

Chapter 42

ROLE OF THE CORPS SENIOR PHYSICIAN ASSISTANT

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Introduction

The corps is the deployable element of the US Army Forces Command. It is responsible for synchronizing forces for the execution of wartime missions and peacetime contingency operations. Commanded by a lieutenant general (the corps commanding general [CG]), and supported by an extensive staff, the corps provides mission command and logistical support for (usually) four divisions. In addition to its wartime mission, the corps headquarters also provides the framework for joint-level multinational operations such as peacekeeping operations, disaster relief, and humanitarian missions.

There are currently four corps in the active duty component of the Army: I Corps, III Corps, V Corps, and XVIII Airborne Corps; all are headquartered within the continental United States. The Corps Surgeon Office, led by the corps surgeon (Medical Corps), is the special staff component of the corps headquarters. The corps surgeon is a colonel, responsible to the corps CG for health care policy, medical readiness, and special medical programs in support of the CG's initiatives. The corps surgeon is supported by medical operations (MEDOPS) and clinical operations (CLINOPS) sections.

Doctrinally and by the modified table of organization and equipment, the corps senior MEDOPS officer is a colonel, and the CLINOPS senior officer is a lieutenant colonel. The corps senior physician assistant (PA) is the CLINOPS officer in the III Corps; in the XVIII Airborne and I Corps, the corps PA is formally referred to as the deputy surgeon for

CLINOPS. The CLINOPS deputy is the principal advisor to the corps surgeon for health policy and medical readiness of soldiers assigned to the corps' direct reporting units. The terms "deputy surgeon for CLINOPS," "CLINOPS deputy," and "corps senior PA" are used interchangeably, although the position is most commonly known, and referred to, as simply the "corps PA."

Although the corps PA is involved in the entirety of daily operations in the Corps Surgeon Office, major facets of their responsibilities are health care policy, medical readiness, and oversight of the installation Medical Simulation Training Center (MSTC). MSTCs have the capability to provide training and testing for annual medic training requirements, and can also be used in training other medical units and first responders for courses such as Tactical Combat Casualty Care, Basic Lifesaver, and Advanced Life Saver. Health care policy, medical readiness, and medical training encompass all activities that prepare soldiers for wartime missions and peacetime operations. Additionally, it is CLINOPS's responsibility to advise the corps surgeon and the CG to facilitate a safe, healthy, and productive environment for soldiers and their families in garrison.

Health Care Policy

Military health care policy deals with issues across the spectrum of health care, from preventive medicine and primary care through rehabilitative care. Initiatives include immunizations, access to care, and access to subspecialty care when such care is not available on the military installation, as well as force readiness for military deployment. The corps senior PA reviews health care policies that affect the wellbeing of soldiers and their families.

Immunizations

Preventive medicine efforts are managed by the corps force health protection (FHP) officer, who is either the corps PA, a Medical Corps preventive medicine officer (60C), or a Medical Service Corps environmental science officer (72D). Duties of the FHP officer include reviewing immunization policies for soldiers, military family members, and students who attend Department of Defense education activity schools. The corps PA, through liaison with the combatant command surgeon offices (Central Command, Pacific Command, etc),

is responsible for producing directives for FHP requirements unique to the missions, such as deployment-related immunizations, to prevent an outbreak in the community or deployed environment that could impact readiness.

The corps senior PA is the corps surgeon's liaison to the Defense Health Agency–Immunizations Healthcare Branch (DHA-IHB). Usually, a DHA-IHB representative (usually a physician trained in allergies and immunology) is located on larger military installations. On installations not supported by an allergy/immunology clinic, the installation preventive medicine clinic usually interacts with DHA-IHB. The corps PA interacts closely with the allergy/immunology clinic or DHA-IHB, the corps preventive medicine or FHP officer, and installation military medical treatment facility (MTF) preventive medicine staff. The district and regional public health command is another valuable resource for community and individual preventive medicine guidance and assistance.

Access to Care

The corps senior PA is responsible to the corps surgeon and CG for health care resource allocation for military units and military families. They interact with the local military MTF to coordinate adequate facility and staffing resources, as well as access to care for soldiers at Soldier-Centered Medical Homes (SCMHs) and dental activities. Furthermore, CLINOPS advocates for military family members at their Patient-Centered Medical Homes (PCMHS). Typically, SCMHs are located on the military installation, whereas PCMHS may be located either on the installation or off post, within the local community. A centralized installation medical care plan may be agreed upon in a memorandum of understanding between the corps CG and the MTF commander or regional health command with the goals of improving access to care for soldiers and family members, maintaining and improving provider professional and technical skills, improving the overall medical readiness of the supported troop population, and ensuring medical support for the current Army force generation cycle.

