

## 1. Description of the Army Medical Specialist Corps

The Army Medical Specialist (SP) Corps is composed of Active Component (AC) and Reserve Component (RC) officers from four professional Areas of Concentration (AOCs) that are not interchangeable: Occupational Therapists (65A), Physical Therapists (65B), Registered Dietitians (65C) and Physician Assistants (65D). IAW 10 USC 3070, the SP Corps consists of a Chief and Assistant Chiefs who represent each of the SP Corps AOCs, referred to as Consultants. SP Corps officer capabilities support the Army's sustainment warfighting function (ADP 4-0), specifically health service support, and the protection warfighting function, specifically force health protection (ADP 3-37). The SP Corps officers' primary purpose is to improve foundational health (chronic disease prevention, immune system enhancement, and baseline physical readiness), optimize human performance (environmental and task-specific performance to support missions), and deliver direct care to facilitate transition from recovery and rehabilitation to return to duty. SP Corps officers operate across the full spectrum of military operations and are capable of supporting Large Scale Combat Operations in the complexities of Multi-Domain Operations (MDO) environments. SP officers also provide the highest quality healthcare to Soldiers, Family members, and retirees in military treatment facilities. SP officers conduct and supervise direct patient care, plan and execute disease prevention and health promotion programs, exercise command of medical units, perform special staff functions for commanders at all levels, conduct medical research, and conduct, supervise and participate in the training of other medical personnel needed to sustain a robust and combat-ready medical system.

a. *Specialist Corps Officers.* The basic branch professional qualifications of an SP officer are a baccalaureate, masters or doctoral degree from an accredited Occupational Therapist, Physical Therapist, Registered Dietitian, or Physician Assistant program. In addition, state licensure is required for Occupational Therapists (65A) and Physical Therapists (65B); national registration by the Commission on Dietetic Registration (CDR) is required for Dietitians (65C); and, certification by the National Commission on Certification of Physician Assistants, Inc., is required for Physician Assistants (65D). Army National Guard (ARNG) Physician Assistants must have a state license. Each AC AOC has an appointed consultant that advises the Corps Chief and The Surgeon General (TSG) on their respective specialty. Each RC AOC has an appointed senior officer who advises RC officers and the U.S. Army Reserve Command (USARC) Surgeon's office and who works closely with the AC AOC consultant.

b. *Career Development.* Career progression provides SP Corps officers opportunities to serve in assignments at the tactical, operational, and strategic levels within and outside the Army Medical Department. Assignments focus on Soldier performance and chronic disease and injury prevention; direct operational support; direct patient care; research, education, and training; and/or executive management and leadership, including command at all levels. The SP Branch at Human Resources Command (HRC) operationalizes the Army Talent Alignment Process, implementing the SP Corps officer career development life cycle models of both AC and RC officers. The SP Branch at HRC coordinates assignments for AC officers, provides career management assistance, and conducts other personnel management actions. A primary objective of this branch is to assist each officer with attaining their career goals by advising on appropriate developmental assignments and ensuring objective consideration for educational opportunities. Reserve Personnel Management Division (RPMD-HRC) manages IMA and IRR Soldiers. TPU Soldiers obtain assignment assistance from their unit S1 or Army Reserve Command G1 at Fort Bragg. For ARNG personnel the state G-1 or respective state surgeon's office supports assignments.

## 2. Officer Characteristics Required

SP officers must be leaders skilled in Army tactics, techniques, and procedures in order to understand and support Soldiers; possess strong Army Values, leader attributes, and skills; and fully understand key leadership actions that must be taken to ensure success. SP officers must be agile and prepared to face tactical challenges related to emerging strategic developments and warfighting doctrine. Additionally, there are knowledge, skills, and attributes in each AOC that must be developed in each officer.

a. *Competencies and actions common to all.* Every SP officer must develop and maintain leadership, professional, and common Soldier skills. SP officers serve in a variety of capacities including as commanders, staff officers, healthcare providers, educators and researchers in Table of Organization and Equipment (TOE) and Table of Distribution and Allowances (TDA) environments around the world. The SP Corps equally values assignments in the operating force and the generating force. Successful completion of assignments in either or both of these areas within a career will enhance promotion opportunities through the rank of LTC. With the successful completion of AOC specific assignments, immaterial assignments, key leadership positions, and appropriate professional military education (PME) at various grades, additional promotion opportunities are available past the rank of LTC. Every officer must serve successfully in leadership positions and develop executive skills in key staff positions to be considered for promotion.

b. *Unique officer skills.* The SP Corps consists of four distinct AOCs, each with a unique skillset to support and sustain the Warfighter. Though each AOC has a unique skillset, all SP officers possess the multifunctional leadership skills to support and sustain the Warfighter within the Joint, Interagency, and Multinational (JIIM) environment, and to successfully perform in AOC specific, AOC immaterial, and branch immaterial positions such as command and staff positions across the organization. Leveraging interpersonal skills, SP Corps officers develop rapport and create a shared understanding through effective and compelling communication. Detailed descriptions of each AOC are outlined in para 4.

