

## Chapter 41

# ROLE OF THE PHYSICIAN ASSISTANT CONSULTANT AND ARMY MEDICAL SPECIALIST CORPS OFFICE

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## Introduction

The Army Medical Specialist (SP) Corps office functions as the central coordinating body for all strategic initiatives and daily actions, requirements, and communications critical to the success of the SP Corps, one of the six corps that comprise the Army Medical Department (AMEDD). The SP Corps (active, reserve, and National Guard) consists of over 3,000 officers in four distinct professional specialties who serve throughout the world: occupational therapists, physical therapists, dietitians, and physician assistants (PAs).<sup>1-3</sup> On a daily basis, the SP office works closely with the corps chief, deputy corps chief, corps-specific branch proponent officer (CSBPO), four consultants to the surgeon general, and five reserve component individual mobilization augmentees. Frequently, the office coordinates with the US Army Medical Command (MEDCOM), Office of the Surgeon General (OTSG), Forces Command (FORSCOM), Human Resources Command (HRC), Defense Health Agency, and the AMEDD Personnel Proponent Directorate, Professional Education and Training Department, and Training and Doctrine Command (TRADOC) Capabilities Integration Manager.

Historically, within the SP Corps one individual executed the duties of assistant corps chief and consultant. At the SP Corps fall

2014 Strategy Advisory Board meeting, senior SP corps leadership decided to separate the two positions to allow for additional personnel to fill key and developmental leadership positions. By installing a PA branch/assistant corps chief (under US Code Title 10, Section 3070, authority<sup>1,3</sup>), and establishing a PA consultant to the Army surgeon general, this change aligned the SP Corps with the rest of the AMEDD. The resulting leadership structure allowed the chief of the PA section to focus on the profession's strategic aspects and its impacts on Army medicine, while the PA consultant concentrated on the PA community.

In 2018, however, the structure reverted to a sole PA consultant to cover the duties of both positions,<sup>1,3</sup> and the section of US Code was renumbered Title 10, Section 7070.<sup>3</sup> This change decreased the time the consultant has available to perform the vital functions of both consultant and chief of the PA section, as well as the duties of their assigned position, usually as a commander, deputy commander, or other senior AMEDD leader. For the purpose of this edition of the PA Handbook, the duties of the chief of the PA section and those of the PA consultant have been combined.

## **The Physician Assistant Consultant to the Surgeon General**

The PA consultant is designated by the surgeon general under OTSG/MEDCOM Policy Memo 12-051,<sup>4</sup> *Appointment Process for Consultants to The Surgeon General*, and DA Pam 600-4.<sup>5</sup> The consultant serves at the pleasure of the surgeon general as the primary advisor on the PA profession, including issues related to deployment medicine, emergency medicine, orthopedics, general surgery, aerospace medicine, occupational health, and any future specializations developed to improve Army medicine and for the PA community. The duties include reaching out to PAs throughout the Army on these issues. The consultant coordinates with fellow consultants and senior leaders; works with HRC to manage talent; and serves as the subject matter expert on predeployment training, operational medicine, clinical operations, and command opportunities. The consultant is dual-hatted as the principal adviser to the SP corps chief on all matters concerning PAs. Thus, the consultant has two routes of communication to the surgeon general—directly as the consultant, and through the SP corps chief. The consultant

works with the corps chief to determine resource requirements for the delivery of health care and wellness programs involving PAs, including funding, materiel, equipment, and facilities. To assist the corps chief in planning, directing, and supervising health services for the Army, the PA consultant initiates and reviews recommendations on doctrinal, legislative, and regulatory proposals affecting the PAs.

The consultant works with HRC on the Human Capital Distribution Plan, the process employed to estimate the projected strength of each AMEDD area of concentration (AOC) at the end of the fiscal year. Because shortages may occur within specific subspecialties, the consultant, in coordination with HRC, prioritizes staffing of PA authorizations to optimize distribution based on readiness factors, training requirements, beneficiary population, demand for care, unit productivity, and economic factors. Additionally, the PA consultant coordinates with the AMEDD Personnel Proponency Directorate to develop future authorizations. When operating, generating, or institutional organizations identify an emerging requirement or developmental opportunity and request a directed military overstrength (DMO) position, the PA consultant makes the recommendation, and decision authority resides with Headquarters, Department of the Army, Deputy Chief of Staff, G-3/5/7.

The Army and Army medicine must continually adapt to external changes. To help meet changing Army medicine demands, the PA consultant works with the corps chief and the TRADOC Capability Integration Manager on future combat medicine doctrine, and with the Professional Education and Training Department on entry-level and postgraduate PA education.<sup>6</sup> To meet the demands of a ready, deployable medical force, the PA consultant coordinates with the FORSCOM Surgeon's Office and the MEDCOM allied health officer to fill deployment requests for PAs.

