to service our beneficiaries. Furthering the issue is that I'm only one man deep and cannot contact units [timely] to discuss priorities; however, I have made last minute changes as clinic supervisors/administrators/regional managers notified me of their concerns. Again not very efficient because we don't have a fleet-wide view that can anticipate needs and predict shortfalls in training tabs for the FY. This is another initiative for me to correct.

Below is a listing of the current C schools available for FY 16 with those who are currently enrolled to attend and what openings we still have. If you have any questions regarding "C" School Training, please feel free to contact me.



School	Location	Start	End	Enrolled
AEROSPACE MEDICINE	NAS PENSACOLA	6/2/2016	8/11/2016	Erin Feinberg-Cristler
HS DENTAL	METC- San Antonio	5/5/2016	6/16/2016	Anna Layman
HS DENTAL	METC- San Antonio	6/2/2016	7/14/2016	William Ice
HS DENTAL	METC- San Antonio			Shanna Lai
PHYSICAL THERAPY SPEC	METC- San Antonio	8/8/2016	12/15/2016	Toval, Astrid
PHARMACY APPRENTICE	METC- San Antonio	5/9/2016	7/5/2016	ARTHEN, MARK
PHARMACY APPRENTICE	METC- San Antonio			Neil McCarthy
PHARMACY APPRENTICE	METC- San Antonio	6/27/2016	9/7/2016	WHITLEY STEELE
PHARMACY APPRENTICE	METC- San Antonio			Brandy Jones
PHARMACY APPRENTICE	METC- San Antonio	8/29/2016	10/26/2016	Candace Stebbins
PHARMACY APPRENTICE	METC- San Antonio			Thomas Kowalski
PHARMACY APPRENTICE	METC- San Antonio			one more seat available
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD	6/13/2016	6/17/2016	David Bartolini
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD			DUONG NGUYEN
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD			MaryAnn Zepeda
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD			David Hong
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD			JONATHAN BAKER
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD			Sara Demers
FIELD MANAGEMENT OF CBR	ABERDEEN PROVING GRD			Michael Mills
IDHS	CG TRACEN PETALUMA	8/29/2016	12/1/2016	Jackeline Aycardi
IDHS	CG TRACEN PETALUMA			Lindsey Mendez
IDHS	CG TRACEN PETALUMA			MATTHEW THORNTON
IDHS	CG TRACEN PETALUMA			15 Seats Available

Traditionally IDHS School has been difficult to fill creating a strain on our rating and mission support. Ideally per Medical Manual COMDTINST M6000.1F sets the training program requirement for all Health Services technicians to be prepared for independent duty. I cannot stress this enough that this level of training is extremely important for your career development and has a direct correlation to supporting our operational partners. I'm committed to preparing, sustaining, & growing your scope of practice as I continue to build a career pathway with the associated competencies, credentials, & certifications necessary for you to advance, compete, & qualify for specific billets. IDHS will become the next rating performance qualification (RPO) core competency requirement for E7 SWE participation. What this means is, in the near future (May 2018) you must have attended either IDHS/IDC/IDMT "C" schools and have current certification to sit for the Service Wide Exam. Current certification means that it has not been revoked and your skills validation is up to date per chapter 9 of the medical manual. Now before you fall off your seat and scream bloody murder, keep in mind that there are 3 IDHS classes per year, 18 seats/class= 54 opportunities to gain this competency



beginning at E5. Clearly most of you will have enough time to obtain this training to satisfy this future [new] RPQ.

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National Registry [of] EMT website will now be the primary source of reviewing and maintaining your certification. In anticipation of EMS ALCOAST [currently in routing for release], will require all CG service members with current EMT certification to affiliate with one of two official training centers listed under the state of DHS.

- All HS personnel will affiliate with the HSWL-SC;
- All non-HS personnel will affiliate with TRACEN Petaluma.
- All NR Paramedics regardless of rating will affiliate with HSWL-SC.

If you have already affiliated with HSWL-SC then you are ahead of this transition. If you were affiliated with TRACEN Petaluma then the system should have cross walked your affiliation with HSWL-SC, However it's a good idea to check NR website to confirm.

***If you recently changed your maiden name, you need to update in NREMT as well.***

This ALCOAST is the first update to the EMS manual and will officially begin the long awaited revision to the EMS manual that will support DHS protocols, training requirements, quality assurance reviews, and medical oversight of all responders CG-wide. Check the website <http://www.nremt.org> for your affiliation and all the information regarding NREMT such as ***National Continued Competency Program (NCCP)***: this program is the future for our recertification process. You can inform yourself on the above site under general info tab. My Certification tab: you will notice a difference from previous recertification data fields when entering your continued education information. It now reflects the new NCCP process. TRACEN Petaluma will come out with guidance on NCCP for CG EMT's to cover Mar 2017 recertification. Don't get overly concerned with now having to comply with a new process. We understand and will roll this out in phases.

