

Chapter 40

ROLE OF THE CHIEF AND DEPUTY CHIEF, ARMY MEDICAL SPECIALIST CORPS

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Introduction

The chief of the Army Medical Specialist (SP) Corps, informally known as the corps chief (CC), is authorized for the Army Medical Center of Excellence (MEDCoE), per the SP Corps table of distribution and allowances. In addition to heading the SP Corps, the CC is assigned as an Army senior leader at-large. Per Title 10 USC § 7070, upon recommendation by the Army surgeon general (TSG), the secretary of the Army appoints the CC from officers of the regular Army in the SP Corps.¹ The SP Corps consists of over 1,300 active component officers and over 1,400 reserve component officers (Army Reserve and Army National Guard), in four distinct areas of concentrations (AOCs): (1) 65A, Occupational Therapist; (2) 65B, Physical Therapist; (3) 65C, Registered Dietitian; and (4) 65D, Physician Assistant.²

The CC serves at the discretion of the Army secretary for no more than 4 years, and may not be reappointed. TSG has delegated the branch proponentcy of the SP Corps to the CC in accordance with Army regulations, which assign specific duties to the CC.^{3,4} The CC serves as the principal advisor to TSG on all matters concerning the SP Corps. At the strategic level, the CC holds branch-proponent responsibilities to make recommendations affecting the corps' doctrine, organization, training, materiel, leader development and education, resourcing, personnel, and policy (Figure 40-1).

The deputy chief of the SP Corps, informally known as the deputy corps chief (DCC), is also assigned to the SP Corps office and serves as its senior executive for strategy and future operations. The DCC acts as the CC's principal at the Office of the Surgeon General (OTSG) and on



Figure 40-1. Lieutenant General Nadja Y. West, the 44th Army surgeon general, issues Colonel John E. Balsler the oath of office as the 19th chief, Army Medical Specialist Corps, March 30, 2017.

essential Army working groups, in support of SP Corps strategic efforts. The DCC integrates and coordinates SP Corps initiatives, ensuring they are nested within the framework of Army medicine and Army campaign plans. The DCC coordinates with other Army Medical Department

(AMEDD) and Army agencies to accomplish SP Corps strategic goals. The DCC facilitates a team-centric environment through collaboration and promoting leader development. They represent the corps-specific branch proponent officer (CSBPO) or the CC in their absence. The DCC can also be from any of the SP Corps AOCs and serves in a 65X (SP Corps immaterial) capacity (Figure 40-2).

Supervision

The CC serves in an advisory role to TSG while being assigned in the Army at-large. The CC's rater and senior rater supervision is maintained within their operational unit, medical facility, or military organization in accordance with Army regulations.⁵ While assigned at the OTSG, the DCC has an indirect reporting role to the deputy surgeon general as an advisor on the SP Corps. The DCC is a multi-level, indirectly supervised position. The DCC is rated by the CC, and senior rated by the deputy surgeon general.



Figure 40-2. Colonel John E. Balsler and Colonel Jeffrey E. Oliver with the 2019 Army Medical Department Iron Majors in the Indian Treaty Room, Eisenhower Executive Office Building, adjacent to the White House, Washington, DC, August 6, 2019.

Unit Structure

The CC and DCC are strategic positions within the MEDCoE. They support the Title 10 responsibilities of the SP Corps, as they pertain to the Title 10 USC § 7036 (effective February 1, 2019) authorities of TSG, which are responsibilities specific to manning, training, and equipping the Army with medical capabilities.¹

Duties and Responsibilities

The CC makes recommendations and provides guidance on regulations, policy, standards, practices, procedures, missions, and programs related to the SP Corps. The CC:

- assists with developing staffing guidelines and distribution of manpower authorizations for the SP Corps to support the Army strategy and mission;
- advises and makes recommendations on resource requirements for delivering health care, holistic health and fitness, and other relevant programs involving the SP Corps, including funding, personnel, materiel, facilities, and training;
- recommends appointment of the DCC and CSBPO to TSG;
- acts as a reviewer and advisor to TSG on all legislative, regulatory, and other proposals affecting the professions within, and services performed by, the SP Corps;
- serves as the SP Corps' primary liaison with the offices of the chiefs of the Army Reserve and National Guard Bureau, the Army Recruiting Command, Joint Staff, intra-service and inter-service agencies, international and government bodies, civilian health care organizations, professional societies, and educational institutions on matters affecting the SP Corps; and
- serves as TSG's lead for the SP Corps long-term health education training program.

