

MEDICAL CORPS

PROFESSIONAL DEVELOPMENT

GUIDE

Prepared by

**Army Medical Department Personnel Proponent Directorate
AMEDD Center and School, Fort Sam Houston, TX**

March 2002

MEDICAL CORPS PROFESSIONAL DEVELOPMENT GUIDE

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MESSAGE FROM THE CHIEF – BG Eric B. Schoomaker

The purpose of this manual is to provide you, the future of the Army Medical Corps, with a professional development guide to assist in meeting the many demands that you will face and meet while serving your country in the greatest Army, and the greatest Medical Care Delivery Team in history.

All of us have spent the first part of our professional lives learning the art and science of medicine. Don't forget that medicine is the most important discipline we learn. You can be a good Army officer without being a good doctor, but to be a good Medical Corps officer requires that you be a good physician and officer. The scope and breath of changes and challenges that face the Medical Corps as it transitions to the Army of the future (the Objective Force) are significant, and require that you accelerate the development of your skills as an officer and leader, while learning the art of Medicine. This guide can serve as one of the tools you can utilize to help you learn about your profession as an officer. You are your own best career manager. You must utilize all of the tools at your disposal to manage your career as you adapt to new requirements and assignments. This manual provides the information sources that you can use as you develop in your career.

One final comment: this book is the product of several revisions and reviews by many people. Still, when it goes to print, some inaccuracies will exist because of the fact that the AMEDD, particularly these days, is a dynamic organization that is constantly changing. While making long-term decisions, be sure to discuss your plans with source matter experts.

BG Eric B. Schoomaker
Chief, Medical Corps

HISTORY OF THE MEDICAL CORPS

- 25 July 1775 - The Continental Congress established the Medical Department.
- 1778 - The first pharmacopoeia printed in America is completed by Army surgeons at Lititz, PA.
- 1789 - Department of the Hospital was disbanded and the Regimental Surgeon System was utilized.
- 1812 - Congress established the Medical Department of the Northern Army.
- 1816 - Dr. James Tilton of Delaware was named Physician and Surgeon General. Medical men were given uniforms for the first time.
- 1818 - Congress authorized a Medical Department and appointed Joseph Lovell as The Surgeon General (TSG). Since this date there has been a succession of Surgeons General and a Corps organization in the Army Medical Department (AMEDD).
- 1833 - Surgeon William Beaumont published Observation on the Gastric Juices and the Physiology of Digestion, based on a 10 year study of Alexes St. Martin, a Canadian woodsman who developed a stomach fistula following an accident. This was the first direct observation of the digestive process ever reported and became the cornerstone of modern gastroenterology.
- 1836 - Surgeon General Joseph Lovell established a collection of medical and scientific books which became the great library of the Office of The Surgeon General (OTSG) and, in 1956, the national Library of Medicine.
- 1862 - Surgeon General Hammond proposed: (1) establishment of a permanent hospital and ambulance corps, composed of men especially enlisted for duty in the medical department; (2) an appropriation for the Army Medical Museum; (3) an Army Medical School in which medical cadets and others seeking admission in the Corps could receive such instruction as would better fit them for commissions; (4) a permanent general hospital in Washington; (5) independent transportation for the Medical Department; (6) construction of hospitals by the Medical Department; (7) the establishment of a central laboratory. Many of these proposals were adopted 40 years later.
- 1862 - The Army Medical Museum was established. It was later named the Army Institute of Pathology. Joined by the Navy and Air Force, it became, in 1949, the Armed Forces Institute of Pathology.
- 1862 - Surgeon Jonathan Letterman, MC, a genius of medical administration, designed the forward field hospitals, reorganized medical field supply, and started the Ambulance Corps to help clear the battlefield.

- 1869 - Lieutenant Colonel John Shaw Billing, MC, was detailed to the U.S. Treasury Department to review the operation of the Marine Hospital System. His recommendations lead to a reorganization of the U.S. Public Health Service. In 1875, he designed the Johns Hopkins Hospital. Four years later, he and Dr. Robert Fletcher developed the first monthly subject index to the world medical literature - the "Index Medicus".
- 1889 - Army Medical Department distinguished itself during the Spanish American War as practitioners of modern medical teachings.
- 1892 - Surgeon General George Steinberg was acknowledged as the father of bacteriology. He was the first to isolate the pneumococcus organism and was the first to photograph the tubercle bacillus. He authored the first American textbook in bacteriology. In 1893, he founded the Army Medical School, which later became the Walter Reed Army Institute of Research.
- 1900 - Major Walter Reed, MC, led the Yellow Fever Board and proved that the Aedes mosquito transmitted this disease.
- 1904 - Colonel William C. Gorgas, MC, eradicated Yellow Fever in the construction area of the Panama Canal, allowing for the successful completion of the Canal.
- 1909 - Major Frederick Russell, MC, introduced typhoid vaccination of U.S. soldiers by subcutaneous injection of killed typhoid bacilli, which helped to control a major cause of morbidity and mortality of the military during battle campaigns.
- 1910 - Major Carl Darnall, MC, introduced the use of anhydrous chlorine to purify drinking water, a practice which was adopted globally.
- 1916 - Lieutenant Colonel C. Lyster, MC, is credited with founding aviation medicine in the United States. He established programs to eliminate pilot physical defects as a contributing factor in aircraft accidents. His research laboratory eventually became the Air Force School of Aerospace Medicine.
- 1916-17 - Army Review Board restored the Medal of Honor to Mary Edwards Walker, the first woman awarded the Medal. She had served as a contract physician with the Union Army from 1862-1863.
- 1920 - Medical Corps first used internships as a method of acquiring new officers.
- 1921 - The Medical Field Service School opened at Carlisle Barracks, PA, to train officers and enlisted men in the practice of field medicine. The school was

transferred to Texas and in 1973 became the Academy of Health Sciences – (now known as the AMEDD Center and School).

- 1933 - Atabrine was used by the Army Medical Department as a substitute for in controlling malaria in the Pacific theater during World War II.
- 1940 - Captain Douglas Kendrick, MC, working at the Army Medical School, made many contributions in whole blood preservation and the use of albumin to treat shock. He developed early systems for mass collections and shipment of liquid and dried plasma.
- 1943 - Major Margaret D. Craighill became the first woman to receive a Regular Army commission in the Medical Corps. She was assigned as Chief Surgeon to the Womens Army Corps.
- 1945 - Captain Edwin Pulaski, MC, studied the use of antibiotics to treat war wounds. He established the U.S. Army Surgical Research Unit, which later became the world-famous Burn Center at Brooke Army Medical Center (now the Institute of Surgical Research).
- 1946 - Army residency programs were introduced into the Army Medical Department.
- 1950-53 - Army helicopters, under medical command, were first used for the sole purpose of evacuating Korean War casualties.
- 1955 - U.S. Army Medical Museum opened at Fort Sam Houston, TX
- 1958-75 - During the Vietnam Era, mortality rates for combat wounds receiving medical treatment dropped to a record low of 1.0 to 1.5 per cent.
- 1959 - Leonard Heaton served as first 3-Star Surgeon General.
- 1962 - Three Medical Corps officers - Captain Paul Parkman, Captain Malcolm Artenstein, and Lieutenant Colonel Edward Buescher - isolated the rubella virus from a recruit at Ft. Dix. This lead to the development of a vaccine.
- 1965 - Colonel John Moncrief, MC, Dr. Arthur Mason, Jr., and Colonel Robert Lindberg, MS, at the U.S. Army Institute of Surgical Research, first applied Sulfamylon, an antibacterial cream, for the treatment of extensive burns.
- 1967-69 - The use of live oral vaccine against adenovirus types 4 and 7 markedly reduced respiratory infections in recruits.
- 1967-71 - U.S. Army used gamma globulin to prevent hepatitis A and B in soldiers,

thus sparing them from future chronic liver damage.

