Medical Careerists,

Welcome to the inaugural CP53 Newsletter. In this FY19 Fourth Quarter issue, CP53 is preparing to expand our program policy, functions, and procedures in FY20. These changes will build upon the FY19 program changes and accomplishments.

The most significant changes in FY19 occurred as CP53’s new Functional Chief (FC) and Functional Chief Representative (FCR) assumed their positions to lead the Army’s largest CP with over 33.5K plus medical careerists. On May 9, 2019, The Surgeon General’s (TSG), CP53 FC, appointed Mr. Richard R. Beauchemin, Chief of Staff for the Office of the Surgeon General (OTSG) and U.S. Army Medical Command (MEDCOM), as the new CP53 FCR. This appointment followed the retirement of Mr. Gregg Stevens, who served as the CP53 FCR since the inception of the program in 2014.

After the July 19, 2019 retirement ceremony for LTG Nadja Y. West, MG R. Scott Dingle became the Acting Surgeon General. MG Dingle was nominated for promotion to lieutenant general and permanent assignment as TSG on July 22, 2019 and confirmed by the Senate on September 26, 2019. Upon assumption of TSG position, MG Dingle was immediately designated as the new CP53 FC. This designation is in accordance with Army Regulation 690-950, Career Program Management, in which the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA (M&RA) designated select Army leadership positions to serve as FCs for the 32 Army Career Programs.
Career Program 53
Who We Are

Program Proponent Office (CPPO) leads the Army CP53 and aligns and develops the Army’s Medical civilian workforce to support TSG’s strategic campaign objectives and Army Medicine Department’s mission.

CPPO-53 mission is complex, as CP53 is the largest Army CP, with over 33.5K medical careerists across Army commands who are represented in 91 medical occupational series and over 250 types of positions. The program provides a standardized framework and career enhancing information for medical careerists and managers on workforce capabilities, requirements and the civilian professional development to address capability gaps for medical occupational series.

Our CPPO supports the Army Civilian Workforce Vision of an adaptive and flexible Army Civilian capabilities-based cohort supported by integrated policies, procedures and programs that produce and deliver the right person, to the right place, at the right time, to support current missions and enable Army 2028 and beyond.

Academic Degree Training (ADT) Update and FY19 Selectees

CP53 is honored to announce the ten FY19 Academic Degree Training (ADT) selectees. Please join us in congratulating those selected, as they continue to pursue greater education and training opportunities. These ADT selectees are authorized to begin classes after October 1, 2019, subject to funding.

CP53 is working with the Defense Health Agency (DHA) to gain approval and funding for ADT participants to fulfill their degree requirements after they transition to DHA. Additional guidance is forthcoming. Currently, CP53 will offer ADT for those careerists that remain Army civilians after the Military Health System transition to DHA.

The application window for classes to start in FY21 will open in November 2019 and close February 2020. Eligibility criteria:

- must have two years of permanent, full time employment as a Department of Army Civilian at time of application -- Army sponsored interns or fellows are not eligible for this program
- must pursue an academic degree that is related to the performance of the careerist’s official duties and is part of a planned, systematic and coordinated program of professional development that is endorsed by the Army that supports organizational goals
- must agree in writing to continue service in the Army at least three times the length of the training program or course.

Again, congratulations to the FY19 ADT Selectees:

For more information contact usarmy.jbsa.medcom-ameddcs.mbx.cp53-medical@mail.mil.
Developmental Assignment Opportunities

