

Medical Corps

1. Description of the Medical Corps

a. Medical Corps officers.

(1) The Medical Corps (MC) is composed of physicians who hold the degree of Doctor of Medicine (MD) or Doctor of Osteopathy (DO). In combat and in time of peace, MC officers conserve the Army's fighting strength by providing the highest quality healthcare to Soldiers, Families, retirees and other eligible beneficiaries. MC officers conduct and supervise direct patient care, plan and execute disease prevention and health promotion programs, exercise command of medical units as provided by law and regulation, perform special staff functions in combat health support for commanders at all levels, conduct medical research on diseases of military importance, and conduct, supervise, and participate in Graduate Medical Education (GME) and the training of other medical personnel needed to sustain a robust and combat-ready medical system.

(2) The strategic objectives of the MC are to develop and sustain clinically proficient physicians, produce outstanding physician leaders, develop successful physician executives; develop operationally proficient medical officers; and select and develop world class physician scientists and scholars, and to manage MC officers whose careers feature diverse assignments in academic, research and developmental assignments.

b. Career development.

(1) Four assignment tracks are available. These are clinical (patient-care centered), operational (field/TOE centered), education (academic/GME centered), and research (science and technology centered). Each area includes the three pillars of leader development: education, experience, and training. In addition, careers are developed in the institutional, operational and self-development domains. The career areas are based on a 30-year career, with programmed promotion selection boards, and are not fixed. The four career assignment focus areas allow for changes in careers as the needs of the AMEDD and interests of the officer change. This also allows leaders to be developed within any of the four assignment focus areas allowing them to serve in higher positions of responsibility within a track or senior AMEDD branch immaterial leadership position.

(2) The MC leader development corresponds to specific officer grades that have both self-development and military training milestones. Figure 1 illustrates the four grades and shows the assignment opportunities and the training expected during each, which have broad objectives and is flexible. The career course that a MC officer's professional development and utilization takes is influenced by GME training, AMEDD requirements, the officer's Knowledge, Skills, Abilities and Behaviors (KSABs), and demonstrated performance and potential.

2. Officer characteristics required

a. *Competencies and actions common to all.*

(1) The MC offers a broad spectrum of opportunities for educational, research, clinical and operational medicine with diverse assignments upon completion of GME. Successful completion of GME and a variety of assignments within a career enhances promotion and advancement to senior leadership positions of responsibility. Every officer must serve successfully in leadership and staff positions to be considered for promotion. Although there are many AOCs within the MC with opportunities in different areas of emphasis, each officer should develop and maintain leadership, professional, and military common skills (see fig1).

(2) MC officers who wish to command have the opportunity to compete for Centralized Selection List (CSL) command positions at the LTC and COL levels (for further information on AMEDD command, the available positions, and the selection process for these positions, see chapter 4). AMEDD commanders and MC officers in senior leadership positions are expected to possess the Joint Medical Executive Skill competencies. These competencies should be obtained by a combination of training, education and experience. Figures 1 and 2 suggest assignment experiences that will enable MC officers to be competitive for these AMEDD senior leadership positions. MC officers who wish to compete for the command of Healthcare Management Organizations (that is, to become a Commander of an MTF or serve in a leadership capacity of an organization with lead agent responsibilities) must, by a 1992 Congressional mandate, possess the Joint Medical Executive Skills competencies before they assume command.

b. Unique officer skills. The MC consists of 40 AOCs. The MC officer starts as an intern and progresses to a resident or serves as a general medical officer after completing their intern year. Following completion of residency training, physicians may continue with subspecialty fellowship training or continue in operational positions or clinical care, conducting research, or serving in educational and GME positions.

c. Decision making skills. The normal environment of a MC officer's work requires time sensitive problem analysis with accurate, sound, and immediate decision-making in a team environment mastering the skill of direct leadership. An ability to operate under stress, apply critical listening, thinking, and communicating skills, make decisions and translate these skills to battlefield conditions is critical to medical and mission success.

d. Tactical, technical, and operational skills. The MC officer should attend certain military short courses. These courses include the CBRNE short courses, the Combat Casualty Care Course (C4), Tactical Combat Casualty Care (TC3), Tactical Combat Medical Care (TCMC), Joint Forces Combat Trauma Management Course (JFCTMC), and the Combat Casualty Management Course (Role 3) (C4A). MC officers are also expected to attend such courses as the Brigade Surgeon Course, the Division Surgeon Course, and the Army Flight Surgeon Primary Course prior to assignment in the related operational medicine position. Completion of the Joint Executive Skills Course is required prior to taking command or assuming a senior leadership role in a health readiness platform. MC officers must be technically proficient with state of the art equipment in fixed facilities, and must have a robust fund of knowledge surrounding mission unique environment and mission unique equipment, tools, and systems. Patient care requires the proper balance between technical skills and the ability to apply the appropriate treatment or procedure at the right moment for the right reason in a team environment. MC officers will ensure they sustain a robust knowledge of operational medicine, and associated skillsets, maintaining proficiency in the technical skills outlined in the Individual Critical Task List associated with their AOC and expeditionary scope of practice.

e. Unique knowledge. MC officers must possess expert knowledge in their AOC and in roles they are most likely to fulfill when deployed, patient care/management, and general support and coordination principles. Physicians gain this knowledge through continuing medical education (CME), maintenance of certification (MOC) requirements, and experience sustained by mentoring. They are required to be life-long learners given the rapidly growing knowledge within their fields of expertise. Individual officers sustain AOC and military knowledge as life-long learners through institutional training, operational assignments, continuous self-development, mentoring, and progressive levels of assignments within their specialty that include the leader development pillars and development domains.

f. Attributes.

(1) *Personal attributes.* MC officers uphold Army traditions and maintain the highest standards of personal and professional integrity while ensuring a culture of trust. They live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline, embody the warrior ethos, fully support SHARP, EO, and EEO programs, and are extremely well-versed in war fighting and medical support doctrine. However, they are also adaptable to changing environments and can update health estimates and apply non-textbook solutions in unique situations.

(2) *Multifunctional attributes.* Medical officers become increasingly specialized and multifunctional within their AOC, as well as in MC immaterial positions, as all officers progress. Physicians must develop and use a diverse set of skills as they move between AOC specific assignments and serve in assignments of increased clinical, research, operational, academic, and administrative responsibility.