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***Reservists:*** I'd like to remind those shipmates taking the OCT/2016 SWE, and the active duty members taking the NOV/2016 SWE that the competency code for NREMT is mandatory for exam eligibility. This requirement has been advertised since 2013 and was implemented for May/Nov 2015 SWE cycle for AD and now for Oct 2016 reserves exam cycle. NREMT was and still is the prerequisite to attend HS "A" school. Maintaining currency is listed as your core

competency for your RPQ's. There is no substitute and no waiver. We do not have enlisted registered nurses (RN) in our rating, so having the license (though an enhancement) is not a substitute. I will work with FORCOM (FC-T) to contract a 2 week EMT boot camp opportunity and advertise ASAP so you can meet this requirement if you have lapsed.

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**Training Management Tool (TMT):** The NREMT competency is tracked in the TMT database as four tasks: code 250240, code 250241, code NREMT, and code CPR-BLS. There are 4 filters in the system: two are fed by SPO in direct access and two are fed by unit training officer. It is your responsibility, as well as your supervisors to ensure that TMT is current and reflects that you are still eligible to compete for advancement.

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FORCECOM announced AY17 Advanced Education Training Allowance Billet (TAB) allocations via [ALCOAST 071/16](#). DCMS programs received a total of 108 TABs out of 148 requested. 13 TABs allocated for enlisted advanced education opportunities one for Health services administration undergrad (U-grad) and two for graduate. ***Guide update*** for U-grad applicants, the preferred school for this program is Old Dominion University (ODU) Norfolk, VA. Applicants interested in applying shall review documents pertaining to ODU's application process. The applicant that is selected to attend this program shall expect to PCS to the Hampton Roads/Tidewater D5 AOR. There is no guarantee that you will ever be assigned to a clinic administrator position, that's just a fact. I intend to change this process and actually place you in a job you've just trained for and the CG gets its return on investment {makes sense}. CWO Ford (HS detailer) and I are working to find every opportunity to slate you into an admin billet; however, current policies and trends of CG assignments make for a very complex process. We are working on strategies to [at minimum] assign you to HSWL-SC until an enlisted billet opens up. So some things to keep in mind: it's in your best interest to be above the cut for E7 and take every step towards applying for a CWO packet as soon as possible. Let's face it, that's really the best path for those aspiring to become an administrator.

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Training opportunity for HS with National Registry Paramedic certification!



- Purpose: Audit DHS course in austere medicine to include clinicals
- Location: Tacoma Washington
- Duration: 28 days including travel
- Date: 07 Aug - 03 Sep 2016
- DHS intra-agency collaboration is approved and highly encouraged
- ❖ This can apply towards your NRP recertification
- ❖ Approval by your chain of command is mandatory
- ❖ Endorsed by DSMO/DMOA is favorable
- ❖ Screening, approval and enrollment course into DA for orders is done by HS-RFMC


All HS need to comply with [ALCGPSC 023/16](#), NEW TRAVEL MANAGEMENT CENTER (TMC) CONTRACT AWARD. The new TMC for all CG related travel is ADTRAV Travel Management. ADTRAV replaced CWT/SATO on 02 March 2016. This contract requires the contractor to deliver 24x7 support for CG Travelers via both the online booking tool and the contractor's Call Center. Visit the links provided in the message for some good information then go to the REZDESK site to activate your account sooner rather than later.



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Current list of this year's long school assignments:

**RADIOLOGY**



HS2 Schiffer : Mar – Aug 2016  
HS2 Lamar : Apr – Sep 2016  
HS2 Simmons: May – Oct 2016  
HS2 London: Jun – Nov 2016

**Surface IDC**



HS2 Wiggins: Mar 2016– Mar 2017  
HS2 Abbate: Apr 2016 – May 2017  
HS2 Atkinson: Jun 2016 – Jun 2017  
Open Seat: Aug 2016 – Aug 2017

For the most up to date information from the **Assignment officer** visit the Hot Word page on the Portal at <https://cg.portal.uscg.mil/units/psc/psc-epm/SitePages/HS,%20MU,%20PA.aspx>

# MESSAGES [back to top](#)

Click link to find all [CG PORTAL General Messages](#), below are some highlights:

