

## Chapter 65

# ROLE OF THE ARMY CAPABILITY MANAGER—ARMY HEALTH SYSTEMS PHYSICIAN ASSISTANT

*Cleve B. Sylvester, PA-C, DSc, MPAS, and David Freel, PA-C, MPAS*

## Introduction

The mission of the Army Capability Manager—Army Health Systems (ACM-AHS), part of the US Army Medical Center of Excellence, is to understand and meet the needs of service members within the domains of doctrine, organization, training, materiel, leadership and education, personnel, facilities, and policy (DOTMLPF-P). ACM-AHS activities are intricately synchronized and integrated with those of the Capabilities Development and Integration Directorate and Fielded Forces Integration Directorate, with significant overlap in many cases. Army medicine is represented by a wide range of senior and experienced officers and noncommissioned officers, including the ACM-AHS physician assistant (PA) staff officer.

## Responsibilities

The PA staff officer is one of the few colonel (O-6) authorizations for 65Ds (the PA area of concentration) in the Army. Considered a capstone assignment to a PA's professional development, this billet is personally rewarding. As an Army senior medical capability developer, the ACM-AHS PA staff officer is uniquely positioned to oversee the development of medical organizational and equipment capabilities to be employed for years to come. Using the Joint Capabilities Integration and Development System for development and acquisition, the ACM-AHS PA works to ensure that medical support to operational units meets the needs of the Army's future force. Consideration of future force capabilities must include any operating environment and missions everywhere soldiers might be asked to deploy, fight, and win.

### ***User Representative***

The ACM-AHS PA has many duties and responsibilities. The most important of these is as user representative to all other stakeholder organizations that enable the mission of the warfighter. In this capacity, the PA collaborates with product developers of medical materiel, equipment, pharmaceuticals, and knowledge products such as Clinical Practice Guidelines, from early basic research and discovery science, through US Food and Drug Administration approval, and finally through transition, resourcing, production, and fielding into Army units and medical sets, kits, and outfits. The total process to bring a new capability to fruition can take from 5 to 10 years, or even more.

### ***Requirements Adjudication Team Member***

Another responsibility for the ACM-AHS PA is that of a requirements adjudication team (RAT) voting member. RATs focus on gaps that may prevent Army medical operational forces from providing required support to combatant commanders and soldiers. Standards are constantly refined by lessons learned, medical research by organizations such as the Medical Research and Development Command (MRDC), Joint Trauma System initiatives, and efforts by the Council on Tactical Combat Casualty Care, the Armed Forces Medical Examiner, the Joint Trauma Analysis and Prevention of Injuries in Combat program (a Department of Defense program affiliated with MRDC), and civilian academia. The RAT studies input from these sources as it considers what the Army must do (required capabilities), what it needs to do but cannot (gaps), and what it can do to close these gaps (solutions).

Solutions can come in many forms. When the RAT determines that an identified gap is enduring and operationally significant, it may recommend changes in any of the DOTMLPF-P domains. “Enduring” means it applies to any operation or organization employed anywhere in the world now and for years in the future. An “operationally significant” gap, if not addressed, will result in high or very high risk of mission failure. The most significant inhibition to capability development is the Army’s fiscally constrained footing, which is expected to continue for the foreseeable future.

## ***Clinical Subject Matter Expert***

Another important responsibility of the ACM-AHS PA is serving as one of the few clinical subject matter experts in the directorate. All routine and periodic revisions of doctrine, clinical standards of care, materiel reviews, requirements for training and sustainment of medical skills, and policy are staffed by the clinical subject matter experts. This staffing process lays the foundation for the Army medical operational forces for years to come. In all respects, the ACM-AHS PA represents the future of Army medicine to the soldier. Getting it right, on time, every time, is paramount.

## **Lessons Learned**

- The end users represented by ACM-AHS are at the level of the brigade combat team and below. It is important to understand the operational force, particularly point of injury/Role 1 through Role 3 operations, to be successful in this position.
- There are a few required courses for this position; the most important is the Capability Development Course. Taking this course beforehand is helpful, though it can also be taken after working in the position for several months.
- This is a very busy position. Being agile and flexible will make the job more enjoyable.
- Some civilian counterparts in the organization have been in their positions for several years, and often understand their areas of responsibility extremely well. Ego clashes will impede progress.

## **Sources**

- Chairman of the Joint Chiefs of Staff. *Charter of the Joint Requirements Oversight Council (JROC) and Implementation of the Joint Capabilities Integration and Development System (JCIDS)*. CJCS; August 31, 2018. CJSI Instruction 5123.01H. Accessed December 22, 2020. <https://www.jcs.mil/Portals/36/Documents/Library/Instructions/CJCSI%205123.01H.pdf?ver=2018-10-26-163922-137>

- Officer of the Under Secretary of Defense for Personnel Readiness. *Joint Trauma System (JTS)*. Department of Defense; 2016 (Change 1 effective August 5, 2018). DOD Instruction 6040.47. Accessed June 15, 2020. <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/604047p.pdf?ver=2018-08-06-124902-047>
- Department of Defense. *Medical Readiness Training*. September 24, 2015. Accessed December 22, 2020. <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/132222p.pdf>
- Office of the Under Secretary of Defense for Acquisition and Sustainment. *Manual for the Operation of the Joint Capabilities Integration and Development System (JCIDS)*. Joint Staff; August 31, 2018. Accessed December 22, 2020. <https://www.acq.osd.mil/jrac/docs/2018-JCIDS.pdf>
- US Army Medical Center of Excellence. About MEDCoE. Accessed December 22, 2020. <https://medcoe.army.mil/about-us>