3. Medical Corps officer professional development

The professional objective of the MC is to have highly motivated and qualified officers with the professional and leadership attributes necessary to fill positions of the highest responsibility. Medical and military education must be satisfied in order to be professionally developed. In order to meet this objective, the MC develops and sustains clinically proficient physicians by providing excellent GME program opportunities, access to essential continuing medical education, and meaningful clinical practice experiences. Concurrently, the MC seeks to produce outstanding physician leaders by providing effective leader training programs, a wide range of challenging assignments, and mentoring. Professional development for physicians must be highly individualized. Career patterns are developed with MC guidance to ensure compatibility with the needs of the Army, the AMEDD, and the individual physician. This requires the MC to

develop successful physician executives by providing effective and efficient physician-specific executive skills education and training through career management which features diversity of managerial, staff and leader assignments in healthcare facilities and command headquarters. Additionally, the MC develops proficient medical officers by incorporating their skills in every aspect of physician education and training, through career management which features a diversity of assignments across the 4 career assignment focus areas of various medical environments and units, and by ensuring command and military educational selection of highly competitive MC officers. An emphasis is placed on understanding the role of the MC officer within the line units through maximizing experiences or assignments in that environment. The MC also selects and develops world class physician scientists and scholars by enhancing education programs in applied military medical research and academics, selecting MC officers with research and academic interests and skills, and by career management which features a diversity of assignments in academic, medical, research and developmental billets by ensuring military relevance is maintained. Successful talent management at all ranks across the four assignment focus areas is a requirement to assign the right person with the right skills to the right position at the right time

a. Professional development.

(1) It is important to integrate operational and deployment experience, education and training of physicians into physician development. This is accomplished by evaluating and appropriately modifying the Basic Officer Leader Course (BOLC)/Captain Career Course (CCC) curriculum to meet current and projected training needs; developing sustainment training programs targeted at post-BOLC/CCC trained physicians; inserting operational/developmental training into on-site GME training programs; and developing a corporate approach to training at post-GME assignments. Although the completion of BOLC satisfies the minimum requirement for promotion, MC officers are strongly encouraged to continue their military education by attending CCC and ILE to prepare them for higher level clinical, command, and staff duties. Completion of ILE is required for Senior Service College (SSC) consideration and attendance.

(2) ILE is designed to establish a common Army operational war fighting culture to prepare field grade officers for service in division, corps, echelons above corps, and Joint staffs. ILE is a very important educational milestone in the development of MC officers. This course contributes to the development of senior managerial skills and techniques and continued military professional development. The objective of military education at the senior phase (ILE and SSC) is maximize utilization of the officer's acquired professional and military abilities to include clinical expertise, managerial skills, and executive talents in positions of great responsibility.

(3) The transformation of Army GME is crucial to meet changing requirements by educating & training physicians in the appropriate force structure physician numbers; to include the mix of specialties/subspecialties to meet mid-term (3-8 years) requirements of the AMEDD. This is accomplished by actively incorporating operational military medical lessons learned and leading edge civilian healthcare education and medical practice standards into GME programs; by promoting Joint military medical doctrine into GME programs; and by developing and maturing GME leaders with a working knowledge of current and emerging military medical practices and assignment challenges. Concurrently, it is necessary to leverage medical education assets to achieve uniformly high quality GME; ensuring an equitable and uniform mix of GME faculty and staff in each teaching MEDDAC/MEDCEN, and sustaining GME faculty development programs. In addition, mentoring and developing research is key to ensuring appropriate, increasing levels of responsibility and oversight of vital military-relevant research programs; that these are developed and maintained to meet the needs of the Army. Through close collaboration with civilians at national meetings, MC officers must ensure they participate in CME experiences replete with cutting-edge knowledge, and supporting skill-development, while also ensuring ongoing board certification through AOC specific MOC programs.

(4) Captain.

(a) *Institutional Domain.* Newly commissioned officers will attend the Direct Commission Course (DCC) and AMEDD BOLC. A majority of HPSP, and all Uniformed Services University of Health Science graduates, will attend DCC and BOLC during ADT while attending medical school and should complete Initial Military Training (IMT) prior to beginning PGY-1. For those MC officers who do not complete IMT

prior to beginning their internship, they must complete it as soon as possible following completion of clinical training. BOLC is mandatory in order to become either a 62B or 61N. All MC officers are required to attend the Combat Casualty Care Course (C4).

(b) *Operational Domain*. MC officers beyond PGY-1 must possess a current unrestricted state license. States vary as to the required number of years after PGY-1 that an MC officer can obtain a license. If the officer completes their PGY-1 and obtains an unrestricted license, but is not matched to a residency program directly after PGY-1, the officer will be assigned the AOC of 62B9D and may serve as a Field Surgeon in a TOE unit. Some of these officers will serve as Primary Course trained flight surgeons and carry the secondary AOC of 61N. Newly commissioned officers who were unable to complete DCC and BOLC during medical school must complete them in order to obtain MEL G.

(c) *Self-development*. Physicians must enhance self-development by satisfying the requirements for acquiring a valid and unrestricted medical license. In addition, the officer will enhance and further develop their medical skills by participation in the Continuing Medical Education process, and attaining board certification followed by MOC. The junior MC officer will participate in mentoring programs, seeking out more senior officers to serve in the capacity of a mentor.

(5) Major.

(a) *Institutional Domain*. An MC officer completes GME and obtains board certification as a MAJ if not already completed as a CPT. MC officers may begin subspecialty fellowship training during this period. Completion of CCC (MEL 6) is done during this phase if not completed as a CPT. When MC officers have successfully completed CCC and are board certified in their initial residency, they are awarded MEL B. MC officers should attend ILE during this period. The CBRNE course and other short courses are taken during this intermediate phase.

(b) *Operational Domain*. An MC officer who desires to compete for command or hold MC and AMEDD leadership positions should complete ILE training as a MAJ and consider broadening assignments such as Brigade and Division Surgeon or equivalent assignments.

(c) *Self-development*. Physicians must enhance self-development by satisfying/maintaining the requirements for holding a valid and unrestricted medical license. In addition, the officer will enhance and further develop their medical skills by participation in the CME, attaining board certification, and continuing MOC.

(6) Lieutenant Colonel.

