

Chapter 48

PHYSICIAN ASSISTANTS IN THE US ARMY RESERVE

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Introduction

The US Army Reserve (USAR) provides trained, equipped, and ready soldiers, leaders, and units to meet America's military requirements at home and abroad. The USAR command structure creates a versatile mix of technical and tactical capabilities in service to the total force. USAR is comprised of operational, functional, training, and support commands. The USAR physician assistant (PA), integrated through multiple command levels, is instrumental in contributing to sustained readiness of over 200,000 soldiers and more than 2,000 units in twenty different time zones.¹

Opportunities

The majority of USAR PAs serve in one of the three USAR medical commands: (1) Army Reserve Medical Command (ARMEDCOM), (2) 3rd Medical Command Deployment Support (MCDS), or (3) 807th MCDS. Positions in these commands are found in medical backfill battalions, medical support units, medical training brigades, and field hospitals. PAs in these positions provide essential readiness services and have clinical responsibilities while deployed.

ARMEDCOM (<https://www.usar.army.mil/ARMEDCOM/>) is uniquely capable of providing medical, dental, and veterinary services as well as assisting civil authorities during an emergency or disaster. The major subordinate headquarters focus on training, professional management, credentialing, and mission command of medical units.²

The 3rd MCDS (<https://www.usar.army.mil/3rdMCDS/>) is a senior deployable medical command and control headquarters, providing support to US Army Africa and US Army Central area of operations. The 3rd MCDS provides support and technical supervision for more than 6,000 soldiers located in 21 states to prepare and provide trained and ready soldiers and units to Army Reserve Headquarters-Fort Bragg for mobilization.³

The 807th MCDS (<https://www.usar.army.mil/807thMCDS/>) is the largest medical command in the USAR, consisting of 99 units located in 26 different states and nearly 10,000 soldiers. It is responsible for managing all of the USAR's deployable field medical units from Ohio to California, providing general medical, surgical, dental, ambulance, behavioral health, preventive medicine, and veterinary support to unit and civilian populations.⁴

The USAR PAs serve in command positions across all echelons of the USAR from company command to field hospital commands. They also serve in various staff positions ranging from operations officers to command surgeons.

The USAR aeromedical PA (APA) serves in the Army Reserve Aviation Command as an integral part of the medical team in USAR aviation brigades. APAs, along with their flight surgeons, manage aviation units' medical programs and ensure all aircrew meet readiness requirements for deployment and are fit for flying duty.

USAR PAs are essential members of USAR MDRE (medical dental readiness event) teams. These teams of physicians, PAs, dentists, and support personnel complete readiness requirements during battle assembly weekends. These events ensure a steady state of readiness and allow commanders flexible opportunities for training.

Deployment and Operational Support Opportunities

USAR PA deployments are managed by the Army Reserve Command 90/180-day Boots on Ground (BOG) team and are governed by the Assistant Secretary of the Army's Manpower and Reserve Affairs (ASA M&RA) 180-day BOG policy. The 180-day BOG policy limits the length of deployment and mobilizations to a total of 180 days "boots on ground", followed by a three year dwell period.⁵ This policy was established to demonstrate a commitment by the Army Reserve to the preservation of civilian professional commitments and

encourage retention of a critical wartime specialty. The policy also allows centralized management of deployments and provides diverse opportunities that capitalize on the vast array of specialty skills PAs possess. USAR PAs may mobilize to soldier readiness processing sites in the continental United States and deploy with area support medical companies, aviation battalions, field hospitals, and civil affairs battalions. USAR PAs also deploy in various senior staff positions as a deputy commander for clinical services (DCCS), command surgeons, deputy surgeons, and chiefs of clinical operations and plans.

A unique position available to USAR PAs is serving on ADOS (active duty for operational support) status as the 90/180-day BOG manager. This Army Reserve Headquarter-Ft. Bragg position is a tremendous broadening assignment and is responsible for medical professional mobilization and deployment of all USAR physicians, dentists, veterinarians, nurse anesthetists, PAs, and nurse practitioners. As manager of this program, the USAR PA can provide critical analysis and advice to Army senior leaders on vital wartime medical areas of concentration shortages, and provide medical readiness expertise at the corps level. Expertise must include understanding and qualification in directed medical training and understanding of the Joint Trauma System.

Other ADOS opportunities involve staff positions at US Army Africa, Special Operations Command Africa, US Army Europe, and US Army Pacific. ADOS positions are advertised on the Mobilization Common Operating Picture, Tour of Duty (TOD) website (<https://mobcop.aoc.army.pentagon.mil>) and applicants are selected based on experience and qualifications. ADOS tours cannot exceed 1,095 days.⁶ USAR soldiers can apply and accept additional ADOS tours after being off orders for 1 year.

Senior PAs have the opportunity to serve as the USAR PA consultant to the Army Medical Specialist Corps chief. PAs can also serve in a 65X position (allied operations specialist [Specialist Corps immaterial]) as the USAR deputy corps chief.

Tips For Success

Selection of broadening assignments and command opportunities will challenge USAR PAs and enable service at progressively higher levels. While PAs may be educationally qualified for promotion based on professional degrees, military professional education is a critical

component for promotion to the senior ranks.⁷ USAR PAs must also take advantage of military training and educational opportunities. Completing the Captains Career Course at the earliest opportunity is highly encouraged. In order to be competitive for promotion to lieutenant colonel and colonel ranks, USAR PAs should complete Command and General Staff College and US Army War College when eligible. As professionals, USAR PAs are expected to be proficient in medical skills, but expanding military knowledge broadens leadership and strategic thinking capabilities.

Career Field Evolution

As the Army moves into a new decade, expansion of PA training and educational opportunities for operational assignments is anticipated. These also include access to residency programs in long term health education and training programs and new operational assignments in the surgical specialties. Efforts are underway to incorporate surgically trained PAs into forward surgical resuscitative teams. Emergency medicine PAs are already a part of the new field hospital structure.

Leveraging specialty skills obtained in civilian practice in mobilizations and deployments can provide additional operational depth to missions. At this time there are no Active Guard Reserve positions for PAs; however, inclusion of PAs in this program would bring a critical clinical skill to meet readiness demands in the USAR.

Conclusion

PAs serving in the USAR bring unique skills across the spectrum of civilian medicine from primary care to surgical subspecialties. Serving as a PA in the USAR can be a tremendously rewarding experience that broadens capabilities outside of a traditional civilian clinical structure or hospital system.

References

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