FY19 Academic Degree Training (ADT) Selectees

<table>
<thead>
<tr>
<th>NAME</th>
<th>DUTY LOCATION</th>
<th>DUTY POSITION</th>
<th>DEGREE</th>
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</thead>
<tbody>
<tr>
<td>Alicea Barrows</td>
<td>Fort Huachuca</td>
<td>Infection Prevention Nurse</td>
<td>MS - Public Health</td>
</tr>
<tr>
<td>Rebecca Bermudez</td>
<td>Fort Hood</td>
<td>CNOIC, General Surgery</td>
<td>MS - Nursing</td>
</tr>
<tr>
<td>Rebecca Briar</td>
<td>Fort Carson</td>
<td>Clinical Pharmacist</td>
<td>Doctor of Pharmacy</td>
</tr>
<tr>
<td>Glenn Brietzke</td>
<td>Fort Sam Houston</td>
<td>Dietitian</td>
<td>MS - Clinical Nutrition</td>
</tr>
<tr>
<td>Sandy Hughes</td>
<td>Presidio of Monterey</td>
<td>Licensed Vocational Nurse</td>
<td>Associate Degree in Nursing</td>
</tr>
<tr>
<td>Lisa Perez</td>
<td>Fort Sam Houston</td>
<td>Microbiologist</td>
<td>MS - Health Sciences-Molecular Diagnostic Science</td>
</tr>
<tr>
<td>Nicole Richardson</td>
<td>Fort Drum</td>
<td>Counseling Psychologist (Substance Abuse)</td>
<td>MS-Healthcare Administration</td>
</tr>
<tr>
<td>Thomas Sejud</td>
<td>Fort Sam Houston</td>
<td>Nurse (Clinical/Critical Care Ef)</td>
<td>MS-Nursing</td>
</tr>
<tr>
<td>Sheila Stanfield</td>
<td>Fort Hood</td>
<td>Health System Specialist</td>
<td>MBA</td>
</tr>
<tr>
<td>Alyssa Trygstad</td>
<td>Fort Lewis</td>
<td>Medical Instrument Technician (Ultrasound)</td>
<td>BS - Diagnostic Medical Sonography</td>
</tr>
<tr>
<td>Pamela Whitehead-Jones</td>
<td>Fort Campbell</td>
<td>Medical Support Assistant</td>
<td>MBA- (Health Care Management)</td>
</tr>
</tbody>
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Supervisors and managers, have you considered hosting a developmental assignment in your organization? Career Program 53 supports approximately 33,500 Army Civilians and is seeking host organizations to support developmental assignments.

Why host a developmental assignment? Hosting a developmental assignment can be beneficial not only to the participant, but to your organization as well. Developmental assignments are an economical and effective way to help Commands accomplish tasks and special projects, while assisting CP53 careerists enhance and broaden their skills, knowledge, and abilities in any of the Medical functional areas. Assignments must be meaningful with a defined work assignment or project.

Why encourage your CP53 employees to volunteer for a developmental assignment? An important return on investment for the employee's organization, the hosting organization, and the employee is the careerist’s confidence and knowledge after completing their professional developmental assignment.

For FY20, CP53 developmental assignment opportunities will include an assignment in the CP53 Proponency Office and special assignments for command projects and/or pilots.

If your command is interested in hosting a developmental assignment or having a CP53 employee participate, please contact CP53 at:

usarmy.jbsa.medcom-ameddcs.mbx.cp53-medical@mail.mil
The Army Career Program (CP) 53 (Medical) Planning Board (CPPB) met on Aug. 14-15, 2019, to discuss issues related to CP53 medical careerists with emphasis on Medical Readiness.

Mr. Richard Beauchemin, CP53 Functional Chief Representative (FCR) and Vice Chair of the board, hosted the planning board, with Voting Members represented from ACOMs, ACSSs, and DRUs. These Voting Members are primarily from their Command’s Surgeon Office.

The theme of the FY19 CPPB is “Medical Readiness – Forging the CP53 Path to Meet the New Army Medical Readiness Mission.” The CPPB purpose is providing the Army and our Functional Chief (FC) with a systematic process to identify and resolve issues, determine priorities, and make decisions in support of the Civilian Strategic Human Capital Plan (SHCP) and succession planning as related to the Army’s medical Civilian workforce.

While addressing the Army’s human capital priorities, Mr. Michael Reheuser, Assistant G-1 (Civilian Personnel) (AG-1(CP), Office of the Army Chief of Staff, G-1, informed the Voting Members of his partnership with Senior Executive Service Leaders to identify best practices within the Army for onboarding, recruiting and hiring, and career development. His office continues to pursue shorter Civilian time to hire, improve talent management, and the establishment of the Secretary of the Army’s newly approved Army Career Development Program (ACDP) for apprentices.