(a) *Institutional Domain*. The objectives at this level are subspecialty board certification and continued military professional development. MC officers must remain current in professional skills through CME and MOC. Officers should complete ILE and consider possible enrollment in SSC. Short courses to enhance clinical, operational, educational, research and leadership training is expected during this period.

(b) *Operational Domain*. Assignments will be made to progressively more responsible and challenging positions. These assignments will require managerial expertise, leadership abilities, and an overall understanding of military and MC operations. Senior academic clinicians and researchers who desire a progressive career in research or academic medicine are groomed during this period. Officers may be nominated for the AMEDD "A" designator representing their excellence within their AOC.

(c) *Self-development*. Officers should seek subspecialty training and maintain board certification and continue military professional development through CME, MOC and recertifying in their AOC. Officers should complete the Combat Casualty Management Course during this period.

(7) Colonel.

(a) *Institutional Domain*. The objective of this phase is maximum utilization of the officer's acquired professional and military skills. Clinical knowledge and executive acumen are needed for positions of great responsibility.

(b) *Operational Domain*. Officers may be nominated for the AMEDD "A" designator, will serve in senior leadership assignments, and may serve as senior researchers, educators, and clinicians in their AOC mentoring future clinicians and military leaders. Selected MC officers will be chosen to attend SSC. The purpose of these courses is to prepare officers for the highest MC and AMEDD-level command and DA and DoD staff duties.

(c) *Self-development*. COLs must enhance self-development through CME, MOC, and recertifying in their AOC. Senior officers at the executive level are expected to consolidate their military training, life-learning experiences, and medical training experiences in order to act as mentors for junior officers, while

enhancing their own self–development. In addition, given that many of these officers will participate in branch immaterial positions, they will seek and acquire the skill sets and knowledge base necessary to complement their previous training in order to excel in these assignments.

b. Area of Concentration designation process. To meet the AMEDD requirements, 40 MC AOCs were established. The purpose of an AOC is to provide a pool of professionally competent officers, with knowledge and skills within a medical specialty, capable of making a sustained contribution to military health. These officers make up the disciplines required for a self–sustaining healthcare delivery system with capabilities in operational, clinical, educational, and research-related militarily relevant medicine.

(1) *Medical proficiency designators.* TSG is responsible for the initial classification of MC officers when appointed. Changes after the initial classification depend on evaluations and demonstrated professional competence. TSG is the classification authority for MC officers. Proficiency designators are awarded in conjunction with the AOC indicating the officer's degree of proficiency in a particular AOC.

(a) *Medical proficiency 9A.* Determination is on an individual basis by TSG's Classification Board.

(b) *Medical proficiency 9B.* Certification by the most appropriate national accrediting body in a particular specialty or subspecialty.

(c) *Medical proficiency 9C.* Completion of formal training to meet the American Specialty Board requirement of approved residency or fellowship in a recognized teaching center in the professional field; and completion of formal subspecialty training to meet the most appropriate national accrediting body requirements.

(d) *Medical proficiency 9D.* Successful completion of the first year (Internship) of an approved GME Training Program.

(e) *Medical proficiency 9E.* Intern in an approved first year GME Training Program which, upon successful completion, will result in the Medical Proficiency of 9D. While an intern, the officer will be awarded the AOC specialty in which he/she is training with the medical proficiency skill identifier of 9E.

(2) Clinical Informatics officer MC officers who qualify as a Clinical Informatics officer are also referred to as Medical or Clinical Informatics officers. This specialty leverages the officer's knowledge of clinical and business processes within health systems to optimize use of computer science, information systems, and related technology to promote health through clinical and business intelligence. The focus of the graduate trained informatics officer is not the computer itself, or an individual piece of healthcare technology equipment. As a liaison and proponent for the clinical end users, including service members and patients, Clinical Informatics officers codify requirements to the Information Technology (IT) community and lead clinical system training and support, integration, and facilitate activities through strategic planning, acquisition and requirements analysis, contracting, project management, and program execution. To qualify for the skill identifier, officers must possess a master's degree or certificate in Informatics and complete 2 years of experience in an AMEDD clinical informatics position. Completion of a 2-year Accreditation Council on Graduate Medical Education (ACGME) accredited Clinical Informatics Fellowship is desired but not required. Board certification in the Clinical Informatics subspecialty (medical) is recommended, but not required.

4. Medical Corps areas of concentration

The MC AOCs are contained in table 1. In addition, MC officers may be eligible for non-AOC specific specialty training that may or may not result in separately designated skill identifiers such as Pain Medicine, Sleep Medicine and Critical Care. The majority of AOCs have the possibility to serve as Chief of their Service/Division/Department; Consultant to TSG; Medical School Faculty Appointment; and Training Program Director. MC officers who focus on an educational area of emphasis can serve on a medical school faculty with progressive increase in academic rank from Assistant Professor to Associate Professor to Professor while also serving as key teaching faculty, residency and fellowship program directors or dean of MTF GME training facilities. MC officers who seek a career in a research area of focus can serve as an investigator; Branch or Department Deputy Director; Lab Science Director; or Chief, Department of Clinical Investigation at a MTF. All MC officers must complete GME within their respective AOC as outlined in DA PAM 611-21, adhere to clinical quality management regulation AR 40-68, and satisfy specific specialty board requirements as appropriate.

a. Operational Medicine (60A) (Immaterial position).

(1) *Description of duties.* The AOC 60A is a duty position only and is specialty immaterial. It is used to designate certain positions at command and staff level in which medical officers may perform a variety of

planning, coordination, and supervisory functions, in addition to duties in their primary AOC. Plans, establishes, directs and supervises health delivery activities within military units authorized a surgeon, or within research and development, or test and evaluation activities concerned with medical aspects of military operations. Commands medical unit or installation engaged in furnishing medical care to sick, injured, or wounded personnel.

(2) *Description of positions.* Unique duty positions include: Brigade, Division, Corps, DRU, ACOM, ASCC Surgeon; TOE/TDA Hospital Commander; Deputy Commander, Clinical Services; certain staff level positions at DRU, ACOM, ASCC, DA, DoD; RDTE Medical Advisor/Research Director; Director of Medical Activities; U.S. Army Reserve Command; Director Clinical Services, State Medical Detachments.

b. 60B–Nuclear Medicine Officer.

(1) *Description of duties.* Plans, conducts, interprets, and directs nuclear medical examinations and therapy including systemic administration of radiopharmaceuticals, as well as patient care and activities concerned with the medical aspects of radioisotope exposure.