c. *Decision-making skills.* SP officers have the innate ability to adapt to fluid and stressful situations in the tactical, operational, and strategic environments, and apply critical and creative thinking to devise timely solutions to complex problem sets. Officers may work in environments where time available for problem analysis is constrained, and sound and timely decisions are urgent. SP officers may act within the command structure of another service or coalition headquarters where the decision making processes may be less familiar. An ability to operate under stress, communicate effectively, apply critical thinking, make decisions, and translate these skills to battlefield conditions are critical to Soldier Health and Readiness and mission success.

d. *Tactical, technical, and operational skills.* SP officers are clinically proficient and licensed/board certified medical professionals who deliver a unique clinical and human performance optimization skillset to support the Warfighter across the range of military operations within the multi-domain environment. SP officers must be Warfighters who balance technical and tactical skill proficiency with mission unique equipment, tools, and systems. These skills must be developed and honed through operational assignments, continuous professional study, and self-development. To remain operationally, technically and tactically proficient, SP officers attend military short courses including, but not limited to: Emergency Medicine PA Basic Skills Course, Management of Burns and Multiple Trauma, Evaluation and Treatment of Upper Extremity Conditions Course, the COL Douglas A. Kersey Advanced Clinical and Operational and Practice Course, and the Joint Field Nutrition Operations Course. SP officers are worldwide deployable and must execute their mission in volatile, uncertain, complex combat environments and expeditionary conditions.

e. *Unique knowledge.* SP officers must possess knowledge and skills specific to their specialty, competence in Army and medical doctrine at all echelons, and understand the role of medical professionals in large-scale combat operations within the multi-domain environment. This knowledge includes practical experience in clinical procedures, tactics, combined arms operations, and deployed environments. Officers gain this knowledge through a logical sequence of continuous education, training, and mentorship. Officers sustain knowledge through institutional training and education, duty in both TOE and TDA assignments, continuous self-development, and progressive levels of assignments within their specialty. Officers must also gain knowledge of Joint service procedures and constraints while serving in company and field grade assignments.

f. *Unique attributes.*

(1) *Personal attributes.* SP officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical competence, training, and discipline. They embody the warrior ethos, are adaptable to changing environments, and can apply non-textbook solutions in unique situations. SP officers are empathetic and calm, committed to the Warfighters they serve, and maintain high levels of physical and mental fitness as stamina and vigor are critical to accomplishing the mission.

(2) Multifunctional attributes. SP officers possess the full complement of attributes that enable them to successfully perform in staff, clinical, leadership, executive level, and command positions across the full spectrum of strategic, operational, and tactical environments. SP officers have the ability to seamlessly operate in and bridge clinical, operational and academic medicine settings.

### **3. Army Medical Specialist Corps Officer Professional Development**

The objective of the SP Corps is to have a cohort of highly skilled officers with the professional and leadership knowledge, skills and abilities necessary to excel at positions of the highest responsibility and best support the Army Medical Department (AMEDD) and the Army's mission, vision and priorities. Officers attain the knowledge, skills and abilities through a variety of means, including professional military education (PME), civilian schooling, short course attendance, duty assignments, and self-development activities. Each officer's career trajectory may differ and is shaped by their duty assignments, quality of performance in each assignment, and their professional development, which is often supported by leaders and mentors with which the officer interacts is shaped by career goals and quality of duty performance in every assignment, key to professional development, which can be shaped with guidance from leaders and mentors, using the SP Career Map as a guide. The Army Career Tracker provides AOC specific guidance to AC officers regarding duty assignments that support career progression. SP Corps officers must remain proficient in their craft at their respective grade, complete PME appropriate to their grade, and perform successfully in a variety of assignments for promotion or retention in the branch. It is essential that the SP Corps have officers who are outstanding leaders at every level of leadership, provide appropriate technical expertise in their specialized AOC, and serve at the most strategic levels as commanders, educators, and/or in strategic billets. To be considered fully trained as an SP officer, the individual should be tactically and technically proficient in the profession of arms and their chosen field, physically fit, emotionally intelligent, and of the highest moral and ethical character IAW the expected standards of conduct for Army officers and Soldiers. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer's most important assignment is the current one, and the officer should focus on outstanding performance in that job assignment. Underpinning officer development are the three domains of leader development: institutional training, operational assignments, and self-development. These domains are described in the phases below. Self-development is the responsibility of every officer and ranges from professional reading during off-duty time, active participation in professional organization, and volunteer work, to actively seeking positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to their commander and respective assignment officer for AC, USAR and ARNG personnel. An SP officer is his or her own best career manager. By actively participating in the management of career decisions, officers will improve the likelihood of a successful career. Professional development is divided into two phases, company grade and field grade, with particular job assignments and schooling appropriate to each phase.

a. *Professional development phases.*

(1) Company grade.