The consultant assists with the lifecycle management of Army PAs, including liaising with USAREC on recruitment and accessions of civilian-trained PAs who wish to enter the Army; consults with the Interservice Physician Assistant Program (IPAP) manager; and serves as the IPAP waiver approval authority for the PA section. As part of the SP Corps talent management process, the PA consultant works with the HRC SP Branch chief and the CSBPO to nominate PAs to serve on long-term civilian training boards, promotion boards, resident integrated learning environments, senior service college boards, and active

duty accession boards. The consultant helps identify fully qualified officers for future key, developmental, and broadening assignments in the HRC marketplace and nominative processes. In support of training and professional development, the consultant also coordinates MEDCoE professional postgraduate short courses and long-term health education and training programs, and reviews, approves, and makes recommendations for validated requirements for PA graduate education. To synchronize PA interests across the Total Force (active Army, Army Reserve, National Guard, and retired rolls), the consultant interacts with the PA reserve chief and National Guard chief on matters affecting the SP Corps and training and doctrine issues.

As the primary communicator to PAs in the Army, the PA consultant is the lead agent for the quarterly 65D Worldwide Forum, which delivers information about the PA profession, the SP Corps, and Army medicine. This online venue helps disseminate the vision, mission, and priorities of the surgeon general and the SP Corps chief; the best business practices of PAs across deployed and garrison environments; and results generated by the PA strategic committees. The PA consultant promotes participation in professional conferences, training symposiums, and professional affiliations to advance the PA profession.

As one of four consultants within the SP Corps, the PA consultant is an integral part of the SP Corps Strategy Advisory Board, responsible for projecting and strategic planning for future utilization of the all SP Corps officers, including PAs. The PA consultant serves as liaison with government, civilian, and international health care organizations, professional societies, educational institutions, and legislative bodies on matters relevant to the Army PA profession.

As the senior subject matter expert, the PA consultant assists with credentialing and privileging issues and other concerns of PAs within Army medicine. The PA consultant also serves as the central point of contact for the Army Medical Department Quality and Safety Center's Risk Management Division for PAs identified in serious risk management cases. These PAs may be referred to a peer review panel that may result in a recommendation to the surgeon general to report the PA to the national practitioner database. Peer review panel members (usually three PAs with similar training and experience to the PA under review) are appointed by the PA consultant to serve on the panel. PAs under review may employ legal counsel, and are afforded due process and the opportunity to appeal panel and board decisions.

The PA consultant is the primary liaison between the SP Corps and the enlisted combat medic community to ensure that initial and sustainment training meets the needs of the Army. In this position, the PA consultant works to ensure that PAs are involved in leadership, instruction, education, and training, and recertification requirements of combat medics.

When dealing with military personnel, the PA consultant assists other senior PA leaders with mentorship of all PAs (military and civilian) in tactical, garrison, and hospital environments. This mentorship may consist of local town halls, journal clubs, and virtual desk-side sessions, ensuring accountability and appropriate officer professional development. To recognize outstanding performance, the PA consultant participates in the SP Corps awards program and the surgeon general's PA of the Year award process. The PA consultant and their deputies track award submissions, such as the Order of Military Medical Merit<sup>7</sup> and the AMEDD "A" proficiency designator.<sup>8</sup> The consultant contributes to the SP Corps annual historical report to document PA achievements.

## **Physician Assistant Consultant's Cabinet and Committee Structure**

To manage the heavy workload of promoting the Army PA profession and managing the daily work as a steward of the Army PA profession, the PA consultant has a cabinet consisting of a distributed network of senior PAs who serve as deputy consultants and strategic committee members. The cabinet advocates for more than 2,550 PAs of all components who serve the Army and military health system. The cabinet has a committee structure to streamline information flow and spread tasks to subject matter experts throughout the Army PA force, consisting of the following:

- **Senior Executive Committee.** Composed of selected colonels and their deputies, acts as the board of directors, receives and reviews the work of other committees and coordinates strategic action. The consultant is chair.
- **Committee on Recruitment and Retention.** Includes leads from Human Resources Command, Recruiting Command, Forces Command, the Medical Center of Excellence (MEDCoE), and corps and division leadership. Focus is on junior officer outreach and

mentorship, PA recognition (awards), career and talent management, bonuses, and other recruitment and retention tools.

- **Committee on Professional Policy and Modernization.** Concentrates on regulatory policy and guidance, synergizing medical organization initiatives for modified table of organization and Equipment (MTOE) changes, personnel and equipment, Defense Health Agency transformation, and privileges and credentials.
- **Committee on Combat Medicine and Medical Readiness/Sustainment.** Applies to individual critical task lists, the postprofessional short course program, 5-year long-term health education and training plans, continuing medical education, and force generation management.

This structure provides a systematic avenue to refer routine issues to the consultant level, provides a broad-based approach to problem-solving, and elicits multigenerational input to shaping the Army PA strategic plan.