(2) *Description of positions.* Unique duty positions include: Chief, Nuclear Medicine Service; Nuclear Medicine Consultant; Medical School Faculty Appointment.

c. 60C–Preventive Medicine Officer.

(1) *Description of duties.* Oversees, directs, and executes the medical aspects of the Army's Public Health Program in order to preserve and promote health and prevent disease and injury in military environments and populations. Leads and directs Force Health Protection (FHP) efforts by preventing or mitigating clinically significant exposures and health threats at the individual and population levels through assessment, mitigation, and communication of exposures and risks. Directs and oversees execution of the core functions of public health: assessment, policy development, and assurance. Leads a coordinated public health response through professional interactions with other public health disciplines including: public health nursing, entomology, environmental science, occupational medicine, and industrial hygiene. Interacts with and communicates risk to a wide variety of mostly nonmedical audiences such as commanders, supervisors, human resources specialists, safety officers, the media, and the general public.

(2) *Description of positions.* Unique duty positions include: Chief, Preventive Medicine Department at a MEDDAC or MEDCEN; COCOM, Corps, or Medical Brigade Force Health Protection officer; Director of Disease Surveillance, OCONUS Research Lab; Preventive Medicine Consultant to The Surgeon General; Assistant Chief of Staff for Public Health, Regional Health Command; Chief of Epidemiology and Disease Surveillance, U.S. Army Public Health Center; Medical School Faculty or Department Chair.

d. 60D–Occupational Medicine Officer.

(1) *Description of duties.* Oversees and executes the medical aspects of the Army's Occupational Health Program in order to minimize the clinical impact of hazardous workplace exposures at the individual and population levels. Across the full breadth of occupations performed by Soldiers and Department of the Army civilian employees, prevents or mitigates clinically significant Army-unique exposures (e.g., chemical warfare agents) at the population and individual levels arising from combat environments of all types, from operation of the Army's Organic Industrial Base, and from the environment. Formulates and monitors medical surveillance programs designed for early detection of adverse clinical effects from military-unique exposures in the workplace or the environment. In addition to professional interactions with numerous public health disciplines such as industrial hygienists and environmental engineers, interacts with a large variety of mostly nonmedical professionals such as commanders, supervisors, human resources specialists, disability and workers compensation specialists, safety officers, etc. in order to support the Army's obligation as an employer to provide safe and healthful workplaces.

(2) *Descriptions of positions.* Unique duty positions include: Chief, Occupational Health Service; Command Surgeons for the 20th CBRNE Command, the Joint Munitions Command, the Army Sustainment Command, and the Defense Threat Reduction Agency; Occupational Health and Environmental Medicine Consultant to The Surgeon General; Occupational Medicine Consultant for U.S. Army Europe; Medical School Faculty Appointment.

e. 60F–Pulmonary Disease/Critical Care Officer.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of therapy for adult patients with diseases of the respiratory system and for adults in the intensive care setting.

(2) *Description of positions.* Unique duty positions are Chief, Pulmonary Disease Service; Medical School Faculty Appointment; Consultant.

f. 60G–Gastroenterologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for patients, with particular emphasis on disorders of the gastroenterological, hepatic, biliary, and pancreatic systems.

(2) *Descriptions of positions.* Unique duty positions are Chief, Gastroenterology Services; Fellowship Program Director and Associate Program Director; Medical School Faculty Appointment; Consultant.

g. 60H–Cardiologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment or therapy for patients, with particular emphasis on disorders of the cardiovascular system.

(2) *Description of positions.* Unique duty positions are Chief, Cardiology Services; Medical School Faculty Appointment; Consultant.

h. 60J–Obstetrician and Gynecologist.

(1) *Description of duties.* Provides medical care during pregnancy, performs obstetric deliveries, and examines, diagnoses, and treats or prescribes courses of treatment or surgery for patients who have gynecological disease, injury, or disorder, and performs required surgery.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Obstetrics/Gynecology; Chief, Family Planning Service; Chief, Gynecologic Oncology Service; Medical School Faculty Appointment; Consultant.

i. 60K–Urologist.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment or surgery for patients having disease, injury, or disorder of the genito-urinary tract, and perform required surgery.

(2) *Description of positions.* Unique duty positions are Chief, Urology Service; Residency Director; Medical School Faculty Appointment; Field Hospital Urologist; OTSG Consultant.

j. 60L–Dermatologist.

(1) *Description of duties.* Examine, diagnose, treat or prescribe courses of treatment for patients having diseases of the skin, hair, and nails. Performs cutaneous surgery for patients having diseases of the skin.

(2) *Description of positions.* Unique duty positions are Chief, Dermatology Service; Medical School Faculty Appointment; Consultant.

k. 60M–Allergist, Clinical Immunologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for diseases, with particular emphasis on conditions of allergic or immunologic origin. Subject matter expert in the areas of vaccines/immunizations.

(2) *Description of positions.* Unique duty positions include Laboratory Director Immunology-Allergy Technician Y8 Course Director and Chief, Defense Health Agency's Immunization Healthcare Branch (DHA IHB).

l. 60N–Anesthesiologist.

(1) *Description of duties.* Administers and/or supervises administration of anesthetics to patients.

(2) *Description of positions.* Unique duty positions are Chief, Anesthesia Service; Medical School Faculty Appointment; Consultant.

m. 60P–Pediatrician.

(1) *Description of duties.* Examines, diagnoses, and treats or recommends course of management for infants, children, and young adults.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Pediatrics; Pediatric Consultant; Medical School Faculty Appointment.

n. 60Q–Pediatric Subspecialist.

(1) *Description of duties.* Examines, diagnoses, and treats or recommends course of therapy for patients ranging in age from newborns through young adulthood. Medical Genetics specialists care for patients of all ages.

(2) *Description of positions.* Unique duty positions include: Consultant; Chief, Department of Pediatrics; Chief, Pediatric Subspecialties; Medical School Faculty Appointment; Chief, Adolescent Medicine; Chief, Pediatric and Fetal Cardiology; Chief, Pediatric Endocrinology; Chief, Pediatric Gastroenterology; Chief, Pediatric Infectious Diseases; Chief, Pediatric Hematology and Oncology; Chief, Pediatric Pulmonology; Chief, Pediatric Nephrology; Chief, Neonatal-Perinatal Medicine; Chief, Pediatric Critical Care; Chief, Medical Genetics and Genomics; Chief, Pediatric Rheumatology; Chief, Developmental-Behavioral Pediatrics; Chief, Child Abuse Pediatrics.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

o. 60R–Child Neurologist.