(a) Institutional domain. SP officers begin their career by attending the AMEDD Basic Officer Leaders Course (BOLC). AMEDD BOLC may include BOLC-A, called the AMEDD Direct Commissioning Course (DCC), for those officers without approved prior service exemptions, and BOLC-B, which all new AMEDD officers attend as part of their initial entry into the service. Many SP officers will also complete one of the unique AOC producing programs at the U.S. Army Medical Center of Excellence (MEDCoE). While obtaining full qualifications of their specialty, these officers simultaneously continue the acculturation process into the Army and AMEDD. Fully qualified officers not attending the AOC producing programs proceed to an operational assignment after completion of the AMEDD BOLC. SP CPTs attend Captain's Career Course (CCC) to solidify their company grade leadership skills and to prepare for the challenge and diversity of field grade assignments.

(b) Operational domain. Initial assignments for AC company grade officers include staff positions within brigade combat teams (BCTs) or in military treatment facilities (MTFs), or may serve in TOE units in other capacities. Initial assignments for RC officers include clinical positions in BCTs providing area support, in operational units or in MTFs. Upon successful completion of an initial assignment, an SP officer may be given additional responsibilities such as Company Commander, Medical Platoon Leader, Section Leader within an MTF, Assistant Chief of a large MEDDAC, Clinic Chief in a small Medical

Department Activity (MEDDAC), or an SP AOC immaterial position such as a Recruiter. Limited opportunities are available for select SP officers in the U.S. Army Special Operations Command.

(c) Self-development. All SP officers are highly encouraged to compete for and earn the Expert Field Medical Badge (EFMB). Officers may attend Airborne and/or Air Assault training depending on current or projected assignments and available training opportunities. Select SP officers may apply to attend Ranger or Special Forces Qualifications Schools. Officers attend a variety of post-professional short courses to enhance their knowledge and skills in Joint operational environments and must meet the continuing education requirements to maintain current state licensure, certification, and/or registration.

AC officers may apply for a fully-funded advanced degree through the Long-term Health Education and Training (LTHET) program in a discipline directly related to his or her AOC. The LTHET program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school or a military program to meet specific Army requirements. Officers not selected for LTHET are encouraged to seek advanced degrees during their off-duty time. Officers are also encouraged to seek specialty board certification in a practice area of their respective AOC. Company grade SP officers continue professional self-development through reading, writing, engagement with officer professional development, participation and collaboration in research, publications, presenting lectures at unit, Army, national and international levels, as well as active participation in mentorship programs and professional organizations.

(2) Major.

(a) Institutional domain. Military education required during this phase is completion of Intermediate Level Education (ILE). ILE provides SP MAJs the education to enhance their knowledge of strategic and operational concepts and the skills to perform as staff officers. SP MAJs are encouraged to pursue the Defense Strategy Course, which helps prepare leaders for Joint and interagency assignments at the strategic level.

(b) Operational domain. Assignments may be in operational or generating force units. Junior field grade SP officers work in a wide variety of assignments including Clinic Chief in a large MEDDAC, Assistant Clinic Chief in a Medical Center (MEDCEN), staff officer at HRC or U.S. Army Recruiting Command (USAREC), instructors at the MEDCoE, researchers, and Senior Division Physician Assistants. SP MAJs compete within the AMEDD for a broad array of nominative key billets and commands.

(c) Self-development. AC officers may apply for a fully-funded advanced degree in a discipline directly related to his or her AOC. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school or a military program to meet specific Army requirements. Officers are also encouraged to seek specialty board certification in a practice area of their respective AOC, if not completed as a company grade officer. SP MAJs continue professional self-development through reading, writing, engagement with officer professional development, and participation in mentorship programs and professional organizations.

(3) Lieutenant colonel.

(a) Institutional domain. SP LTCs benefit from and are competitive for selection to attend Senior Service College, either in residence or through distance learning. Senior Service College best prepares the senior SP officer for executive level contributions to the AMEDD and Joint force, success within key strategic billets, command and nominative positions.

(b) Operational domain. Assignments may be in operational or generating force units. SP officers assume greater responsibilities in hospital leadership positions or assignment as Department, Service, or Clinic Chief in a large MEDDAC or MEDCEN, Director of Education Programs, Clinical Researcher, and serve in key leadership positions such as O5 CSL command. AOC immaterial assignment opportunities include: SP Branch Chief, HRC, SP Program Manager, USAREC, AMEDD Personnel Proponent Staff Officer, SP Staff Officer, Deputy Director Health Service Support, Army Capability Manager-Army Health System, MEDCoE, and staff officer at major subordinate commands such as the Forces Command (FORSCOM) and Training and Doctrine Command (TRADOC) Center for Initial Military Training (CIMT).