Working closely with the AG-1 (CP) Office, CP53 is the Army’s lead for career management and proponentcy for the medical Civilian workforce. The critical workforce needs highly professional and certified personnel. Ongoing training, education, and professional development (TE&PD) of medical Civilians is needed to ensure commands have the right personnel with the right skills at the right place and right time to support the Army medical mission requirements.

CP53 is the largest of the Army’s 32 CPs with over 33,500 medical Civilians, which is 12 percent of the Army's 275,000 plus Civilians. Army medical Civilians serve in 91 occupational series across all Army Commands—in virtually every clinical, laboratory, technical or administrative role found in hospital, clinics, Command Surgeon’s Offices, and specialty program across the Army’s footprint. The highest percentage of medical Careerists serve in U.S. Army Medical Command, but CP53 has medical Civilians in every ACOM, ASCC, and DRU.

In addition to the CP53 careerists serving in medical treatment facilities, CP53 includes medical careerists in a number of important programs, e.g., Sexual Harassment and Assault Response and Prevention, Ready and Resilient (R2), Family Advocacy, and Army Substance Abuse Programs. CP53 is growing with medical careerists in the Army’s the expanding Holistic Health to Fitness Program (Occupational Therapists, Physical Therapists, and Dieticians) and the proposed Medical Readiness Directorates (MRDs) to be aligned to several Army commands.

To highlight the changes and concerns in some of these areas,

Dr. James Helis, Director of SHARP/R2, Office of the Army Chief of Staff, G-1, along with Ms. Carla Colson, Director of Installation Services, and COL Steve Lewis, Chief, Family Program Branch and HQDA Family Advocacy Program Manager, both of the Office of the Army Chief of Staff for Installation Management, provided program updates to the Voting Members.

Each of the Army’s 32 CPs are required to conduct an annual CPPB.
and the goals of Army CPPBs are extensive. They include Civilian workforce capability and readiness; Civilian Training, Education, and Development System (ACTEDS) requirements and ACTEDS plans; strategies in reducing gaps in our workforce resources; and review and recommend action for proposals to modify policy and practices.

The boards also monitor and annually review the state of the strategic environment, workforce and demographic diversity trends, and competency assessments. Gaps in recruitment, personnel retention, and development initiatives are identified to address current and future mission requirements and strategic human capital plans.

This planning board relates to Military Health System (MHS) Transformation and transition of administrative management of hospitals and clinics to the Defense Health Agency (DHA). The Board Members received updates of the Army Medicine Transition from Ms. Alicia English, Office of the Surgeon General, and COL John Melton, Commander of the Womack Army Medical Center (first Army Medical Center to transition to DHA).

To aid the CP53 Voting Members in understanding the current state and challenges in meeting future Army Medical Department (AMEDD) missions, Mr. John Ramiccio, Deputy, G-3/5/7 for the Office of the Surgeon General and U.S. Army Medical Command, briefed the AMEDD Service lines capability gaps and seams. To supplement this overview, Mr. Carolyn Collins, Army CP53 Program Manager, updated the Voting Members on the CP53 enterprise efforts aligned to the Civilian Life-Cycle Model (workforce assessments, acquiring and hiring personnel, training and education, and workforce sustainment), funding, communication, and program assessment.

The boards’ final goal is to monitor cost data, performance metrics, and related trends to make investment decisions on training, education, and professional development opportuni-
Army CP53 conducted its Fiscal Year 2019 Army Civilian Training, Education, and Development System (ACTEDS) Intern & Supervisor Orientation Symposium, 30 April 2019 through 02 May 2019 at Fort Sam Houston, Texas. The CP53 ACTEDS Intern Civilian medical participants are assigned throughout the Army and represent various medical occupational series (e.g., Social Workers, Social Services Assistants, Physician Assistants, Registered Nurses, Licensed Practical Nurses, Pathology Technicians, Health System Specialists, and Industrial Hygienists). The three-day event provided participants with essential information on program overviews,
training, educational resources, and professional development applications assisting in producing technically competent and confident Civilian leaders for our future Army Medical Civilian Workforce.