(1) *Description of duties.* Examine, diagnose, treat, and direct management of infants and children suffering from organic disorders, injuries, and diseases of the central and peripheral nervous system and muscle.

(2) *Description of positions.* Unique duty positions are Chief, Child Neurology Service; Medical School Faculty Appointment; Consultant.

p. 60S–Ophthalmologist.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe therapy for personnel suffering from diseases, injuries, or disorders of the eye and ocular adnexal tissue and performs surgery when required.

(2) *Description of positions.* Unique duty positions are Chief, Ophthalmology Service; Medical School Faculty Appointment; Consultant.

q. 60T–Otolaryngologist.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe course of treatment for adults and children suffering from malignant or benign diseases, injuries, or disorders of ear, nose, throat, head, and neck region, performing surgery when required.

(2) *Description of positions.* Unique duty positions are Chief, Otolaryngology Service; Medical School Faculty Appointment; Consultant.

r. 60V–Neurologist.

(1) *Description of duties.* Examine, diagnose, treat, and direct management of patients suffering from organic disorders, injuries, and diseases of the central and peripheral nervous system and muscle. Directs Clinical Neurophysiology Laboratory (EEG and evoked potentials) and interprets studies. Performs EMG.

(2) *Description of positions.* Unique duty positions are Chief, Neurology Service; Medical School Faculty Appointment; Consultant.

s. 60W–Psychiatrist.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment for personnel suffering from emotional or mental illness, intellectual disability or situational maladjustment. Provides diagnostic evaluations and treatment for patients suffering from a mental disorder or intellectual disability.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Behavioral Health; Installation Director of Psychological Health; Psychiatric Consultant; Medical School Faculty Appointment.

t. 61A–Nephrologist.

(1) *Description of duties.* Examines, diagnoses, and treats or recommends course of therapy for adult diseases, with particular emphasis on disorders of the kidney and excretory system. Examine, diagnose, and treat adults with all forms of kidney disease hypertension and acute/chronic kidney failure. Serves as the primary physician for patients receiving any form of dialysis or who have received a kidney transplant.

(2) *Description of positions.* Unique duty positions are Chief, Nephrology Service; Medical School Faculty Appointment; Consultant.

u. 61B–Oncologist/Hematologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for adult diseases, with particular emphasis on neoplastic and malignant disorders as well as hematologic disorders such as bleeding, thrombosis and bone marrow failure syndromes. Work closely with critical care staff to manage hematologic manifestations of critical illness and assist in support of patients requiring extracorporeal life support. Provide expert guidance to multidisciplinary teams on blood transfusion. Serve as DOD clinical leads on management of radiation injury and bone marrow injury due to chemical warfare agents such as mustard gas.

(2) *Description of positions.* Unique duty positions are Chief, Hematology/Oncology Service; Director, Bone Marrow Transplant Service; Medical School Faculty Appointment; Consultant; Chief, Blood Research, U.S. Army Institute of Surgical Research; Physician, Radiation Advisory Medical Team (RAMT).

v. 61C–Endocrinologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for adult diseases, with particular emphasis on disorders of the endocrine system and metabolism.

(2) *Description of positions.* Unique duty positions are Chief, Endocrinology Service; Medical School Faculty Appointment; Consultant.

w. *61D–Rheumatologist.*

(1) *Description of duties.* Examine, diagnose, and treat or recommend course of treatment for adult and pediatric diseases, with particular emphasis on disorders of the connective tissue. Examine, diagnose, and treat medically or recommend courses of therapy for arthritic, systemic rheumatic, and musculoskeletal diseases.

(2) *Description of positions.* Unique duty positions are Chief, Rheumatology Service; Medical School Faculty Appointment; Rheumatology Fellowship staff and/or program director; Consultant.

x. *61E–Clinical Pharmacologist.*

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of therapy for patients, with particular emphasis on management of drug therapy, drug interactions, and disorders caused or complicated by adverse reactions to drugs. Develops and implements clinical research programs in support of the Army Drug Development Mission.

(2) *Description of positions.* Unique duty positions include: Assistant Professor of Pharmacology; Director, Drug Evaluation and Research Center; Consultant.

y. *61F–Internist.*

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of management for adults with medical illness.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Medicine; Chief, Department of Clinical Investigation; Medical Consultant; Medical School Faculty Appointment.

z. *61G–Infectious Disease Officer.*

(1) *Description of duties.* Is generally responsible for diagnoses, laboratory confirmation, treatment, control, and/or description of natural history and transmission kinetics of infectious diseases including emerging infectious disease threats, global health security, biological warfare threats, tropical medicine, travel and deployment health, multidrug resistant pathogens, management of trauma related infectious complications, blood-borne pathogens and HIV care and prevention. Develops and implements research programs leading to therapeutics, vaccines, diagnostics, and information technologies focused on the same. Consults on public health policy, outbreak investigations, hospital epidemiology, and infection control.

(2) *Description of positions.* Unique duty positions include: Chief, Infectious Disease Service; Infectious Disease Consultant; Fellowship Staff and/or Program Director; Infection Prevention and Control Director; Antibiotic Stewardship Program Director; Medical School Faculty Appointment; Biomedical Research and Development Director and Commander.

aa. *61H–Family Medicine.*

(1) *Description of duties.* Provides comprehensive care to patients at each echelon of the health service support system: cares for patients with problems in areas such as general medicine, gynecology, obstetrics, psychiatry, preventive medicine, pediatrics, and orthopedics in both in-patient and out-patient environments; when needed, augments the capabilities of the surgical specialties through triage, stabilization, and surgical assistance, as well as pre- and post-operative care.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Family Practice; Chief Primary Care/Ambulatory Care; Consultant; Medical School Faculty Appointment.

bb. *61J–General Surgeon.*

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment and surgery for patients with injuries, or disorders with surgical conditions, and performs required surgery. Evaluates and appropriately treats patients presenting with surgical problems. Provides consultation and advice to the command and to the staff on surgical matters.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Surgery; Surgical Consultant; Medical School Faculty Appointment.

cc. *61K–Thoracic Surgeon.*

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and surgery for patients with surgical diseases or injuries of the thorax, heart, lungs, bronchovascular, mediastinal, and major vascular system and performs required surgery.