- 1966 - Pulsed pressure lavage for surgical wounds, modified from dental equipment, permitted better debridement of wounds.
- 1970 - Dr. Malcolm Artenstein, Captain Emil Gottschlich, MC, and Captain Irving Goldschneider, MC, developed the polysaccharide vaccine against Type C Meningococcus. The vaccine greatly reduced deadly meningococcal outbreaks among the military population.
- 1971-81 - Wrap-around polycarbonate goggles were developed. These goggles markedly reduced eye injury and blindness from accidental injury in field maneuvers.
- 1983-89 - Mefloquine, a one tablet cure and/or prophylactic against malaria, entered testing. By the end of the decade, mefloquine had worldwide approval and use.
- 1988-90 - HIV/AIDS testing was applied to first total population trials. Walter Reed classification system for AIDS severity was developed and validated.
- 1991 - Medical Corps demonstrated immunogenicity of gp160 in HIV infection, with early data suggesting that rate of increase in severity of AIDS may be slowed.
- 1991 - Academy of Health Sciences at Fort Sam Houston redesignated as AMEDD Center and School.
- 1992 - Hepatitis A vaccine successfully field-tested in Thailand.
- 1993 - Seven Health Service Support Areas (HSSAs) established with command and control responsibility of the day – to – day operations of the Army Medical Treatment Facilities (MTFs) in the seven geographical areas within the Continental United States (CONUS) and outside the continental United States (OCONUS).
- 1994 - Health Services Command is redesignated the United States Army Medical Command
- 1995 - USAMEDCOM assumes command of Fort Sam Houston, TX
- 1995 - The Health Service Support Areas are redesignated as Regional Medical Commands
- 1998 - The Southwestern Regional Medical Command is combined with The Great Plains Regional Medical Command

- 1999 -The Army Vision redefined, and Transformation to the Objective Force begins.
- 2001 - 91W Enlisted Corps training program instituted, transforming the core training program for Soldier Medics to meet the needs of the Objective Force

Source: 200 Years of Military Medicine by Rose C. Engleman and Robert T. J. Joy, M.D. The Historical Unit of the US Army Medical Department Fort Detrick, Maryland 1975, as modified by Dr. T. J. Joy 23 March 1993.

For further information, see:

**History of the Medical Department of the U.S. Army by P.M. Ashburn
and
History of the Medal of Honor from Civil War to Vietnam
and
visit the AMEDD Museum at Fort Sam Houston, TX**

THE MISSION OF THE ARMY MEDICAL DEPARTMENT

The mission of the U.S. Army Medical Department (AMEDD) is to "conserve the fighting strength" of the United States Army. This mission is practiced in two different arenas that compliment one another- Table of Organization and Equipment (TOE) units, often called field units; and Table of Distribution and Allowances (TDA) units, better known as fixed facilities. AMEDD personnel move back and forth between these areas but with the same ultimate goal: preservation, protection, and health promotion of the soldier. In peacetime, the vast majority of AMEDD clinical personnel are employed within the Army's fixed facilities.

Approximately seventy percent of available Army medical units exist in the U.S. Army National Guard (ARNG) and the Army Reserve (USAR). Because of this, active duty components work closely with Reserve and National Guard units. During mobilization, Reserve component personnel will replace many active Army deploying personnel. Certain Reserve hospital units are pre-designated to integrate into existing Army medical treatment facilities. In peacetime, training of such personnel is frequently accomplished at such facilities during annual training. To meet the needs of its mission and the integration with the Reserve Components, the AMEDD offers a wide variety of assignments that can include patient care, training, research, and health care administration. All of this is with the ultimate focus of providing the best possible protection and care for the soldier on the battlefield.

For further information, see:

**AR 40-1: Composition, Mission, and Functions of
the Army Medical Department**

THE U.S. ARMY MEDICAL DEPARTMENT ORGANIZATION

The Surgeon General (TSG) – As Commanding General, TSG provides advice and assistance to the Chief of Staff, Army (CSA) and the Secretary of the Army (SECARMY) on all health care matters pertaining to the Army and the Military Health Care System. He is responsible for development, policy direction, organization and overall management of an integrated Army-wide health service system and is the medical materiel developer for the Army. This includes formulating policy regulations on health service support, health hazard assessment, and the establishment of health standards. TSG is assisted by the Deputy Surgeon General.

HQ, Medical Command (MEDCOM) –The MEDCOM provides vision, direction, and strategic planning for the AMEDD

Regional Medical Command (RMC) – The Regional Medical Commands are the readiness platforms for the integration of active and reserve components among the TOE and TDA organizations in each region. The RMCs are responsible for command and control of the day-to-day operations of the Army Medical Activities in their respective regions.

Dental Command (DENCOM) – The DENCOM supports the Army with dental care, preventive measures care, early intervention programs, and continuous dental screening.

Veterinary Command (VETCOM) – The VETCOM supports the Army and the Department of Defense (DoD) globally in the areas of animal medicine, subsistence safety assurance and research.

Medical Research and Material Command (MRMC) – MRMC protects soldiers against disease and injury through research and development, as well as, acquisition and distribution of medical equipment and supplies.

Center for Health Promotion and Preventive Medicine (CHPPM) – The CHPPM directs Army medical readiness through health and wellness promotion programs

AMEDD Center & School – the AMEDD Center and School trains and serves as the home of the Army's soldier medics.

For further information, see:

Army Command and Management: Theory and Practice - a reference text for Department of Command, Leadership, and Management, U.S. Army War College, Carlisle Barracks, PA 17013-5050

TITLE 10, UNITED STATES CODE

Title 10, United States Code ("Armed Forces") contains the organic law governing the Armed Forces of the United States and provides for the organization of the Department of Defense (DoD). This original law was amended in November 1980 by the enactment of the Defense Officer Personnel Management Act (DOPMA). The objective of DOPMA was to provide for the management of the commissioned Active Duty force by standardizing the officer management systems between the services and by establishing predictable career milestones. (NOTE: The Medical and Dental Corps are exempt from some provisions of DOPMA.) Title 10, USC was subsequently amended by the Goldwater-Nichols Department of Defense Reorganization Act of 1986 (Public Law 99-443).

The four subtitles of Title 10, USC are: Subtitle A - General Military Law; Subtitle B - Army; Subtitle C - Navy and Marine Corps; Subtitle D - Air Force. Subtitle A contains laws applicable to the Department of Defense generally and to all of the Armed Forces including, in some instances, the Coast Guard. Subtitles B, C, and D contain laws that are applicable to a specific military department. All subtitles consist of 4 parts: organization, personnel, training, and service, supply and procurement.