The CP53 Orientation Symposium featured career program presentations by The Office of The Surgeon General, Army Medical Center of Excellence, Army G1 (Civilian Personnel) and CP53 Proponency Office. Among other important related topics, the attendees received pertinent historical background at the Army Medical Department (AMEDD) Museum, and important focus on the reason for Army Medicine’s existence at the Center for the Intrepid at Brooke Army Medical Center.

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Army Stand—To: Medical Reform

STAND-TO!
Edition: September 6, 2019
Provided by Headquarters, U.S. Army Surgeon General

What is it?
Army Medicine is reforming to align medical operations as outlined in the National Defense Authorization Act (NDAA) 2017 and 2019 with the National Defense Strategy (NDS). This alignment will sustain the readiness of the Soldiers and deploy a medical force that is trained and ready to support the U.S. Army in a high-intensity conflict and any directed mission.

What are the current and past efforts of the Army?

Army Medicine has three key responsibilities:
- Ensuring forces perform the core missions
- Ensuring access to world-class healthcare for the beneficiaries
- Sustaining a trained and ready medical force and medically ready force.
Realignment of Military Medical Billets: Based on 2017 NDAA requirements, the Army conducted a risk-based analysis on the conversion from military to civilian authorizations. The Army realigned 6,935 military medical billets into higher priority Army modernization requirements in the operating force. The Army has a four-year plan for these reductions, with only unoccupied billets being removed in fiscal year 2020, to minimize impacts on access to care.

Reorganization of U.S. Army Medical Command: This is currently under review to determine the structure and timeline is based on changes in the Defense Health Agency's (DHA) implementation plan that requires the Army to remain in direct support during the transition.

Realignment of Commands:
- The Army Medical Department Center and School re-designates as the Army Medical Center of Excellence (MEDCoE) effective Sep. 15, 2019, and is reassigned to Training and Doctrine Command (TRADOC) effective Oct. 2, 2019. This move standardizes initial military training and enhances the Army's ability to generate ready medical forces to support combatant commanders.
- The U.S. Army Medical Research and Materiel Command (MRMC) was re-designated as the U.S. Army Medical Research and Development Command (USAMRDC) on June 1, 2019, and officially transfers medical research, development, and acquisition elements to Army Futures Command (AFC) effective Oct. 3, 2019, to synchronize and support Army modernization priorities.
- The remaining USAMRDC and medical logistics elements will officially be reassigned under the U.S. Army Materiel Command (AMC) effective Oct. 2, 2019, organized under the new Army Medical Logistics Command (AMLC).

What continued efforts does the Army have planned?
The Army is reviewing the Public Health, Veterinary Services, Dental, and a restructure of the Warrior Care and Transition functions. The analysis and the final program management decisions are pending.

Why is this important to the Army?
Army Medical Reform supports Army and DOD modernization efforts, which increases the lethality of the Army and ensures the Army is ready to fight tonight. Medical reform efforts will ensure that Soldiers and their families will continue to receive the best care.

Army Civilian Training and Education System (ACTEDS)

All careerist are encouraged to review the CP53 Army Civilian Training, Education and Development System (ACTEDS) Plans. Each of the seven CP53 plans provide an overview of the Medical Care Program and a framework for developing the competencies required and expected of Medical professionals. These plans are located in milSuite at https://www.milsuite.mil/book/groups/cp53-careerist-support.

CP53 offers numerous Training, Education, and Professional Development (TE&PD) opportunities to promote the development of core, functional and leadership competencies, as outlined in the CP53 ACTEDS Plan. Please review our course catalog, which is located in
Civilian Career Management Lifecycle Model


Note, the objective of TE&PD is to provide cost-effective, best-value opportunities that meet Army requirements with the intent to help close and reduce competency gaps, enabling careerists to apply what they learned and make greater contributions to the Army.