The CC has the authority to delegate a number of responsibilities to the DCC or CSBPO for day-to-day operations.

At the corps level, the CC is responsible for establishing a cooperative organizational climate that integrates the SP professions into the AMEDD's most resilient, responsive, ready, and relevant team.

The CC has the critical role as a subject matter expert on the SP Corps. Medical readiness is maintained through providing health promotion, human performance optimization, treatment and rehabilitation, injury control, and education to the total force, their families, and soldiers on and off the battlefield. The CC is key in providing guidance for the management, training, and utilization of the enlisted counterparts in military occupational specialties (MOS): 68L, Occupational Therapy; 68F, Physical Therapy; 68M, Nutrition Care; and 68W, Health Care/ Combat Medic, and associated skill identifiers.

The DCC assists in building relationships with all organizations throughout the AMEDD; Department of Defense (DoD); Headquarters, Department of the Army (HQDA); the Defense Health Agency (DHA); and other internal and external stakeholders. The DCC maintains active lines of communication with OTSG, the MEDCoE, and SP Corps officers in Forces Command, Training and Doctrine Command, Army Futures Command, Army Materiel Command, and Special Operations Command, relating to SP Corps current capabilities and emerging requirements. Like the CC, the DCC coordinates with the offices of the chiefs of the Army Reserve and National Guard Bureau, the Army Recruiting Command, and other components on joint pronopency issues (eg, doctrine and training) or other intra-service and inter-service matters affecting the SP Corps.

The DCC also:

- supports the CC as the principal advisor to TSG on all matters concerning the SP Corps;
- advises on branch-proponent responsibilities and makes recommendations related to SP Corps-specific or applicable doctrine, organization, training, materiel, leader development, resourcing, and personnel;
- recommends and guides policy, standards, practices, procedures, missions, and programs involving the SP Corps;
- provides counsel to the CC on all aspects of lifecycle management for the corps, including personnel recruitment, classification, utilization, promotion, education, training, assignments, retention, separation, and retirement of the military, and as needed for civilian personnel;
- assists in developing staffing guidelines and distribution of workforce authorizations, including corps strategic billets, as well as key and developmental positions, to support assigned missions;

- assists with recommendations on resource requirements for delivering health care and wellness programs involving SP Corps funding, personnel, materiel, facilities, and training;
- provides recommendations to the CC on all legislative, regulatory, and other proposals affecting the SP Corps and its services;
- participates in the corps consultants selection process, the strategy advisory board, and the corps educational committee, and provides recommendations to the CC for decisions; and
- provides key recommendations for the management, training, and utilization of enlisted personnel in corresponding MOS career fields, and any additional associated skill identifiers.

Desired Skills and Attributes

The CC and DCC must be warrior leaders, skilled in tactics, techniques, and procedures, focused on understanding and supporting the dynamic warfighter. They must maintain the highest standards of personal and professional integrity, possess strong Army values, leader attributes, and skills, and fully understand key leadership actions that ensure success. They must be flexible, adaptable, and prepared to face unique tactical, operational, or strategic challenges related to emerging strategic developments and warfighting doctrine. The CC and DCC should have the ability to apply non-textbook solutions in unconventional circumstances, and must be able to apply critical thinking while making decisions.