Among the provisions of note to Medical Corps Officers are:

- Subtitle A, Chapter 55, which defines the beneficiary population that receives medical care.
- Subtitle A, Chapter 104, which establishes the Uniformed Services University of the Health Sciences (USUHS).
- Subtitle B, Part 2 Personnel, Chapter 305, which defines The Army Staff and sets the grade of TSG.
- Subtitle B, Chapter 307, which establishes the Corps structure of the AMEDD.

For further information, see:

Title 10, United States Code Armed Forces

Title 32, United States Code National Guard

(These are available through the Superintendent of Documents, Congressional Sales Office, U.S. Government Printing Office, Washington DC 20402)

MEDICAL CORPS PROMOTION "PHASE POINTS"

The Medical Corps and Dental Corps are the only Corps in the AMEDD that are exempt from the promotion guidelines established in the Defense Officer Personnel Management Act (DOPMA).

Promotions in the Medical Corps (and Dental Corps) are governed by DoD Directive 6000.13 To ensure uniformity between the Services, DoD standardized promotion policy for all DoD MC and DC officers through directives specifying promotion timing, i.e., promotion at the six year time in grade "phase points". These are:

Promotion to Major at 6 years time in service

Promotion to Lieutenant Colonel at 12 years time in service

Promotion to Colonel at 18 years time in service

These timed "phase points" may be adjusted from time to time, but promotion of the Army MC and DC officers is expected to continue within the parameters established by DoD. Officers are normally considered for promotion by a board that meets one year prior to pin on times for each year group.

It is important to note that these phase points are applicable to officers on active duty and do not apply to officers being accessed onto active duty, and does not apply to officers who have been considered for promotion but were not selected for promotion.

For further information, see:

DOD Directive 6000.13

Title 10, United States Code Armed Forces

SPECIAL PAY

There are currently five special pays available to qualified physicians. Three are entitlements and two are discretionary. All are in addition to Regular Military Compensation (RMC). The specifics of the special pay plan are under review as of this writing, with increases in these pays projected. Details are not available at present.

Entitlement special pay policy is a function of the law. Monetary payments vary among physicians by years of Health Professional Pay Entry Credit (HPPEC) awarded upon entry on Active Duty. The current entitlement special pays are:

1. Variable Special Pay (VSP) is a special pay system that pays increasing amounts up to the eighth year of service and then decreasing amounts until twenty (20) years and beyond. Payment is monthly.
2. Board Certification Pay (BCP) is given to physicians who maintain their professional board certification and varies from \$2.5K to \$6K/year, based on HPPED. Payment is monthly.
3. Medical Additional Special Pay (MASP) is a flat pay of (\$15K/year) for physicians not in their initial internship/residency training. It requires a binding one-year contract and is paid annually in a lump sum.

Discretionary special pay has evolved from Office of the Secretary of Defense (OSD) policy directed at maximizing conformity among the Services. OSD's policy on special pay is to achieve equity among specialties with similar educational and experience requirements. The current discretionary pays are Incentive Special Pay (ISP) and the Multi-year Special Pay (MSP).

1. Incentive Special Pay (ISP) is currently authorized for all Medical Corps specialties. Monetary payments vary among specialties and are paid in a lump sum on annual basis. ISP requires a one-year binding contract. Additionally, if a MSP is in effect, the ISP will be adjusted to be for the same term.
2. Multi-Year Specialty Pay (MSP) groups physician specialties into three categories based on a combination of wartime criticality, shortages, and a comparison of the military pay of the specialty in question to its private sector compensation. MSP contracts range from two to four years. The dollar amount depends on the specialty and length of the contract and presently ranges from \$6,000 to \$14,000.

The amount of discretionary special pay fluctuates. Some physicians equate this fluctuation as a negative reflection of their specialty within the AMEDD. However, other physicians, Congress and the Army leadership realize that special pay is a retention tool for needed physician specialties in the Army. The diverse mix of medical specialties presents a difficult challenge when equitably apportioning the available specialty pay funds. The current specialty pay structure, however, provides the Services an opportunity to realistically accommodate a major concern of the physician work force (compensation), while remaining within the constraints legislated by Congress.

For further information, contact the AMEDD Special Pay Branch at:

**Department of the Army
Office of the Surgeon General
ATTN: DASG-PTP, Hoffman II, Room 9S54**

Alexandria, VA 22332-0417

OFFICER EVALUATION REPORTS (OER)

A critically important part of the official military personnel file (OMPF) is the officer evaluation report (OER). The OER is the Army's method of identifying those officers most qualified for advancement and assignment to positions of increased responsibility. The report is usually an annual assessment of an officer's performance and potential in the organizational duty environment and academic environment.

The performance evaluation contained on the OER is for the specified rating period only. The potential evaluation contained on the OER is a projection of the performance accomplished during the rating period into future circumstances that encompass greater responsibilities. The primary focus is the capability of the officer to meet increasing responsibility in relation to his or her peers.

A key element of the OER is the senior rater potential evaluation. This section is also the most misunderstood portion of the OER. The senior rater potential evaluation is provided by a senior rater who has a broad organizational perspective, (i.e., Chief of Department is the senior rater of staff physicians). The senior rater "ranks" the officer by placing an X in one of a series of blocks, (top block, the best - bottom block, the worst).

When the OER is processed by U.S. Army Total Personnel Command (PERSCOM), a comparison of the senior rater's profile and the box check is done. At that time a label is generated which classifies the OER as Above Center of Mass, Center of Mass, Below Center of Mass-Retain or Below Center of Mass-Do Not Retain.

The center of mass is the most frequently used box. "Center of Mass Officers" are usually high quality officers who fare very well at Department of the Army (DA) selection boards. The center of mass concept provides the senior rater with the power to give a boost to the very best officers by placing them above the pack. Also, it allows the senior rater to place the few that do not quite measure up in boxes below the pack. By regulation, the senior rater cannot place more than 49.9% of his ratings in the "top block".

The senior rater should show the rated officer their complete OER and discuss any performance issues with the rated officer.

The information contained in the OER is correlated with the Army's needs and individual officer qualifications in order to provide the basis for actions such as: promotions, elimination, reduction in force, command, school selection, and assignments.

The rated officer must realize that they are responsible for, and must manage their own evaluation. They must be proactive in the development of the support form 67-9-1, and timely completion of the OER itself. The rated officer must ensure that they have a clear understanding of the expectations of the rater, and the senior rater as well as what can be expected in the OER through conversations with the rater and or senior rater.

The following are the most common errors and omissions on the OER:

- Failure of the rated officer to enter Annual Physical Fitness Test (APFT) and height/weight data. Comments regarding body fat should NOT be added to the rater comments under the new OER 67-9 system.
- Failure of rater to comment on a profile for APFT
- Failure to use standard type. The use of compressed spacing and type is unacceptable.
- Failure to use an original form. The OER must be on an original form; reproduced forms are not acceptable by Headquarters, Department of the Army (HQDA).
- Failure to use only authorized abbreviations. Unauthorized abbreviations may not be used. Additionally, the use of acronyms is not acceptable.
- Failure to submit in a timely manner. Your organization's personnel directorate will have a definite time frame for OER submission that must be followed. The completed OER must be received error-free by PERSCOM no later than 90 days after the "thru" date of the OER.