(c) Self-development. SP LTCs are recognized experts in their respective AOC and chosen specialty areas. They are actively engaged in research and professional activities such as publishing manuscripts in peer-reviewed journals, presenting lectures at national conferences, and service in professional and community organizations. Officers may be considered for the AMEDD "A" Proficiency Designator. SP LTCs continue professional self-development through reading, writing, engagement with officer professional development, participation and collaboration in research, publications, presenting lectures at

unit, Army, national and international levels, active participation in mentorship programs and engagement in professional organizations.

(4) Colonel.

(a) Institutional domain. Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course is advantageous to competitively compete for command and strategic billet positions. Senior Service College best prepares senior SP officer for contributions to the AMEDD and Joint Force, success within key strategic billets, command and nominative positions.

(b) Operational assignments. AC SP COLs serve in key leadership positions such as the chief of a service, division or department in a MEDCEN, Senior Staff Officer Office of The Surgeon General (OTSG), SP Corps Specific Branch Proponent Officer (CSBPO), or SP Branch Chief at HRC. Those who have demonstrated outstanding professional and supervisory qualifications may also serve in key leadership positions related to their AOC, such as Deputy Corps Chief and the AOC Consultant to TSG. Exceptional SP officers may be selected to serve in AMEDD branch immaterial assignments, compete for AMEDD strategic billet assignments, and compete for CSL command. RC SP COLS serve in key leadership positions such as RC AOC section chief, RC SP Corps Chief, deputy command, brigade command, or other AMEDD immaterial assignments.

(c) Self-development. SP COLs are renowned and respected leaders who have earned national prominence in their respective specialty area. COLs should continue to develop their senior leader skills by attending the Interagency Institute for Federal Healthcare Executives Course, Medical Strategic Leadership Program, and other executive level courses. They are fully engaged in their community and professional associations, and recognized as leaders of distinction within the AMEDD. Officers may be considered for the AMEDD "A" Proficiency Designator. SP COLs continue professional self-development through reading, writing, engagement with officer professional development, participation and collaboration in research, publications, presenting lectures at unit, Army, national and international levels, active participation in mentorship programs and involvement in professional organizations.

b. *Area of concentration designation process.* Officers are appointed in the SP Corps as Occupational Therapists (65A), Physical Therapists (65B), Dietitians (65C), or Physician Assistants (65D) and they maintain that professional identity throughout their military careers. Detailed descriptions of the duties of these officers are summarized below.

#### **4. Areas of concentration**

##### *a. 65A—Occupational Therapist.*

(1) Description of duties. Improves human performance, readiness, and health by addressing mental and physical opportunities and barriers to performance and readiness across all levels of care. Provides subject matter expertise and consultation for leadership and the military community in the areas of human performance, mental/cognitive performance, physical fitness, performance behaviors, injury prevention and wellness, and rapid recovery from injury to maximize Service Member and unit readiness and performance. Conducts comprehensive evaluations, individualized interventions, and rapid recovery coordination for Service Members impacted by acute and chronic behavioral health conditions, neuro-musculoskeletal injuries, and traumatic brain injuries. Serves as a licensed independent practitioner for upper quarter neuro-musculoskeletal injuries through patient self-referral, referral from medical/dental professionals and/or leadership. In the operational environment, serves as consultant to unit commanders in the execution of Holistic Health and Fitness (H2F), Unit Needs Assessments (UNA), and Traumatic Event Management (TEM) to determine unit behavioral health status and ensure operational readiness. Serves as human factors subject matter expert to enhance individual and unit performance. Supervises military/civilian occupational therapists and enlisted/civilian occupational therapy technicians implementing prescribed plans of care. Serves as commander of companies, battalions, brigades, and military treatment facilities (see AR 40–68 for a more detailed description of duties).

(2) Description of positions key AC leadership positions include: OT Consultant to TSG; Staff Officer, Behavioral Health Service Line, OTSG; TBI Program Manager, OTSG; Program Director, Entry-Level Occupational Therapy Doctorate, MEDCoE; Program Director, Doctor of Science in Occupational Therapy; Command Occupational Therapist, TRADOC-Center for Initial Military Training; Director 68L Training Program, Medical Education and Training Campus (METC); Research Occupational Therapist, Medical Research and Development Command-U.S. Army Institute of Environmental Medicine (MRDC-

USARIEM); OIC Resilience, Senior Leader Sustainment, U.S. Army War College (USAWC) and U.S. Army Sergeants Major Academy (USASMA); Chief, OT Service, military treatment facility.