(2) *Description of positions.* Unique duty positions are Chief, Cardiac Surgery Service; Consultant; Medical School Faculty Appointment.

dd. *61L–Plastic Surgeon.*

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and/or surgery

for patients requiring plastic surgery. Deals with the excision, repair, replacement, and reconstruction of defects of form and function of the integument and its underlying musculoskeletal system. Places special emphasis on craniofacial structures, the oral pharynx, upper and lower limbs, the trunk, the breasts, and external genitalia.

(2) *Description of positions.* Unique duty positions are Chief, Plastic Surgery Service; Consultant; Medical School Faculty Appointment.

ee. 61M—*Orthopedic Surgeon.*

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and surgery for patients with disorders, malformations, diseases, and injuries of the musculoskeletal system, performing surgical operations as indicated.

(2) *Descriptions of positions.* Unique duty positions are Chief, Orthopedic Service; Medical School Faculty Appointment; Consultant.

ff. 61N—*Flight Surgeon.*

(1) *Description of duties.* Provides aviation and general medical services for Army aviation personnel and other operational units. Serves as a career specialist in aviation/aerospace medicine in areas of aircrew standards, aeromedical education and training, aeromedical research, and aeromedical administration and consultation. The AOC 61N is a military acquired skill for the MC and will not be awarded as a primary AOC to an officer with the following exceptions: the officer is a graduate of a TSG-approved residency program in Aerospace Medicine; and the officer completed PGY-1, but has not yet matched to a residency training program, and has successfully completed the Primary Flight Surgeon Course at Fort Rucker, AL.

(2) *Description of positions.* Unique duty positions include: Brigade Surgeon, Combat Aviation Brigade; Director, US Army Flight Surgeon Primary Course; Director, US Army Aerospace Medicine Residency; Division Chief, US Army Aeromedical Research Lab (USAARL); Director, Graduate Medical Education, US Army School of Aviation Medicine (USASAM); Dean, USASAM; Director, US Army Aeromedical Activity (USAAMA); Commander, USAARL; Command Surgeon, US Army Combat Readiness Center (USACRC); Command Surgeon, US Army Aviation Center of Excellence (USAACE); Chief, Aviation Medicine (OTSG); Aviation Medicine Consultant (OTSG).

gg. 61P—*Physiatrist.*

(1) *Description of duties.* Plans, establishes, and directs physical medicine and rehabilitation program at medical installations. Examine, diagnose, and treat or prescribe courses of treatment for patients with disorders, malformations, diseases, and injuries of the neuro-musculoskeletal system with the goal of maximizing function.

(2) *Description of positions.* Unique duty positions are Chief, Physical Medicine and Rehabilitation Service; Medical School Faculty Appointment; Consultant.

hh. 61Q—*Radiation Oncologist.*

(1) *Description of duties.* Conducts and supervises the use of ionizing radiations in the treatment of patients with malignant disease and in certain nonmalignant conditions amenable to such therapy.

(2) *Description of positions.* Unique duty positions are Chief, Therapeutic Radiation Service; Medical School Faculty Appointment; Consultant.

ii. 61R—*Diagnostic Radiologist.*

(1) *Description of duties.* Performs and interprets all diagnostic radiological and fluoroscopic procedures, including special vascular studies and imaging on patients referred by other physicians.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Radiology; Medical School Faculty Appointment; Consultant.

jj. 61U—*Pathologist.*

(1) *Description of duties.* Directs and supervises medical laboratory and conducts clinical and anatomic pathology examinations.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Pathology; Chief, Anatomic Pathology Service; Chief, Clinical Pathology Service; Consultant; Medical School Faculty Appointment.

kk. 61W—*Peripheral Vascular Surgeon.*

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and surgery for patients with arterial, venous, and lymphatic circulatory diseases and injuries, exclusive of lesions intrinsic to the heart, thoracic aorta, and intracranial vessels.

(2) *Description of positions.* Unique duty positions are Chief, Peripheral Vascular Surgery Service; Medical School Faculty Appointment; Consultant.

ll. 61Z–*Neurosurgeon.*

(1) *Description of duties.* Examine, diagnose, and perform surgery as required in cases of patients suffering from disease, injury, or disorder of the nervous system.

(2) *Description of positions.* Unique duty positions are Chief, Neurosurgery Service; Neurosurgery Residency Program Director; Medical School Faculty Appointment; Consultant.

mm. 62A–*Emergency Medicine Physician.*

(1) *Description of duties.* Provides the initial evaluation and resuscitation, diagnosis, emergent treatment, coordination of care among multiple providers, and disposition of patients requiring acute medical, surgical, or psychiatric care for all age groups. Areas of expertise include damage control resuscitation, critical care medicine, emergency procedures, austere medicine, Prolonged Field Care, pre-hospital and transport care, sports medicine, focused ultrasound of acute disease processes, medicine, toxicology, undersea and hyperbaric medicine. Encompasses planning, oversight, and medical direction for emergency medical response, medical control, and disaster preparedness.

(2) *Description of positions.* Unique duty positions are Chief, Department of Emergency Medicine; Consultant; Medical School Faculty Appointment; Special Operations Medical officer; Brigade or Battalion Surgeon; Forward Resuscitative Surgical Team member/commander; Fellowship and/or Residency Program Director.

nn. 62B–*Field Surgeon.*

Description of duties. An entry-level skill for the MC, which is not awarded as a primary AOC, except to an officer in a Transitional Internship; an officer who has not yet matched for a GME residency or fellowship training program; or an officer who did not complete a GME residency training program. 62B is a duty position only in TOE and non-MTF TDA organizations. Performs the basic and fundamental duties of a physician. Examine, diagnose, and treat or prescribe courses of treatment for the initial phase (Role 1 and Role 2) of battlefield disease and injury. Provide resuscitative and definitive care for injured and wounded Soldiers within the capabilities of the unit's organic or attached medical element. When assigned to a maneuver unit, serves as the principle advisor to the commander regarding medical force protection and the maintenance of the health of the unit. All MC officers, except Nuclear Medicine officer (60B), Urologist (60K), Anesthesiologist (60N), Ophthalmologist (60S), Otolaryngologist (60T), Child Psychiatrist (60U), Psychiatrist (60W), General Surgeon (61J), Thoracic Surgeon (61K), Plastic Surgeon (61L), Orthopedic Surgeon (61M), Therapeutic Radiologist (61Q), Radiation Oncologist (61R), and Pathologist (61U), may fulfill the duties of a field surgeon in time of mobilization or upon the execution of a contingency operation.