The key to a good OER is simple:

Do all assigned jobs well.

and

Seek professional development and responsibility.

For further information, see:

AR 623-105 - Officer Evaluation Reporting System

AR 623-1 - Academic Evaluation Reporting System

OFFICER RECORD BRIEF (ORB) and OFFICER MASTER PERSONNEL FILE (OMPF)

The Officer Record Brief (ORB), similar to a single page resume, is an Army form that displays some of the most critical personnel management data, all on one page. The Officer Master Personnel File (OMPF) contains copies of all important paperwork throughout the officer's career. It is currently maintained on microfiche and will transition to a fully computer-based file by October 2002.

The OMPF is divided into three sections:

- 1) - Performance: OERs/awards;
- 2) - Service: duty and promotion orders;
- 3) - Restricted: discipline actions/line of duty investigations (not usually released).

ORBs are used by HQDA assignment officers, hospital commanders and DA selection Boards. The ORB provides the reader with a summary of how the officer has been trained, educated, classified, and utilized during his or her career.

It is extremely important that the ORB and OMPF be kept current. Some changes to ORB and OMPF data, such as change in duty location and submission of evaluations, are routinely reported by units, field military personnel offices, and various HQDA offices. However, the officer must report other personal data to the installation Military Personnel Office (MILPO). For example, the officer must report changes in marital status, number of dependents, all military awards, and new educational degrees.

During their birth month each year, it is a must for all officers to review their ORB, indicate any corrections, submit any supporting documents for those corrections, and certify by signature the accuracy of ORB data. A copy of the ORB can be requested from the local MILPO or U.S. Total Army Personnel Command (PERSCOM). Additionally, with the integration of the new OMPF online, officers should check their OPMF, especially before a Board (promotion/command). Requests may be made by e-mail and should be sent to offrcds@hoffman.army.mil. E-mail requests must originate from a personal e-mail address. Allow one to two weeks for processing.

For further information, see:

DA PAM 600-8 - Military Personnel Office Management and Administrative Procedures

OFFICIAL PHOTO

A key element of an officer's OMPF is the official photograph. Your photograph is the first thing that the board members see when selecting officers for promotion, command and schooling. It is the item that puts a face to the impersonal file. It sets the tone for the members' selection decision.

A CURRENT OFFICIAL PHOTO IS VERY IMPORTANT!

Over the last several years much emphasis has been placed on the need for officers to have a recent, high quality photograph in their personnel files. However, DA receives comments from almost every promotion and selection board on the number of missing, out-of-date, and poor quality photographs.

All officers must submit new official photographs every five (5) years. Additionally, officers should get their photo updated whenever the photo on file no longer represents their appearance (i.e. after a promotion, new award, etc.) The photograph should match the current ORB.

GUIDANCE TO ASSURE A QUALITY PHOTO

- Carry a freshly pressed, well fitting, Class A uniform to the photographers.
- Female officers should wear skirts.
- Wear the Army Medical Department Regimental Crest, unit crest, and patch.
- Ensure ribbons/badges/insignia are displayed correctly and match the ORB.
- Do not wear a temporary unit citation/accoutrements.
- Ensure haircut and mustache are in accordance with Army regulations.
- Take a senior mentor to the photographer to check your appearance.
- Use masking tape to hold down pocket flaps and epaulets.
- If there are problems with the picture, repeat it until it is right.
- Check the picture with a senior mentor before forwarding it to PERSCOM.

For further information, see:

AR 670-1 - Wear and Appearance of Army Uniforms and Insignia

MEDICAL CORPS ASSIGNMENT PROCESS

The Medical Corps assignment process is a continuous cycle. It begins in late summer each year with career managers visiting as many physicians as possible. The visits generally run from July through late November-early December. These visits afford officers who will be moved the following summer the opportunity for personal contact with their assignment managers. These visits are always announced in advance, frequently through the hospital Graduate Medical Education (GME) office or personnel office. If you are anticipating a possible move, it is crucial that you schedule an appointment when the career managers are in your area. If you are unable to meet personally with your career manager, you should submit a written preference statement. You can do this by simply writing a letter to your career manager stating your career goals and assignment preferences. Medical Corps Branch also encourages your calls.

As general rule the assignment process timelines are as follows: as noted above, career management officer visits occur from July through early December. The Teaching Chiefs' conference occurs in October, at which time GME selections are made. These selections are announced in December. Once the GME selection announcements are made, the Medical Corps distribution conference occurs, usually in January. Officer assignments are announced in February, with the assignment orders prepared during March and completed in April. Graduate Medical Education program graduation occurs in June. Assignments become effective during late June through August, with most Medical Corps officers arriving at their new duty station during the last two weeks of July.

For further information, contact Medical Corps Branch at:

**Commander
U.S. Total Army Personnel Command
Health Services Division
ATTN: TAPC-OPH-MC
200 Stovall Street
Alexandria, VA 22332-0417
Webpage
<http://www.personcom.army.mil/Opmed/medcorps.htm>
DSN: 221-2385
or COMM: (703) 325-2385**

PROCEDURE FOR GAINING CAREER STATUS

Officers are retained in the Army in one of two career status categories – United States Army Reserve (USAR) on Active Duty (AD) or Regular Army (RA). The main difference between the two is that USAR officers must leave the service at 20 years while RA officers may remain until 30 years.

UNITED STATES ARMY RESERVE (USAR) ON ACTIVE DUTY

Officers are granted a USAR commission in the grade of Captain upon completion of medical school and entry on to active duty as a Medical Corps officer. Officers typically retain their USAR commissions while serving active duty obligations for medical education/training or special pay. Officers may also apply for Regular Army commission as explained below.

REGULAR ARMY APPOINTMENTS/INTEGRATION (RA)

Regular Army Commissions may be obtained by one of two methods:

1. Officers who are selected for two consecutive promotions by active duty promotion boards are offered the opportunity to integrate into the RA component. Therefore, most MC officers will be offered an RA commission when they are promoted to O-5 (LTC).
2. Officers may submit applications for early integration into the RA to Commander, PERSCOM in accordance with AR 601-100, Chapter 2, Section XII, August 1981 and the annual DA message. Generally, officers must have completed two years of active federal commissioned service (AFCS) by age 55. If non-selected, the officer may reapply in the next fiscal year.

For further information, see or contact:

AR 135-215 - Officer Periods of Service on Active Duty

AR 601-100 - Appointment of Commissioned and Warrant Officer in the Regular Army

or

**Commander,
U.S. Total Army Personnel Command
(ATTN: TAPC-OPD-C) Room 6N67,
Hoffman 11, 200 Stovall Street,
Alexandria, VA 22332-0417
DSN 221-3759 or COM (703) 325-3759**

TRANSITION/RETIREMENT

TRANSITION

The Army Career and Alumni Program (ACAP) was developed to provide transition services and job assistance to soldiers, civilian employees and family members leaving the Army, voluntarily or involuntarily, under honorable conditions. The ACAP provides this service through the Transition Assistance Office (TAO) and the Job Assistance Center (JAC).