(3) Qualifications. Must be a graduate of the AMEDD BOLC. Must possess a master's or doctoral degree from an accredited institution with an approved curriculum in occupational therapy including fieldwork experience (internship) acceptable to OTSG. Must possess a current state license to practice occupational therapy and current National Board for Certification in Occupational Therapy. Meet appointment standards as outlined in Army Regulation 40-68.

(4) Skill identifiers. 65A may obtain any of the following skill identifiers if qualification requirements are met; this list is not exhaustive. See DA Pam 611-21, Table 4-3 for the entire list of skill identifiers and further descriptions: 4N, healthcare recruiter; 5K, instructor; 6Z strategic studies graduate; 7H, upper extremity musculoskeletal evaluation; 7Y, capabilities development; 8H, clinical investigation and research regulatory oversight; 8X, Army Medical Department Acquisition Officer; 8Z, medical research, development, test and evaluation; 9A, Medical Proficiency.

*b. 65B—Physical Therapist.*

(1) Description of duties. Improves Soldier readiness by providing neuro musculoskeletal evaluation, intervention, and case management across all levels of care, and by providing consultation to commanders and the military community in the areas of readiness, physical fitness, physical training, and injury prevention. Serves as a licensed independent practitioner for neuro musculoskeletal disorders through patient self-referral, or referral from medical, dental, and allied health professionals. Supervises enlisted and civilian physical therapy technicians implementing physical therapist prescribed plans of care. Serves as commander of companies, battalions, brigades, and military treatment facilities. See AR 40-68 for a more detailed description of duties.

(2) Description of positions. Key AC leadership positions include: PT Consultant to TSG; Director, Rehabilitation and Reintegration (R2D), OTSG; Deputy Director, R2D, OTSG; Chief, PT Service, military treatment facility; Director, U.S. Army-Baylor University Doctoral Program in PT, MEDCoE; Director, Orthopedic PT Fellowship, Brooke Army Medical Center (BAMC); Director, Sports Medicine PT Fellowship, West Point; and Director 68F Training Program, METC. Key RC leadership positions include: RC 65B section chief, SP Corps; instructor, U.S. Army-Baylor University Doctoral Program in PT, MEDCoE; and Instructor, 68F Training Program, METC. For RC PTs many opportunities available to AC PTs are not available; however, similar experiences can be gained through expanding experiences in civilian positions, and via Active Duty for Operational Support (ADOS) positions. PTs should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB). SFAB positions have been deemed critical by the Army senior leadership and provide experience across the Army's strategic mission.

(3) Qualifications. Must be a graduate of the AMEDD BOLC. Must have a master's or doctoral degree from an accredited institution, approved by the Commission on Accreditation of Physical Therapy Education and acceptable to TSG. Exceptions may be made when special needs of the Army exist. Must possess a current state license to practice physical therapy. Meet appointment standards as outlined in Army Regulation.

(4) Skill identifiers. 65B may obtain any of the following skill identifiers if qualification requirements are met; this list is not exhaustive. See DA Pam 611-21, Table 4-3 for the entire list of skill identifiers and further descriptions: 4N, healthcare recruiter; 5K, instructor; 6Z strategic studies graduate; 7Y, capabilities development; 8H, clinical investigation and research regulatory oversight; 8X, Army Medical Department Acquisition Officer; 8Z, medical research, development, test and evaluation; 9A, Medical Proficiency.

*c. 65C—Dietitian.*

(1) Description of duties. As food and nutrition experts, dietitians translate nutrition science into programs, strategies and plans that improve foundational health (chronic disease prevention and immune system enhancement), optimize environmental and task-specific performance (event fueling and post-event recovery, body composition, mental function, and arduous environment preparedness), and support transition from recovery and rehabilitation to return to duty (medical nutrition therapy). Serves as an independent practitioner, and is the subject matter expert to commanders and the military community in all areas of nutrition. Develops and delivers nutrition education and services to include conducting an assessment, providing a diagnosis, developing an intervention and monitoring and evaluating individuals and groups with the overall goal of improving health and performance. Supports stability operations, food safety and sanitation measures. Supervises, educates and trains enlisted nutrition care specialists and civilian employees. Serves as commander of companies, battalions, brigades, and military treatment facilities. See AR 40-68 for a more detailed description of duties.

(2) Description of positions. Key AC leadership positions include: Nutrition and Dietetics Consultant to TSG; Manager, Nutrition Program Office, MEDCOM; Command Dietitian-TRADOC CIMT; Command

Human Performance Dietitian, U.S. Army Special Operations Command; Chief, Nutrition Care, military treatment facility; Program Director, U.S. Military-Baylor University Graduate Program in Nutrition (GPN), MEDCoE; Director, 68M Program, METC; and Director, Nutrition and Dietetics Branch, MEDCoE. Key RC leadership positions include: RC 65C section chief, SP Corps; Dietetic Consultant, 3<sup>rd</sup> and 807<sup>th</sup> Medical Command (Deployment Support); and Instructor, GPN, MEDCoE. For RC RDs many opportunities available to AC RDs are not available; however, similar experiences can be gained through expanding experiences in civilian positions, and via ADOS positions.