<a href="#">ALGENL 077-16</a>	AY17 SPECIAL ASSIGNMENTS SHOPPING LIST
<a href="#">ALGENL 076-16</a>	ENLISTED PERSONNEL ADVANCEMENT ANNOUNCEMENT
<a href="#">ALCOAST/194-16</a>	2016 RESERVE CAREER RETENTION SCREENING PANEL
<a href="#">ALCGENL054-16</a>	SOLICITATION - HS1 - WHITE HOUSE MEDICAL UNIT
<a href="#">ALCOAST/164-16</a>	AY17 ENLISTED ADVANCED EDUCATION OPPORTUNITIES SPONSORED BY THE DEPUTY COMMANDANT FOR MISSION SUPPORT (DCMS)
<a href="#">ALCOAST 072/15</a>	PROMULGATION OF PRESIDENTIAL RECOGNITION UPON RETIREMENT FROM THE COAST GUARD
<a href="#">ALCOAST 071/16</a>	COAST GUARD ADVANCED EDUCATION PROGRAM ALLOCATIONS FY 2017
<a href="#">ALCOAST 069/16</a>	COAST GUARD SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) CAMPAIGN AND POLICY UPDATE
<a href="#">ALCOAST 036/16</a>	DUTY TO PEOPLE - CHANGE TO MATERNITY LEAVE POLICY
<a href="#">ALCOAST 007/16</a>	RELEASE OF THE CG HUMAN CAPITAL STRATEGY
<a href="#">ALCOAST 474/15</a>	CHANGE TO CAREER SEA PAY (CSP) TABLES
<a href="#">ALCOAST 469/15</a>	PROMULGATION OF ENLISTED ACCESSIONS, EVALUATIONS, AND ADVANCEMENTS MANUAL, COMDTINST M1000.2A
<a href="#">ALCGPSC 028/16</a>	REVISED CUTOFFS AND PREDICTORS FOR APPOINTMENT TO WARRANT GRADE

## **Human Capital Strategy Implementation project**

These are links to a project that has a “Big Picture” view. Paratus report, Episode 8

<https://www.youtube.com/watch?v=6Y2ZE0AyPul>

Blog Post:

<https://allhands.coastguard.dodlive.mil/2016/05/09/update-to-the-human-capital-strategy-implementation-plans/>

Human Capital Strategy Portal Site

<https://cg.portal.uscg.mil/communities/hcs-implementation/SitePages/Home.aspx>

# FORCE STRENGTH, ADVANCEMENTS, AND RETIREMENTS

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NOTE: as of Apr 2016

<b>ACTIVE DUTY HS BILLET STRENGTH</b>							
	HS3	HS2	HS1	HSC	HSCS	HSCM	Total
HS Billets	198	196	179	102	19	8	703
HS Assigned	219	200	179	104	19	9	730
Difference	+21	+4	0	+2	0	+1	+27
HS Strength %	111%	102%	100%	102%	100%	100%	104%
Out of Rate	0	0	8	3	0	1	12

Source: CG-12A Rating Profile (Updated: March 2016) includes special assignments

<b>RESERVE ET BILLET STRENGTH</b>							
	HS3*	HS2	HS1	HSC	HSCS	HSCM	Total
HS Billets	18	32	25	11	2	0	90
HS Assigned	22	31	23	11	1	0	88
Difference	+4	-1	-2	0	-1	0	-1
HS Strength %	106%	97%	112%	100%	50%	0%	99%
Out of Rate	0	0	0	0	0	0	

Source: CG-12A Rating Profile (Updated: March 2016) \*includes SNHS. †includes Title 10.



**Remember**, a retirement does not guarantee advancement. Changes in the Allowance List and out of rating personnel may affect actual promotion requirements.

2016 Retirements						2017 Retirements						
	HSCM	HSCS	HSC	HS1	Total		HSCM	HSCS	HSC	HS1	HS2	Total
Jan					0	Jan						0
Feb					0	Feb						0
Mar					0	Mar						0
Apr					0	Apr						0
May					0	May						0
Jun					0	Jun						0
Jul			1	1	2	Jul						0
Aug					0	Aug				1	1	2
Sep	1	2	5	1	9	Sep						0
Oct		1			1	Oct						0
Nov			1		1	Nov						0
Dec					0	Dec			1			1
Totals:	1	3	7	2	13	Totals:	0	0	1	1	1	3

Updated May 2016

[HEALTH SERVICES TECHNICIAN'S ETHICS STATEMENT](#)  
[Health Services Technician ACE Credits 2015-present](#)

My commitment to service begins with you,