The TAO provides total quality management to the transition process. It is the first stop for transitioning personnel. The TAO counselors evaluate the client's needs and develop an Individual Transition Plan. Transition guidebooks and other valuable information on services and benefits are provided.

The JAC is a contractor operated facility collocated with the TAO. This facility provides job search skills training, seminars and workshops, individual assistance and one-stop job-hunting activities.

DoD policy states that all personnel released from Active Duty are entitled to pre-separation counseling to include the many benefits from the Department of Veterans Affairs. The following topics are included in this counseling:

1. Educational assistance, including the Montgomery G.I. Bill.
2. Compensation and vocational rehabilitation are offered under the Departments of Defense, Labor and Veterans Affairs.
3. Affiliation with the Selected Reserve.
4. Governmental and private sector employment search/placement assistance.
5. Medical and dental coverage after separation.
6. Career-change effects.
7. Financial planning assistance.

In addition to the above benefits, the 1991 Defense Authorization Act added several new transition benefits for Active Duty military personnel, who are involuntarily separated under honorable conditions, and their dependents. Most of these benefits are still in effect. Benefits may include:

1. Excess leave and permissive temporary duty.
2. Priority in affiliating with the National Guard and the U.S. Army Reserve.
3. Travel and transportation allowance.
4. Extended eligibility for DoD Dependent Schools.
5. Montgomery G.I. Bill (additional opportunities).
6. Extended health care.
7. Extended commissary and exchange benefits.
8. Extended military housing benefits.
9. Federal civilian employment preference.

Additional veteran benefits include:

1. Insurance: Veterans Group Life Insurance
90 Day Health Insurance
Disabled Veterans Insurance
2. Disability benefits: Leave and Disability Compensation
Vocational Rehabilitation
VA Pension
3. Loans: VA Home Loans
FHA Mortgage Insurance
Rural loans
Business loans

RETIREMENT

There are two types of retirement - voluntary and mandatory. To qualify for voluntary retirement, an officer must have completed at least 20 years of active federal service on his/her retirement date. All Service obligations incurred must be completed, unless waived by HQDA. Mandatory retirement dates are established by law and only in very rare cases are individuals retained on Active Duty beyond these dates. LTCs and COLs may remain until 28 and 30 years respectively, unless involuntarily retired through a Selective Service Early Retirement Board (SERB) or another mandatory retirement process.

Service members that retire receive all benefits listed above under voluntary separation. Additional benefits include retirement pay (based on rank and years of active federal service) and the Survivors Benefit Plan. Retired persons, their dependents, and eligible survivors may continue, on a space available basis, to use military medical facilities for hospitalization and outpatient medical treatment. Alternatively, they may use civilian health care facilities under the TRICARE plan as currently authorized, until age 65 when Medicare takes over. Retired individuals and their dependents and eligible survivors are also authorized commissary and exchange privileges.

For further information, contact:

**Your Post Transition Assistance Office
and
Retirement Services Office**

THE U.S. ARMY RESERVE (USAR) and ARMY NATIONAL GUARD (ARNG)

All persons now entering the armed forces incur a military statutory obligation (MSO) for eight years. This is true whether entry is through the active forces or one of the reserve components. Generally, if you have not spent eight years on active duty, some of your eight-year obligation will remain when you return to civilian life. The statutory obligation should not be confused with contractual obligations.

There are two general categories of reserve forces - Ready Reserve and Standby Reserve.

The Ready Reserve is composed of Selected Reserve units, in both the USAR and ARNG, Individual Mobilization Augmentees (IMAs) and other members of the Individual Ready Reserve (IRR) and Inactive National Guard. Ready reservists are subject to active duty in time of war or national emergency proclaimed by the president, or declared by Congress, or when otherwise authorized by law.

The Standby Reserve generally consists of members who have completed their military statutory obligations. Members do not generally participate in reserve training or readiness programs. They may be mobilized by authority of Congress.

The Selected Reserve consists of members of the ARNG and USAR components who are organized into units and who have volunteered for such service. They are required to participate in periodic training drills (normally one weekend per month) and annual active duty for training for a two-week period. Typically, the most time-intensive participation option is membership in a "drilling" Reserve unit. Units available are specifically medical (i.e., general, combat support, field hospitals, dental units, forward surgical teams, air and ground evacuation units, veterinary and preventive medicine), and non-medical units with organic medical elements, such as a medical platoon of a maneuver battalion or medical companies that are part of a brigade or division. Drilling positions for medical officers at the unit level also include Special Forces units. Additionally, the USAR has drilling units known as augmentation hospitals and installation support units that are designed to support an installation or augment a Military Treatment Facility (MTF) in the event of mobilization. These units conduct their annual training at CONUS MTFs.

For the USAR medical officer, other options include participation in the IMA and the IRR. IMAs are reservists who are assigned to mobilization positions in active-force organizations. The amount of training each IMA is required to accomplish in peacetime to ensure immediate and effective performance of duty upon mobilization is determined by the active organization to which he or she is assigned. IMA positions are primarily clinical, but there are some academic, and research and development positions. These positions typically require only 12 days per year of duty.

Individual Ready Reserve consists of individual reservists, not organized into units, who are primarily prior-service members with two or more years of Active Duty. This pool of manpower is managed by the Army Reserve Personnel Command (AR-PERSCOM), St. Louis, MO. Training opportunities are more limited, but the time commitment is minimal. A certain level of IRR participation is essential in order for the medical officer to be favorably considered for promotion.

For further Information, see:

AR 135-191 - Service Obligation, Participation Requirements

AR 135-133 - Ready Reserve Screening, Qualification Records System, and Change of Address

AR 135-180 - Qualifying Service for Retired Pay, Non-Regular Service

AR 135-200 - Training, Annual Training, etc.

AR 140-1 - Assignments, Attachments, Details and Transfers (USAR)

AR 140-185 - Training and Retirement Point Credits and Unit Level Strength Accounting Records

MEDICAL CORPS "GO TO WAR" AREAS OF CONCENTRATION (AOCs)

The following Medical Corps Areas of Concentration support the U.S. Army in the theater of operations:

- 60A Operational Medicine
- 60B Nuclear Medicine
- 60C Preventive Medicine
- 60J Obstetrics and Gynecology
- 60K Urology
- 60N Anesthesiology
- 60P Pediatrics
- 60T Otolaryngology
- 60V Neurology
- 60W Psychiatry

- 61F Internal Medicine
- 61H Family Medicine
- 61J General Surgery
- 61K Thoracic Surgery
- 61M Orthopedic Surgery
- 61N Flight Surgery
- 61R Diagnostic Radiology
- 61Z Neurosurgery

- 62A Emergency Medicine
- 62B Field Surgery

For further information, see:

DA PAM 600-4 - Army Medical Department Officer Professional Development and Utilization

AR 600-101 - Commissioned Officer Classification System

PROFESSIONAL OFFICE FILLER SYSTEM (PROFIS)

The Army Medical Department (AMEDD) Professional Officer Filler System (PROFIS) predesignates qualified Active Component health professionals serving in Table of Distribution and Allowance (TDA) units, upon mobilization or upon the execution of a contingency operation, to fill Active Component and early deploying and forward deployed units of Forces Command (FORSCOM), Western Command (WESTCOM), and the OCONUS Medical Commands.