(3) Qualifications. Must be a graduate of the AMEDD BOLC. Must possess a baccalaureate or advanced degree with a major in foods and nutrition/dietetics, or institution management from a university or coordinated undergraduate program acceptable to TSG. Must have completed a dietetic internship acceptable to DA. Must possess national registration; state licensure as a dietitian is encouraged.

(4) Skill identifiers. 65C may obtain any of the following skill identifiers if qualification requirements are met; this list is not exhaustive. See DA Pam 611-21, Table 4-3 for the entire list of skill identifiers and further descriptions: 4N, healthcare recruiter; 5K, instructor; 6Z strategic studies graduate; 7Y, capabilities development; 8H, clinical investigation and research regulatory oversight; 8X, Army Medical Department Acquisition Officer; 8Z, medical research, development, test and evaluation; 9A, Medical Proficiency.

*d. 65D—Physician Assistant (PA).*

(1) Description of duties. Plans, organizes, performs, and supervises medical care from Role 1 through Role 4. As the primary enabler of tactical readiness for the Warfighter, directs services, teaches, trains, and supervises combat medics, and may perform as medical section Platoon Leader or OIC in designated units. Functions as a special staff officer for combatant commands and commanders at all levels by advising on medically-related matters pertinent to Soldier readiness, to include disease and injury prevention, medicine in the full spectrum of operations, and health promotion. PAs deliver primary and specialty medical care, perform wellness and preventive care, order and interpret a broad range of diagnostic procedures, prescribe pharmaceuticals, and perform wound management and minor surgical procedures; all duties commensurate with delineation of clinical privileges. Advises on determination of medical necessity, priority, requirements for patient evacuation, and initial emergency care and stabilization. PAs who complete additional training, experience or advanced education, with the appropriate privileges, may serve in any medical specialty practice setting. PAs are agile and capable of executing their duties as versatile medical specialists across the spectrum of the Military Health System. Demand from the operational force may drive specialization (i.e. dive/hyperbaric medicine, behavioral health, trauma/critical care). Supervises officer, enlisted, volunteer and civilian personnel, as described by unit structure. Serves as commander/director of companies, battalions, brigades, military treatment facilities and other organizations. The following are the documented/coded specialties. See AR 40–68 for a more detailed description of duties.

(a) Orthopedic Surgery PA. For AC, must be a graduate of an Orthopedic Surgery PA residency program acceptable to TSG. Holds the M1 skill identifier. Has knowledge of orthopedic surgery, trauma and critical care principles, practices and processes, including diagnosis and determination of surgical patients, perioperative surgical care, operative first assist, surgical resuscitation, and management of treatment plans throughout the levels of surgical care for patients of all ages. Advisor to the commander on Soldier performance, musculoskeletal health and readiness. Employed in modular expeditionary resuscitative surgical packages throughout the range of military operations. For RC, must complete requisite training for the civilian sector and meet qualifications to be privileged.

(b) Emergency Medicine PA. Must be a graduate of an Emergency Medicine PA residency program acceptable to TSG. Holds the M2 skill identifier. Has knowledge of emergency medicine principles, practices and processes, including evaluation and triage of both emergent and non-emergent patients, emergency interventions including resuscitation and stabilization of patients with life-threatening illnesses or traumatic injuries, and interpretation of ancillary diagnostic tools to ensure appropriate treatment is rendered. Employed in modular expeditionary resuscitative surgical packages throughout the range of military operations. For RC, must complete requisite training for the civilian sector and meet qualifications to be privileged.

(c) General Surgery PA. Must be a graduate of a General Surgery PA residency program acceptable to TSG. Has knowledge of general surgery, trauma and critical care surgical principles, practices, and processes, including evaluation (diagnosis and determination) of surgical patients, perioperative surgical care, operative first assist, surgical resuscitation and management of surgical treatment plans throughout all levels of surgical care for patients of all ages. Employed in modular expeditionary resuscitative surgical

packages throughout the range of military operations. For RC, must complete requisite training for the civilian sector and meet qualifications to be privileged.

(d) Occupational Health PA. Graduate of TSG-approved Occupational Health Residency Program may be designated as an Occupational Health PA (OHPA). Additionally, the OHPA must complete the two-phased ATRRS Fundamentals of Occupational Medicine Course. Performs and determines status of and conditions influencing health of military and appropriate civilian personnel. Formulates and recommends measures for health improvements; plans, coordinates, directs, and supervises occupational health programs designated to maintain health, improve physical fitness, and prevent disease and injury for military personnel and DA civilians.