Active Army Career Tracker and GoArmyEd accounts are required to participate in CP53 funded training. In FY20, CP53 will announce TE&PD opportunities at least 90 days in advance of the course start date, except in advance of scheduled training. Announcements and schedules will be shared via email and posted on the CP53 community page in ACT and CP53’s Facebook page. If you have issues accessing these web-site page links, please try logging into the site first and then clicking the link or pasting the URL.

The Army’s Strategic Workforce Planning and Civilian Human Capital Life Cycle

Strategic workforce planning is the Army’s systematic workforce analysis process for identifying and addressing the gaps between the workforce of today and the human capital needs of tomorrow. The Army’s 32 Career Programs (CPs) are charged with the mission of conducting effective workforce planning to enable the Army enterprise and the command-level to—

a. Align workforce requirements directly to the Army mission.

b. Develop a comprehensive understanding of where gaps exist between competencies the workforce currently possesses and the future competency requirements.

c. Identify and implement gap reduction strategies.

d. Determine the optimal structure to organize and deploy the workforce.

e. Identify and overcome internal and external barriers to accomplishing strategic workforce goals.

As part of this planning process, the Army’s 32 CPs use the life cycle model. The life cycle illustrates the Army profession experience to an Army Civilian in terms of stages. This continuous life cycle connects all aspects of human capital management and provides a practical, systematic approach to support the accomplishment of Strategic Human Capital Plan and Strategic Workforce Plan. The four stages of the life cycle are as follows:

a. Strategic workforce planning.

b. Recruit and hire.

c. Train and develop.

d. Sustain.
Army’s Changing Medical Mission

Army Medicine Center and School Re-designated as the U.S. Army Medical Center of Excellence

By Mr. Wesley Elliott  September 18, 2019

Maj. Gen. Patrick Sargent, Commanding General, U.S. Army Medical Center of Excellence (MEDCoE), speaks at the re-designation ceremony for the former Army Medicine Department Center and School, Health and Readiness Center of Excellence (AMEDDC&S HRCoE) on September 16, at Joint Base San Antonio, Texas. (U.S. Army Image by Wesley Elliott, MEDCOM/OTSG) (U.S. Army Image

Joint Base San Antonio, Texas - Maj. Gen. Patrick Sargent, Commanding General, and Command Sgt. Maj. William O’Neal celebrated the re-designation of the Army Medicine Department Center and School, Health and Readiness Center of Excellence (AMEDDC&S HRCoE) to the U.S. Army Medical Center of Excellence (MEDCoE) on September 16, at Joint Base Sam Houston, Texas.

The re-designation of the school to the U.S. Army Medical Center of Excellence (MEDCoE) was part of an Army modernization strategy that transferred the school from the U.S. Army Medical Command to the U.S. Army Training and Doctrine Command (TRADOC) on October 8, 2018, to align Army Medicine training, education, professional development, and DOTMLPF-P integration functions.

"We are here in a new era. The battlefield today is hyper-complex, hyper-kenetic, and hyper-lethal. It is a complex series of interconnected, synchronized eco systems. In order to compete, deter, and win, it will require a completely new level of organizational agility and synergy, the likes of which we have not seen before. That is why we are changing," said Sargent.

"Under TRADOC we will attain agility and synergy, across all centers of excellence—destroying silos and in their place creating frictionless networks of cooperation. That is how we are changing."

The MEDCoE supports the Army to lead the design, integration, education, and training of new and innovative approaches to health and the Army Health System. It focuses on improving the readiness of the force and training the Army’s Medical Professionals.

"We have a great legacy created by great individuals, some of whom are present today. It is our responsibility to remain alert, continually adapt, and innovate, so that this legacy continues for this and future generations," said Sargent.