(1) *Description of positions.* Unique duty positions include: Treatment Platoon Leader in ASMB, BSB, FSB, DSB/MSB and FSB Support Battalion medical companies; and Medical Platoon Leader in a maneuver battalion HHC. Other broadening assignment opportunities such as Security Forces Assistance Brigade (SFAB) Field Surgeon have been deemed critical by the Army senior leadership and provide experience across the Army's strategic mission.

(2) *Qualifications.* The officer must complete the first year of GME and satisfy licensure requirements to possess the AOC.

Table 1
Medical Corps areas of concentration

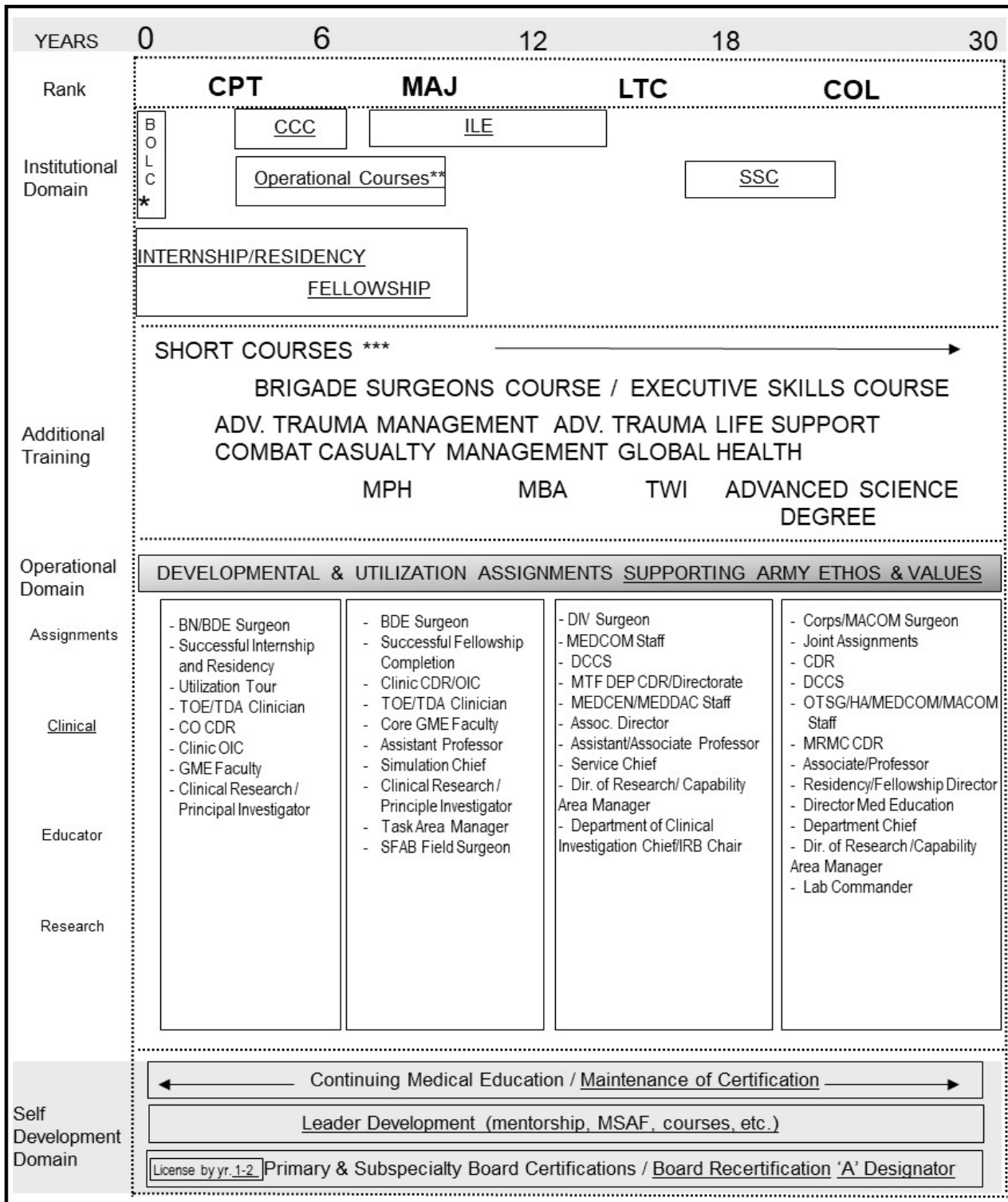
AOC Title: 60A Operational Medicine (IM); 60B Nuclear Medicine officer; 60C Preventive Medicine officer; 60D Occupational Medicine officer; 60F Pulmonary Disease officer; 60G Gastroenterologist; 60H Cardiologist; 60J Obstetrician and Gynecologist; 60K Urologist; 60L Dermatologist; 60M Allergist, Clinical Immunologist; 60N Anesthesiologist; 60P Pediatrician; 60Q Pediatric Subspecialist; 60R Child Neurologist; 60S Ophthalmologist; 60T Otolaryngologist; 60U Child Psychiatrist; 60V Neurologist; 60W Psychiatrist; 61A Nephrologist; 61B Oncologist/Hematologist; 61C Endocrinologist; 61D Rheumatologist; 61E Clinical Pharmacologist; 61F Internist; 61G Infectious Disease officer; 61H Family Medicine; 61J General Surgeon; 61K Thoracic Surgeon; 61L Plastic Surgeon; 61M Orthopedic Surgeon; 61N Flight Surgeon; 61P Physiatrist; 61Q Therapeutic Radiologist; 61R Diagnostic Radiologist; 61U Pathologist; 61W Peripheral Vascular Surgeon; 61Z Neurosurgeon; 62A Emergency Medicine Physician; 62B Field Surgeon

5. Medical Corps life cycle model

Life cycle management of the MC officer must consider the profession of medicine and the profession of arms. Each officer must be led to a balance that supports a lifelong educational commitment to medicine and the responsibility to grow as an Army leader. A successful lifecycle integrates timely PME attendance without compromising AOC specific medical education and training. Fostering a commitment to both professions results in a career which balances individual officer needs and the corporate needs of the AMEDD. MC leader involvement in PME curricula ensures the Corps is appropriately developed to support the current and future needs of the Army. Programmed career progression is designed to provide experience based training and developmental opportunities to produce a balanced MC officer. The large variety and number of MC AOCs necessitates specialty specific consultants play an active role in officer mentoring and assignment management. MC consultants are critical to successful Lifecycle management. Consultants are prepared by providing training, education, and experiential opportunities that are both consultant role specific and provide strategic level AMEDD situational awareness. MC Lifecycle management produces world class clinicians, educators, and Army officers through synchronization of leadership and medical professional development programs and assignments (see figs 1 (Active) and 2 (Reserve)).