(e) Aviation PA. Must be a graduate of the U.S. Army Flight Surgeon Primary Course. Holds the M3 skill identifier. Has knowledge of aviation medicine principles, practices and processes, including examination and care of aviation personnel, to include flight physicals and determination of duty, aeromedical evacuation and support operations, and personnel recovery. The Aeromedical PA may be assigned to either aviation or non-aviation units, and teaches, trains, and supervises subordinate medical personnel in aeromedical specific clinical duties.

(2) Description of positions. Key AC leadership positions include: Physician Assistant Consultant to TSG; Director, Inter-service PA Program; Army Branch Chief, Inter-service PA Program; Senior Brigade PA; FORSCOM/TRADOC PA; Director, U.S. Army-Baylor University Doctoral Program (i.e. Emergency Medicine, General Surgery, Orthopedics); Allied Health Officer, MEDCOM; Deputy Director, Health Service Support, Army Capability Manager-Army Health System, MEDCoE; Deputy Director, Combat Pre-deployment Medicine; and Deputy Chief, Department of Combat Medic Training; CCC and BOLC faculty; Graduate Education Manager; Chief, Occupational Health Service; Occupational Medicine Physician Assistant Consultant; Surety Medicine Physician Assistant; Inter-Service Physician Assistant Program Writer/Instructor; other nominative positions (Army Public Health Command); MEDCoE Preventive Medicine Branch or Deputy Chief. Key RC leadership position is RC 65D Section Chief, SP Corps. For RC PAs many opportunities available to AC PAs are not available; however, similar experiences can be gained through expanding experiences in civilian positions, and via ADOS positions. PAs should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(3) Qualifications. Must be a graduate of the AMEDD BOLC. Must possess a master's degree from an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accredited PA training program or its predecessor. Must maintain current certification by the National Commission on Certification of Physician Assistants. Meet appointment standards as outlined in Army Regulation.

(4) Continuing medical education and readiness training. Maintain certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS); recommend completing Advanced Trauma Life Support (ATLS)/Emergency War Surgery every three years. Also recommend completion of at least one of the following every four years: Extremity War Surgery Course, Fundamentals of Critical Care (FCCS/PFCCS), Advanced Burn Life Support (ABLS), Tactical Combat Medical Care (TCMC), Combat Casualty Care Course (C4), Tropical Medicine Course (5 day), Principles of Military Preventive Medicine, and the Medical Management of Chemical and Biological Casualties Course or other medical training pertaining to the Army's global mission.

(5) Professional organizations. Participation in professional organizations (military and civilian) provides an avenue to increase knowledge of current issues and develop leadership skills that can enhance the physician assistant's ability to contribute to duty assignments. Participation in professional organizations is voluntary, but the value of participation for self-development is recognized and supported.

(6) Skill identifiers. In addition to the practice specialty specific skill identifiers (e.g. M1, M2, M3), 65D may obtain any of the following skill identifiers if qualification requirements are met; this list is not exhaustive. See DA Pam 611-21, Table 4-3 for the entire list of skill identifiers and further descriptions: 4N, healthcare recruiter; 5K, instructor; 6Z strategic studies graduate; 7Y, capabilities development; 8H, clinical investigation and research regulatory oversight; 8X, Army Medical Department Acquisition Officer; 8Z, medical research, development, test and evaluation; 9A, Medical Proficiency; M7, Diving Medical Officer.

## **5. Branch immaterial positions**

The coded AC SP AOC Immaterial (65X) positions include: Corps Chief, SP Corps (O6); Deputy Corps Chief, SP Corps (O5); SP Corps Specific Branch Proponent Officer (CSBPO) (O6); SP Executive Officer

(O4); SP Personnel Proponent Officer, APPD (O5); Staff Officer, FORSCOM (O5); Chief, Allied Health Education and Doctrine Branch, Directorate of Training and Doctrine, MEDCoE (O4); SP Future Readiness Officer, HRC (O3); Deputy Director, Rehabilitation and Reintegration Division, OTSG (O4); SP Program Manager, USAREC (O6); and SP Recruiting Program Manager, USAREC (O4). All AMEDD Immaterial positions (05A) and some select Army immaterial positions (01A) are open to qualified and competitive SP officers. This includes Command Select List (CSL) commands, strategic billets, and nominative positions.

## **6. Reserve Component Officers**

Although the responsibility for professional development detailed for AC officers applies to all SP officers, timing of professional development milestones may differ for SP officers in the RC. Accession grade into the RC is determined IAW DoDI 6000.13. RC officer development objectives and qualifications parallel those planned for their AC counterparts. All RC SP officers should strive for institutional training, operational assignments, and self-development that yield the same officer developmental opportunities as their AC counterparts. It is critical that all SP officers in the RC demonstrate clinical competency in their AOC specific Individual Critical Task List (ICTL) and IAW AR 40-68 for their respective AOC.