The MEDCoE traces its origin to the Medical Field Service School (MFSS) established in 1920 at Carlisle Barracks, Pennsylvania, that trained Army doctors, dentists, and nurses. The MFSS moved to Fort Sam Houston in 1946 and in 1972 was re-designated as the Academy of Health Sciences which made it one of the largest medical training institutions in the world.

In 1991, the organization was re-designated again as the Army Medical Department Center and School (AMEDDC&S), with the Academy of Health Sciences becoming the school arm of the institution. In 2015, to better align with the other education and training institutions across the Army, the Department of the Army added Health Readiness Center of Excellence to the school’s designation, becoming the U.S. Army Medical Department Center and School, Health Readiness Center of Excellence (AMEDDC&S HRCoE).

The U.S. Army Materiel Command maxim is "The difference between readiness and reacting will be measured in lives lost." The logistics of transitioning from peacetime medical care to wartime emergency response is crucial to preventing that loss of life.

AMC and its new major subordinate, U.S. Army Medical Logistics Command, took the time to test these systems at a tabletop exercise during the last week of August 2019. The goal of this first-ever AMC Medical Logistics Tabletop Exercise was to test the capabilities of AMC and AMLC, and look at the entire scope of medical logistics to delineate responsibilities and identify potential trouble spots in the execution. AMLC was activated on June 1, and is still developing its processes. The exercise gave a view of MEDLOG systems as they exist right now, and how they can and should be shaped for future events.

"We're here to get a visual of the process and lay the foundation for future success," said Maj. Gen. Donnie Walker, AMC deputy chief of staff for operations. "Identify the gaps and seams. We need to see the entire evolution as it would run today."

With the incorporation of AMLC, AMC is now responsible for all Class VIII (medical supply) logistics, which covers everything from pharmaceuticals to medical/dental/surgical supplies to laboratory equipment. It provides maintenance and calibration of medical equipment, and plans for medical facilities and contracting.

The exercise was a turn-based setting starting at peacetime and working up through hostilities and then returning back to peacetime. Through this set-up, the logisticians and planners could look at snapshots of an event and determine the strengths to improve and the shortcomings that need to be addressed.

"Requirements forecasting is a challenge because peacetime medical needs do not match what is necessary to treat combat casualties," said Al Henson, exercise lead planner. "The Army does not generate significant Class VIII demands until it is deployed."

During his review of the exercise, Gen. Gus Perna, AMC commanding general, said, "We have to have the foundation and the ability to support operations from the beginning." He stressed AMC and AMLC need to know the readiness of Army medical stocks and the accuracy of military medical requirements to work with AMC partners, such as the Defense Logistics Agency to deliver on-time and in the needed amounts.

"We are the experts and we have the know-how to do the job," Perna said. "If we need to, we change the algorithms to get where we want. We write the regulations for success."
Job Opportunities

Seeking a new Army Medical Position? See the latest listing of Army medical jobs being recruited at https://medcom.usajobs.gov/

Fort Campbell hosts a Career Summit on 17 OCT 2019

Service members, veterans, and military spouses can now register for the Oct. 17 Fort Campbell Career Summit to connect with hiring managers, explore career fields, and discover cutting-edge resources.

PERSONNEL PROCESSING CENTER
7162 HEDGE ROW ROAD
FORT CAMPBELL, KENTUCKY 42223

OCTOBER 17, 2019
8:30 A.M. - 4:00 P.M.

NEED A RESUME?
VISIT RESUMEENGINE.ORG OR MYCAREERSPARK.COM

Resume Engine and Career Spark are the quickest and easiest way to send your resume to employers at the Career Fair. Build a powerful resume at ResumeEngine.org for service members and MyCareerSpark.com for military spouses. Powered by Toyota.

EMPLOYERS AND JOB SEEKERS REGISTER AT HIRINGOURHEROES.ORG/EVENTS

CP53 Website:
https://armymedicine.health.mil/CP53

CP53 MilSuite:

CP53 Facebook:
https://www.facebook.com/groups/127023794307278/

Training Requests:
GoArmyEd.com

CP53 ACT Community Page/IDPs:
https://actnow.army.mil/communities/community/civilian-cp53