6. Medical Corps specific executive skills

Executive skills constitute a body of knowledge and skills in forty competencies that are required in order to be a successful military health executive. These skills are developed through formal training by attendance of the Executive Skills Course at the U.S. Army Medical Center of Excellence and are also further developed in the normal course of career progression (see fig 3).



*MC officers usually complete the AMEDD Basic Officer Leadership Course (BOLC A/B) while in Medical School
 ** Various assignment-specific courses, for example: Air Assault School, Airborne, and Expert Field Medical Badge
 *** Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Short Courses include: Advanced Trauma Management, Advanced Trauma Life Support, Medical Management of Chemical and Biological Casualties (MCBC), and Medical Effects of Ionizing Radiation (MEIR).

Figure 1. Medical Corps Regular Army Life Cycle Development

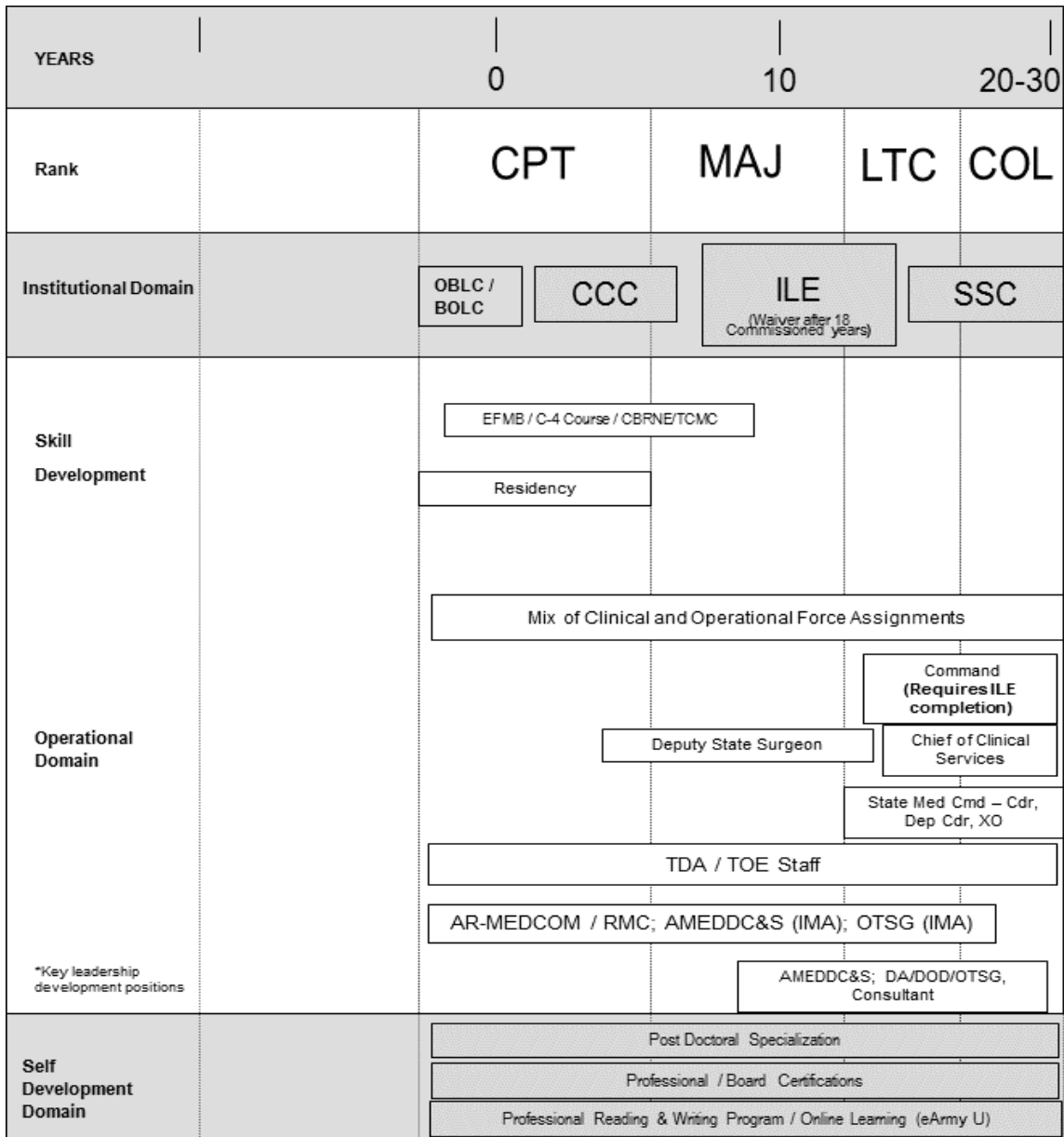


Figure 2. Medical Corps Reserve Component Life Cycle Development

Military Medical Readiness	Health Law and Policy	Individual and Organizational Behavior
medical doctrine military mission joint operations exercises total force management NDMS management/DVA role medical readiness training contingency training	public law medical liability medical staff by-laws regulations external accreditation	individual behavior group dynamics conflict management communication public speaking public and media relations
General Management	Health Resources Allocation and Management	Clinical Understanding
strategic planning organizational design decision making change and innovation leadership	financial management human resources management labor-management relations materiel management facilities management information management	epidemiological methods clinical investigation alternate health care delivery systems performance measurement quality management quantitative analysis outcome measurements clinical performance improvement
Ethics in a Health Care Environment		
ethical decision making personal and professional ethics bioethics organizational ethics		

Figure 3. Medical Corps Specific Executive Skills