### **Corps Office Personnel and Staffing**

The SP Corps Office has two separate and geographically distinct locations: the primary office, or current operations cell, is located at the MEDCoE, Joint Base San Antonio-Fort Sam Houston, Texas. The secondary (forward) office, or strategic operations cell, is located at the Defense Health Headquarters, in Falls Church, Virginia. Together these two operational cells form the “brain trust” of the SP Corps Office and collaborate routinely to synchronize efforts in support of the SP Corps chief. The SP Corps Office staff consists entirely of AOC-immaterial, nominative positions (coded as 65X, available by open competition to all SP officers). HRC works through the SP Corps Office to announce openings for the positions, and candidates are interviewed by the entire Corps Office staff. The SP Corps chief is the approving authority for the positions.

Positions in the Corps Office are broadening assignments that are crucial to further professional development and talent management of the corps’ future leadership. Prerequisites common to all positions include superior interpersonal skills, excellent writing and speaking skills, a robust knowledge of data systems, and good typing and computer skills. Additionally, the appropriate level of staff or command experience, and the commensurate military education level for the

officer's rank, are strongly considered. Officers previously selected as an Iron Major or recipients of the Award of Excellence are ideal candidates. SP Corps Office positions are detailed below.

### ***Corps Chief***

The SP Corps chief is a colonel appointed by the secretary of the Army who serves as chief executive officer of the corps. Duty locations vary. As a US Code Title 10 responsibility, the SP Corps chief advises the Army surgeon general on all activities pertaining to Army dietitians, physical therapists, occupational therapists, and PAs. They are specifically responsible for the professional development, talent management, and career lifecycle needs of SP Corps officers in both the active and reserve components, while routinely interfacing with the surgeon general and the deputy surgeon general on all issues impacting the SP Corps. The corps chief develops the SP mission, vision, and strategy that not only orient the direction of the SP Corps but also optimize the health, readiness, and resilience of soldiers and their families. They serve as chairperson of both the Corps Executive Committee and the Strategic Advisory Board, acts as subject matter expert on force management and structure of the SP Corps, and provides leadership and guidance to the four AOC chiefs or assistant corps chiefs and four consultants to the surgeon general. The corps chief champions opportunities for all SP officers and their respective skills that add value to Army medicine.

### ***Deputy Corps Chief***

The deputy corps chief, a colonel assigned to OTSG, serves as the corps chief's director of strategic initiatives and senior executive for strategy and future operations. They facilitate a team-centric environment through collaboration with various working groups, integrating strategic initiatives of the SP Corps with Army medicine's corporate strategy within the framework of the balanced scorecard. The balanced scorecard depicts how SP Corps contributions are nested within the overall strategic mission of the AMEDD, MEDCOM, and the Army surgeon general. The deputy serves as the corps chief's principal at OTSG, personally representing the corps chief at the OTSG and at key Army medicine meetings in support of SP Corps-specific policies. They facilitate, develop, and lead high-performing

teams within the corps and fosters key senior leader relationships across multiple executive levels of the AMEDD and Army medicine as a whole.

### ***Corps-Specific Branch Proponency Officer***

A colonel based at MEDCoE, the CSBPO serves as the principal executive staff officer to the SP Corps chief for current operations, including policies, procedures, and matters pertaining to all active and reserve SP Corps officers. The CSBPO is responsible for all SP Corps training and education (four entry-level graduate programs, long-term health education and training opportunities, and multiple postprofessional short-course programs). They develop, integrate, and coordinate initiatives involving SP officers' lifecycle and development, including promotion, accession, retention, and separation. The CSBPO routinely collaborates with representatives from HRC and the USAREC to develop strategies to maximize SP Corps recruiting and retention goals, and frequently collaborates closely with fellow senior AMEDD CSBPOs on issues affecting individual and collective AMEDD corps.

### ***Executive Officer***

A major assigned to MEDCoE, the executive officer (XO) to the corps chief serves as the primary action officer of the corps chief's strategic vision while synchronizing all executive functions of the SP Corps Office. The XO is a key enabler ensuring unity of action for the corps. They assist strategic leaders with aligning resources to support strategic plans, vital initiatives, and daily activities. As the conduit of information flow to the field, the XO uses various communication platforms to routinely deliver critical messages to all SP officers in both active and reserve components. They provide critical oversight on key SP Corps projects, awards, advisory boards, newsletters, national conferences, worldwide video or teleconferences, websites, and the entire SP Corps operating and travel budgets. This unique and broadening opportunity for field grade officers prepares them for future professional staff positions.

### ***Executive Fellow***

A captain based at MEDCoE, the executive fellow to the corps chief serves on a 1-year internship in direct support of the XO and all



activities crucial to the success of the SP Corps. The fellow conducts planning, coordinating, and executing of SP activities within the MEDCoE, MEDCOM, Fort Sam Houston, and other commands throughout the Army. They are directly responsible for facilitating the SP Corps Branch Day for both the Basic Officer Leader Course and the Captains Career Course; preparing official correspondence and presentations for the corps chief; managing the SP Corps education and research committees; conducting the SP Corps Special Recognition/Retirement Program; and editing the *Corps Connection* newsletter. This unique and broadening opportunity for company grade officers prepares them for future leadership demands and helps them develop executive level skills.

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