The CC and DCC possess a working understanding of the unique skills, knowledge, and attributes in each AOC that make up the SP Corps. They must possess expert clinical skills as well as knowledge of personnel and resource management in the Corps' four AOCs. Some other desired skills and attributes include:

- rank of colonel or lieutenant colonel (promotable);
- Senior Service College (SSC) graduate;
- advanced civilian degree (a Master of Strategic Studies received from SSC qualifies);
- extensive experience of the SP Corps, previous SP leadership experience, or prior field grade command experience;
- understanding of military medicine and the business of health care through a military medical treatment facility, regional health

command, OTSG, AMEDD, or Military Health System/DHA experience;

- knowledge of AMEDD culture and organizations, including joint health services support, the military health system, and the DHA;
- familiarity with USC Title 10 § 7070 (as amended August 13, 2018)¹;
- knowledge of human resources systems, policies, and processes and talent management principles;
- mental agility and flexibility as a strategic and critical thinker, planner, and decision-maker;
- ability to build and maintain critical relationships, strong interpersonal skills, consensus building across a variety of stakeholders and agencies, negotiation skills, and team building skills;
- analytical skills to review, analyze, and resolve high-level problems across a broad organizational spectrum;
- strategic planning skills to produce results through the implementation and evaluation of programs and policies;
- excellent organizational skills, and ability to effectively communicate through oral and written communication;
- demonstrated professional astuteness and confidence, emotional intelligence, and situational awareness;
- ability to represent the organization across a broad spectrum of strategic, operational, legislative, and executive levels of the public and private sectors;
- ability to embrace change and new information while thriving within a complex and ambiguous environment; and
- systems thinker (understanding interactions and interdependencies of a “system’s parts” to realize the second- and third-order effects of a change).

Training

The training required for these positions includes, but is not limited to, the Medical Operating Data System (MODS), which includes AMEDD human resources web reporting for AMEDD Distribution Plan projections. Additionally, working knowledge of the Active Duty Officer Assignment Interactive Module Version 2 (AIM.2) unit preference management tool is required for managing the strategic positions in the marketplace, which includes the SP Corps’ 65X authorizations. Other systems and courses the CC and DCC should have access to

or familiarity with include the Force Management Support Agency (FMSWeb) system for Army unit requirements and authorizations for personnel and equipment documentation⁶; the Global Electronic Approval Routing System (GEARS) for initiating, managing, and completing unit-level tasks and actions; and the Army Task Management Tool (TMT), used for initiating, managing, and completing Army-level tasks and actions. TMT training is available by attending the Action Officer Integration Course offered by HQDA. The CC and DCC must also have access to several OTSG and MEDCOM SharePoint services that contain current regulatory and policy guidance affecting the SP Corps.

Key Factors

The CC and DCC positions are validated OTSG strategic positions, typically a 4-year and 2-year tour, respectively, and are available for any of the 65-series AOCs that make up the SP Corps. The positions are in the grade of O-6 (colonel) with no additional skill identifier requirement. Both positions are primarily nonclinical; however, 65D officers, when serving in this 65X position, must maintain their credentials and privileges through local military medical treatment facility policies and procedures. Members of all other 65-series AOCs are encouraged to maintain clinical currency when serving in these positions.

Lessons Learned and Tips for Success

For senior leaders in a 3-star general officer command and Department of Defense combat support activity, a weekly schedule consists of a number of meetings and internal SP Corps office battle rhythm events. Meetings can range from operational planning team efforts or strategic decision briefs on health care and organizational reforms, to command update briefs from TSG's staff and key senior leaders. Internal SP Corps office events include weekly updates to the CC from internal and external stakeholders and subject matter experts on issues affecting the SP Corps across the Army and joint force. Additionally, planning and executing the biannual SP Corps Strategic Advisory Board (SAB) is a primary focus of the DCC. The SAB provides the CC a week-long strategic workgroup to focus on medium and long-range priorities and goals of the corps in support of Army medicine and Army campaign

plans and strategies. For the DCC, there are a few opportunities for temporary duty travel throughout the year to participate in CC-sponsored events, or to represent the CC in their absence. The DCC is expected to participate in mentorship opportunities with SP Corps officers during the Basic Officer Leadership Course and Captains Career Course, as well as events in the national capital region including the Junior Leaders Course and the AMEDD Iron Majors Week. The DCC also serves as the senior leader mentor for SP Corps officers attending senior service education.

Conclusion

Future senior leaders interested in serving as the CC or DCC are encouraged, throughout their lifecycle model, to seek opportunities that diversify their resume. These career opportunities include, but are not limited to, opting in for command and professional military education; competing for the executive fellow of executive officer positions; applying to become a consultant to TSG; and applying for positions supporting the White House, HQDA, OTSG, DHA, or DoD.

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