The object of PROFIS is to bring Modified Table of Organization and Equipment (MTOE) units up to their required authorized level of AMEDD officer strength at Authorized Level of Organization-1 (ALO-1).

Based upon the AMEDD experience during the conduct of the Persian Gulf War, the following PROFIS substitutions have been developed:

- 60A Operational Medicine** - Under PROFIS, physicians in any 60/61/62 Series are 100% substitutable for a 60A physician.
- 60C Preventive Medicine** - Under PROFIS, Occupational Medicine Officers (60D) and Flight Surgeons (Aerospace Medicine Certified) (61N) are 100% substitutable for a Preventive Medicine Officer.
- 60V Neurologist** - Under PROFIS, a Child Neurologist (60R) is 100% substitutable for a Neurologist.
- 60W Psychiatry** - Under PROFIS, a Child Psychiatrist (60U) is 100% substitutable for a Psychiatrist.
- 61F Internal Medicine** - Under PROFIS, either of the following AOCs are 100% substitutable for this physician: Pulmonary Disease Officer (60F); Gastroenterologist (60G); Cardiologist (60H); Nephrologist (61A); Oncologist/Hematologist (61B); Endocrinologist (61C); Rheumatologist (61D); and Infectious Disease Officer (61G). The following AOCs are substitutable at a 50% rate for Internal Medicine; Nuclear Medicine (60B) and Allergist/Clinical Immunologist (60M), if root training was Internal Medicine.
- 61H Family Practice** - Under PROFIS, an Emergency Medicine (62A) physician or a Field Surgeon (62B) can be substituted for this AOC at a rate of 75%. For example, if an organization calls for 4 Family Practitioners, up to three (75%) can be either Emergency Medicine physicians or Field Surgeons, or a combination of both.
- 61J General Surgeon** - Under PROFIS, Thoracic Surgeons (61K), Plastic Surgeons (61L), and Peripheral Vascular Surgeons (61W) are 100% substitutable for General Surgeons.

- 61R Diagnostic Radiology** - Under PROFIS, if a Nuclear Medicine Officer (60B) or a Therapeutic Radiologist (61Q), only if they have had a residency in diagnostic radiology, are 100% substitutable for a Diagnostic Radiologist.
- 62A Emergency Room Medicine** - Under PROFIS, a Family Practice Physician is 50% substitutable for a 62A.
- 62B Field Surgeon** - Under PROFIS, Pediatricians (60P), Family Practice (61H), and Internal Medicine (61F) are the primary substitutes for Field Surgeons. Second round substitutions include Preventive Medicine (60C), Occupational Medicine (60D), Pulmonary Disease Officer (60F), Gastroenterology (60G), Cardiology (60H), Dermatology (60L), Allergy, Clinical Immunology (60M), Pediatric Cardiology (60Q), Child Neurology (60R), Neurology (60V), Medical Oncology/Hematology (61B), Endocrinology (61C), Rheumatology (61D), Infectious Disease Officer (61G), Flight Surgeon (61N), Physiatrist (61P), and Emergency Medicine (62A). Third level substitution for 62B include: Obstetrics/Gynecology (60J), Urology (60K), Otolaryngology (60T), General Surgery (61J), Thoracic Surgery (61K), Plastic Surgery (61L), Orthopedic Surgery (61M), Peripheral Vascular Surgery (61W), and Neurosurgery (61Z). The last substitutes for 62B are: Ophthalmology (60S), Nephrology (61A), and Clinical Pharmacology (61E).

NOTE: GME will only be subject to PROFIS under full mobilization.

For further information, see:

DA PAM 600-4 - Army Medical Department Officer Professional Development and Utilization

AR 600-4 - Commissioned Officer Classification System

CRITERIA FOR THE AWARD OF A PROFICIENCY DESIGNATOR

Proficiency designators may be assigned in conjunction with the Area of Concentration (AOC) indicating the Medical Officer's degree of proficiency in a particular AOC.

Medical Proficiency 9A

Determination is on an individual basis by The Surgeon General's Classification Board. The "A" Proficiency designator is used to recognize the accomplishments of a senior physician in the Medical Corps who has consistently displayed outstanding performance throughout their career and has made significant contributions to the AMEDD in clinical, academic, research, or administrative roles. Officers awarded this designator are nominated by their chain of command for consideration for selection by a board of senior Officers. The "A" designator is awarded by the Surgeon General.

Example: 60P9A - Board Certified Pediatrician, recognized for his professional accomplishment (clinical, academic, research).

Medical Proficiency 9B

Certification by the American Specialty Board in a particular specialty or subspecialty.

Example: 61F9B - Board Certified Internist

Medical Proficiency 9C

Either: (1) completion of formal training to meet the American Specialty Board requirement of an approved residency; or (2) fellowship in a recognized teaching center in the professional field; or (3) completion of a formal subspecialty training to meet the American Specialty Board requirements.

Example: 61J9C - General Surgeon, Residency Graduate, Board Eligible

Medical Proficiency 9D

Successful completion of the first year (internship) of an approved GME Training Program.

Example: 62B9D - Field, Surgeon, having completed one year of GME

Medical Proficiency 9E

Intern in an approved first year GME training program which, upon successful completion, will result in the Medical Proficiency 9D. While an intern, the officer will be awarded the AOC specialty in which he/she is training with the medical proficiency identifier 9E.

Example: 60W9E - Psychiatry Intern

For further information, see:

**DA PAM 600-4 - Army Medical Department Officer Professional Development and
Utilization**

AR 611-21- Commissioned Officer Classification System

MILITARY EDUCATION

A career professional Medical Corps officer will attend a variety of military schools throughout his career. Each military school is assigned a Military Education level (MEL) that is a number or letter. AMEDD military training courses available to a Medical Corps Officer include but are not limited to:

Title: **Officer Basic Course (OBC) (MEL G)**
Length: 10 weeks
Location: AMEDD Center and School, Fort Sam Houston, TX
Scope: A core course covering Army Military Qualification Standards (MQS) II (Lieutenant's) tasks and AMEDD corps specific tasks, and a track phase for AOC-specific training.
Prerequisites: Newly commissioned AMEDD Officers. Obligated service requirement for Reserve Components IAW NGR 350-1 and AR 135-200. This Course must be completed before an officer can be assigned overseas.

Title: **Officer Advanced Course (OAC) (MEL F)**
Length: 10 weeks In Residence Phase II
Location: AMEDD Center and School, Fort Sam Houston, TX
Scope: Designed to provide general and specific advanced level military education and training for AMEDD officers with four (4) through five (5) years time in service.
Prerequisites: Active Duty Officers must have a minimum of three (3) years and preferably no more than eight (8) years of commissioned service. Obligated service of Active Component: one (1) year. Obligated service requirement for Reserve Component IAW NGR 350-1 or AR 135-200. Phase I must be completed by distance learning prior to attendance.
Special Information: POC for the Officer Advanced Course: Commander, AMEDD Center and School, ATTN: HSHA-ISI (Military Science Division), Fort Sam Houston, TX 78234-6000; DSN: 471 3767/5085 or COMM (210) 221-3767/5085.