## **7. SP Corps Life Cycle Models**

The life cycle model serves as a general framework for each individual officer's career plan. The model is not prescriptive, but serves to inform officers as to typical SP officer career milestones. The life cycle models do not include the entirety of available education, training, and position opportunities that vary from year to year. For a more detailed look at each AC AOC's career milestones and successive assignments, refer to the Army Career Tracker. The numbers of service years on the life cycle model are provided as an approximation for due-course officers. Due-course officers, as defined by DA Pam 600-4 are those officers possessing the minimum entry level for a particular AMEDD Corps. Non-due-course officers are those officers possessing additional entry grade credit beyond the minimum entry level for a particular AMEDD Corps. Non-due course and RC officers should use rank to help guide their career progression.

| Years                          | 0  | 10   | 20   | 30  |  |
|--------------------------------|--|--|--|---|--|
| <b>Rank</b>                    | LT   | CPT  | MAJ  | LTC   | COL  |
| <b>Institutional Domain</b>    | B<br>O<br>L<br>C                           | CCC  | ILE  | SSC   |  |
| <b>Skill Development</b>       |  | EFMB, Airborne, Air Assault, C-4, CBRNE  | Residency, PhD, DSc, Baylor HCA, Fellowship, TWI   | Executive Skills Course<br>9A designator                              |  |
|                                |  | Functional Courses and Professional Board Certifications   |  |   |  |
|                                |  | Post-Professional Short Courses / Continuing Medical Education   |  |   |  |
|                                |  | Individual and Collaborative Research  |  |   |  |
|                                |  | <b>Developmental and Utilization Assignments</b>   |  |   |  |
|                                |  | Operational Assignments  | Mix of Operational and Generating Force Assignments  |   |  |
| <b>Operational Domain</b>      | MEDDAC or MEDCEN Staff; BCT; PROFIS to CSH | Company Command; Recruiter; Aide de Camp; Ranger, SF; SFAB PA  | Division PA; HRC Staff Officer; SP Corps XO; Section OIC, MEDCEN; SFAB PT  | 05A Command; Corps PA; IG; Staff Officer; FORSCOM; APPD; DCDD; USAREC | 05A Command; Corps Chief; Asst. Corps Chief; CSBPO; IG; Allied Health Staff Officer OTSG or MEDCOM |
|                                |  | Clinic Chief, small MEDDAC; Asst. Chief, large MEDDAC  | Clinic Chief, large MEDDAC; Asst. Chief, MEDCEN; Instructor, MEDCoE; USARIEM Researcher; Residency/DSc Director; Program Manager | Chief, MEDCEN   |  |
| <b>Self Development Domain</b> |  | Active participation and leadership in unit, installation, community, professional and educational organizations |  |   |  |
|                                |  | Active participation and leadership in research, publication and presentations                                   |  |   |  |
|                                |  | Professional reading and writing programs / Online learning  |  |   |  |

**Figure 1. Army Medical Specialist Corps Regular Army life cycle development and utilization**

| Years                                 | 0  | 10   | 20                                   | 30                         |     |
|---------------------------------------|--|--|--------------------------------------|----------------------------|-----|
| <b>Rank</b>                           | LT   | CPT  | MAJ                                  | LTC                        | COL |
| <b>Institutional Domain</b>           | BOLC   | CCC  | ILE<br>(waiver after 18 years)       | SSC                        |     |
| <b>Skill Development</b>              |  | EFMB, Airborne, Air Assault, C-4, CBRNE                        |                                      | Executive Skills Course    |     |
|                                       |  | Residency, PhD, DSc, Baylor HCA, Fellowship, TWI               |                                      | 9A designator              |     |
|                                       |  | Functional Courses and Professional Board Certifications       |                                      |                            |     |
|                                       |  | Post-Professional Short Courses / Continuing Medical Education |                                      |                            |     |
|                                       |  | Individual and Collaborative Research                          |                                      |                            |     |
| <b>Operational Domain</b>             | Mix of Operational and Generating Force Assignments  |  |                                      |                            |     |
|                                       | TDA / TOE Staff  |  |                                      | Chief of Clinical Services |     |
|                                       | MEDCOM / RHC; MEDCoE (IMA)   |  |                                      |                            |     |
| *Key Leadership Development positions |  |  | MEDCoE; DA/DoD/OTSG Consultant (IMA) |                            |     |
| <b>Self Development Domain</b>        | Active participation and leadership in unit, installation, community, professional and educational organizations |  |                                      |                            |     |
|                                       | Active participation and leadership in research, publication and presentations                                   |  |                                      |                            |     |
|                                       | Professional reading and writing programs / Online learning  |  |                                      |                            |     |

**Figure 2. Army Medical Specialist Corps Reserve Component (non-due course) Life cycle development and utilization**