Subspecialty Care

When MTFs, SCMHs, or PCMHS lack adequate subspecialty care, the MTF commander is responsible for coordinating adequate

subspecialty care within the local community. The corps senior PA serves as patient advocate, ensuring that sufficient subspecialty care appointments are available and provided in a timely manner, per current Department of Defense access-to-care standards. For installations within the corps footprint, the division or brigade medical teams provide this service.

Quality Management

As the deputy for CLINOPS, the corps PA may participate in various MTF committee meetings, such as the risk management committee, credentials committee, and medical staff executive committee. Ideally the corps will have a voting seat on these committees to provide input from the operational medical force and track credentials for operational providers.

Medical Readiness

The most important responsibility of the CLINOPS staff is the medical readiness of the corps fighting force. Readiness involves preparing soldiers to deploy in support of a projected military operation or in response to a no-notice military deployment. Additionally, coordinating training for first responders, mid-level providers, physicians, and medical units to perform their assigned roles during combat, peacekeeping, or humanitarian operations falls under CLINOPS's purview.

For preplanned military deployments, time is allotted before a unit departs its home station to complete requisite training, screening, and immunizations. Perhaps not so obvious is the requirement to maintain a healthy, postured force in the event of a no-notice deployment. On installations that maintain a Soldier Readiness Center, the corps senior PA interacts with the center to ensure soldiers and units are prepared for deployment.^{1,2}

During soldier readiness processing (SRP), soldiers' medical, legal, and financial documents are updated. Changes, additions, or updates to financial or legal documents are typically accomplished as necessary, on-site. Soldiers' medical records are reviewed for completeness and currency. Records are screened for vaccination history; hearing and vision screening; exacerbation of preexisting medical, psychiatric, or psychological conditions; medication changes; limitations to military duties; and other behavioral indicators.

Medical issues identified during SRP occasionally require follow-up appointments or intervention, but there is little time for such follow-up appointments during preparations for a no-notice deployment. The SRP must be comprehensive, efficient, and conducted with regularity for the Army's rapid-deployment forces. The corps senior PA is the principal advocate for the CG in ensuring that the medical portion of SRP is executed in an effective manner. Additionally, the corps senior PA assists and supports battalion, brigade, and division surgeons on behalf of concerned brigade commanders in submitting medical waivers for soldiers who fail to meet medical requirements. Medical waivers are discussed (usually by teleconference) with the combatant command surgeon for consideration on a case-by-case basis.³

Mentorship

The corps PA is often the most senior PA on the installation, and the majority of PAs on the installation work within subordinate units; this situation positions the corps PA to be a senior mentor for junior PAs. In this role, the corps PA provides on-going mentorship to junior PAs and works with Human Resources Command to manage talent across the installation.

Required Training and Education

- Graduate of Intermediate Level Education (ILE).
- Experience with operational medicine at the battalion, brigade, and division levels.
- Rank of lieutenant colonel or major (promotable).
- Army Training Requirements and Resources System (ATRRS) courses suggested include:
 - Brigade Surgeon Course
 - Division Surgeon Course
 - Army Medical Department Executive Skills Course
 - Joint Medical Executive Skills Institute Healthcare Management Course
 - Emergency War Surgery

Desired Skills and Attributes

Corps PAs must be deployable (medical readiness classification 1, 2, or 3) and maintain all military requirements; optimally, corps PAs should also possess the following skills and attributes:

- Interpersonal skills, including coaching, mentoring, and teaching for battalion, brigade, and division PAs who may serve on profile review boards⁴ and participate in staff assistance visits (usually to separate brigades).
- Ability to function in collaborative, interdisciplinary, interagency teams, such as installation influenza campaign reviews, warrior transition boards, and separation implementation teams for active duty, reserve, and National Guard units.
- Professional knowledge and emotional maturity. The PA must be able to communicate laterally and vertically with the Human Resources Command, Medical Command, and other elements regarding PA installation strength management and other readiness issues.
- Leadership ability in supporting operational medicine concerns including various health service support working groups.

Lessons Learned and Tips for Success

The role of the corps PA as a liaison between the operational force and the MTF is crucial. This role will likely be even more important as MTFs transition to the DHA. Corps PAs should develop a good working relationship with local MTF leadership. While the MSTC does not belong to the corps, having a close relationship between the corps surgeon's office and the MSTC is instrumental in a successful medical training¹ for the installation. The corps can assist with medical oversight, logistical support, and military leadership.

Conclusion

Most corps senior PAs represent the education and experience of a prior enlisted soldier and a noncommissioned officer. Additionally, the corps PA has ideally navigated the officer ranks and positions of battalion, brigade, and division PA, and has attended the requisite training. With this experience, the corps senior PA is well positioned

to provide experience-based advice, counsel, and guidance to the corps surgeon and staff. Although principally engaged in the administrative medical duties and responsibilities of the corps, the corps senior PA is also well positioned to mentor junior PAs working at battalion, brigade, and division levels in both their administrative duties and clinical responsibilities.

References

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