Title: **Command and General Staff Officer Course (CGSOC) (MEL B)**
Length: 40 Weeks and 2 days
Location: U.S. Army Command and General Staff College (CGSC)
Scope: Designed to equip the student to function as a member or leader of a high performing staff organization by applying doctrine and tactics of combat, combat support, and combat service support functions.
Prerequisites: Active or Reserve commissioned officers in grade Captain(p) through Lieutenant Colonel who have completed a branch Officer Advanced Course or equivalent and have not attended or declined to attend a

command and staff college. The completion of Phase I of the Combined

Arms and Service Staff School (CAS 3) is required for the MEL 4 correspondence course and completion of Phase II CAS 3 is required to qualify for resident MEL 4 program. Active Army officers must not have completed more than 15 years promotion list service as of 1 September of the entry year into the college. Obligated service for active duty officers: two (2) years. Functional Area 50 and skill designations 3H, 3L, 5X and 6Z are awarded during peacetime.

Special Information: Because there are only limited opportunities for participation as a resident student (in 1992, the Medical Corps had a resident CGSOC quota of 8), most AMEDD officers enroll in the nonresident CGSOC in either the Corresponding Studies Program or through the U.S. Army Reserve Forces School (USARF) System.

Title: **Army War College (AWA) (Resident Course) (MEL A)**
Length: 40 Weeks and 1 day
Location: U.S. Army War College, Carlisle Barracks, PA
Scope: Study of national security policy, national and military doctrine, joint and combined plans and operations, command, leadership and management; examination of the world and domestic environment and the application of national power in support of national objectives.
Prerequisites: To be considered, an Active Component officer must be serving in the grade of Lieutenant Colonel or Colonel, have completed no less than 16 years and no more than 23 years of active federal commissioned service and be a graduate or have credit for completion of a command and staff level college. Reserve Component officers on the active duty list who are otherwise eligible, will remain eligible for consideration as long as they will not reach their mandatory release date from active duty prior to the convening date of the board. Obligated service: 2 years.

Title: **Senior Service College (SSC) (MEL A)**
Length: 44 weeks and 1 day
Scope: Consists of one of the following: resident attendance at the Army War College (AWC), Carlisle Barracks PA; nonresident participation in the Army War College Corresponding Studies Course (AWCCSC); and/or resident attendance at the Industrial College of the Armed Forces (ICAF); or participation in the AWC Fellows Program with a one-year Intragovernmental Fellowship (IGF) in the Department of Health and Human Services.
Prerequisite: Applicants are selected annually by an AMEDD Senior Service College Selection Board. To be considered, an Active Component officer must be

serving in the grade of Lieutenant Colonel or Colonel, have completed no

fewer than 16 years and no more than 23 years of active federal commissioned service and be a graduate of, or have credit for, completion of a command and staff level college.

For further information on Military Education, see:

DA PAM 351-4 - Army Formal Schools Catalog
DA PAM 600-4 - The Army Medical Department Officer Professional

Development and Utilization

GRADUATE MEDICAL EDUCATION (GME)

Graduate Medical Education, both in the civilian sector and in the AMEDD, started with the establishment of internship training in 1920 and, in the 1940s, expanded to include residency training programs.

The Army's decision to conduct its own GME program was based on several factors. There existed medical centers in which to conduct the training. GME, with its associated research and academic endeavors, advanced the quality of Army medicine. The manpower provided by the trainees enhanced patient care services. Residents provided immediately available mobilization assets. The availability of GME programs was an appealing recruiting and retention tool.

The unpopularity of the military during the post-Vietnam era affected physician recruitment. In response, the GME program was expanded and continued to supply the number and variety of specialties needed. As part of this GME expansion, Congress established the Armed Forces Health Professions Scholarship Program (AFHPSP) and the Uniformed Services University of the Health Sciences (USUHS). The Medical Corps continues to expand GME in specialties where there is a mission need or in areas with recruitment/retention shortfalls. Approximately 1/3 of the current active duty physicians are engaged in GME.

The Army GME program is designed and implemented to serve the needs of the active force. The residency and fellowship programs that are offered vary from year to year depending on the needs of the service but mirror those available in most university graduate medical education programs in the standard primary care, specialty, and surgical fields to include; Pediatrics, Family Practice, General Surgery, Internal Medicine, Obstetrics and Gynecology, Physical Medicine, Neurology, Psychiatry, and Pathology. A full listing of all available programs and the application process, as well as general information about Army Graduate Medical Education is available at the address listed below for the Office of Graduate Medical Education.

GME Programs may be conducted in non-Army medical treatment facilities and in the following Medical Centers (MEDCENS) and Medical Department Activities (MEDDACS):

MEDCENS

San Antonio Uniformed Services Health Education Consortium
Eisenhower AMC
Madigan AMC
Tripler AMC
National Capital Region
Womack AMC
William Beaumont AMC

MEDDACS

Ft. Hood
Ft. Belvoir
Ft. Benning

There are two GME selection boards. The First Year Graduate Medical Education (FYGME) selection board is normally held in the month of December of the year prior to

training that starts on 1 July. The deadline for FYGME applications to be submitted to the GME office is normally during the August of the year prior to the start of training.

The Resident/Fellow selection board is normally held the last week of October of the year prior to training that starts 1 July. The deadline for Resident/Fellow applications to reach the GME office is on or about 15 September of each year.

Upon completion of a long-term health education and training program, the individual will not be released from Active Duty for at least 2 years, except in the best interest of the Government. Upon selection for GME, obligation expiration dates are specified on the individual's training agreement.

A civilian applicant should seek information and apply for GME through the nearest AMEDD procurement counselor's office or by visiting the GME web sit listed above.

For further information, see below.

**Director, Directorate of Personnel, ATTN: SGPS-EDM
(Graduate Medical Education Branch) 5109 Leesburg
Pike, Falls Church, 22041-3248
DSN: 289-8306 or COMM (703) 756-8036**

or (if civilian):

**the nearest AMEDD Procurement Office listed in the blue government pages of
the phone book**

or see

**AR 351-3 - Professional Training of Army Medical Department Personnel
(Chapters 4 and 8)**

AMEDD SHORT COURSES

A professional Medical Corps officer will have the opportunity to attend a variety of professional short courses throughout his career. Examples of such courses include but are not limited to the following:

Title: **Combat Casualty Care Course (C-4)**
Length: 8 Days
Location: Defense Medical Readiness Training Institute (DMRTI), Fort Sam Houston, TX (Camp Bullis, TX)
Scope: Designed to prepare AMEDD officers to assess, treat and manage casualties from forward points of the battlefield to areas of sea evacuation during joint operations in low, mid, and high intensity conflicts. Students will also receive Advanced Trauma Life Support training and testing. The majority of this course occurs under field conditions.
Prerequisites: Active or Reserve Components. Students are selected in accordance with guidelines from the Surgeons General of the Army, Navy and Air Force. Active Army students are selected by the appropriate OTSG Career Activities Office (CAO) at PERSCOM. Priority for attendance is MC (minimum class composition for each component is 50% MC). Medical Service Corps (MS) 1st Lieutenants and Captains serve as Training, Advising, and Counseling (TAC) officers. Pregnant officers will not be allowed in the course due to the strenuous physical activities and the potential for injury.
Special Information: Orders must reflect Camp Bullis, TX as the course location. Students report not earlier than (NET) 0800 and not later than (NLT) 1400 on course starting date. ALL MEDICAL CORPS OFFICERS MUST ATTEND.

Title: **Joint Operational Medical Manager's Course**
Length: 5 days
Location: Defense Medical Readiness Training Institute (DMRTI), Fort Sam Houston, TX (Camp Bullis, TX)
Scope: To provide senior medical department officers, primarily physicians, a better understanding of problems facing commanders, administrators, and department chiefs serving in military treatment facilities during joint operations in low, mid, and high intensity conflicts. The course focuses on the management of a large number of casualties and emphasizes medical supply, transportation, communication, and site selection. Two days of this eight-day course are taught under field conditions.
Prerequisites: Active or Reserve Components. Students must be fully trained medical department officers eligible for assignment as commanders, administrators, or department chiefs at a combat deployable medical facility. The students are primarily Lieutenant Colonels and Colonels. TAC officers are primarily MS, pay grade O4.
Special Information: Orders must reflect Camp Bullis, TX as the course location. Student report not earlier than (NET) 0800 and not later than (NLT) 1400 on the course starting date, which is always on a Friday.

Title: **Principles of Military Preventive Medicine**
Length: 9 Weeks
Location: AMEDD Center and School, Fort Sam Houston, TX
Scope: To provide AMEDD officers with the skills and knowledge to function at the entry level in the preventive medicine specialty areas.
Prerequisites: AMEDD officers whose actual or anticipated assignments is to a preventive medicine program or to preventive medicine related duties. Must have successfully completed the Officer Basic Course (OBC). Obligated Service for Active Components is one year; obligated service requirement for Reserve Component IAW NGR 350-1 or AR 135-200, as appropriate.

Title: **Medical Management of Chemical and Biological Casualties Course**
Length: 5 days
Location: USA Medical Research Institute of Infectious Diseases, Fort Detrick, MD and USA Medical Research Institute for Chemical Defense, Aberdeen Proving Ground, MD
Scope: An advanced course designed to familiarize clinical specialists in infectious diseases (internists and pediatricians) about the potential threat of biological weapons and chemical warfare agents both in the field and in fixed facilities.
Prerequisites: Course is intended primarily for military physicians who may be involved in health or medical care, or medical chemical defense research and development. Must have subspecialty training or clinical experience in clinical aspects of infectious diseases.
Special Information: Individuals requiring glasses should bring their protective masks with inserts. Certain lectures on the first day require a valid Secret Clearance which must be sent to Commander, USAMRIID, ATTN: SGRDUIA-R, Ft. Detrick, MD 21701-5011 and must arrive at least one (1) week prior to the class start date. Active Army applications (DA Form 3838) should be submitted through channels to Career Activities Office (CAO), OTSG. Fund cites provided by USAMERIID, DSN 343-2588 or COMM (301) 663-2488. There is a graded pass/fail examination associated with this course.

Title: **Medical Effects of Ionizing Radiation (MEIR)**
Length: 2-3 days by video teleconference at regional locations, central course 4 days
Location: Regional, or Washington DC for the four day course
Scope: The MEIR course is designed to improve the operational capabilities of the military services by providing medical and operational personnel with up-to-date information concerning the biomedical consequences of radiation exposure.
Prerequisites: The course is postgraduate level instruction primarily for health care providers, senior disaster preparedness personnel, and operational providers.

Title: **Chemical, Biological, Radiological, Nuclear, and High Explosive review course (CBRNE)**

Location: This course is distance learning based from the Academy of Health Sciences Distant Learning Department.

Scope: The purpose of this course is to provide enhanced medical NBC training in every AMEDDC&S numbered course, including the courses comprising the Postgraduate Professional Short Course Program, and is a prerequisite for course attendance. In addition, all Professional Postgraduate Short Course Program (PPSCP) courses starting after 9 Mar 02 will contain tailored and specific CBRNE content.

Title: **Executive Skills Course**

Length: 5 days

Location: AMEDD Center and School, Fort Sam Houston TX

Scope: To prepare individual AMEDD Medical Corps officers for their roles as Deputy Commander for Clinical Services in MEDCEN/MEDDAC facilities throughout MEDCOM.

Prerequisites: Active duty commissioned officers of the Medical Corps (AMEDD) with a tentative assignment as Deputy Commander for Clinical Services. Must have completed the AMEDD Officer Advanced Course.

Title: **AMEDD Pre-Command Course**

Length: 2 weeks

Location: AMEDD Center and School, Fort Sam Houston TX

Scope: Designed to prepare Lieutenant Colonels and Colonels in preparation for battalion and brigade-level command, division/corps surgeon duties or fixed facility command by providing refresher training in selected functions and/or duties. Ensures a common understanding of current U.S. Army training, personnel, logistics, and tactical doctrine. Subject course is a portion of a multi-phased program and is preceded by a Phase I Correspondence Course (correspondence study material provided by Fort Leavenworth) and a six-day resident Leavenworth phase.

Prerequisites: Active Army priority. Reserve Components on a space available basis. Commissioned AMEDD officers selected for command of a medical brigade, group, battalion or battalion-level hospital organization, designated for assignment as a division or corps surgeon, or selected for command of a fixed facility.

Special Information: There are three (3) primary phases that must be attended by all command designees and two (2) supplementary phases (attended IAW training needs). These are: (1) self-study phase administered by CGSC; (2) Leavenworth phase administered and conducted at CGSC; (3) branch/specialty phase (AMEDD attend AMEDD Battalion/Brigade Pre-

Command Course at Fort Sam Houston; (4) language phase (if going to a U.S. Army Europe (USAREUR) assignment); and (5) Senior Officer Legal Orientation (SOLO) phase at the Judge Advocate General (JAG) School (for special courts-martial convening authorities).

For further information, see:

DA PAM 351-4 - Army Formal Schools Catalog
DA PAM 60G-4 - The Army Medical Department Officer Professional Development and Utilization

CAREER DEVELOPMENT PHASES

Within the Medical Corps career tracks, there are four (4) phases of career development that are related to military rank. These phases depict assignment opportunities that can be expected during each and illustrate a progression of military education and professional training opportunities. Each phase of career development has certain broad objectives. These phases are flexible since the actual course of an officer's professional development and utilization will be influenced by Army requirements, needs of the Medical Corps, the officer's own capabilities, personal preference, and demonstrated performance.

PHASE 1 - Initial Phase	- CAPTAIN
PHASE 2 – Intermediate Phase	- MAJOR
PHASE 3 – Advanced Phase	- LIEUTENANT COLONEL/COLONEL
PHASE 4 - Senior Executive Phase	- COLONEL/GENERAL OFFICER

Phase 1 – Initial Phase - Captain This phase begins with entry into the Medical Corps. After graduation from Medical School, all officers will attend their first year graduate medical education (FYGME) and apply for their GME Residency training. If the officer is not matched to a Residency program directly after FYGME, the officer will be classified as a Field Surgeon (62B9D). Some of these officers will serve as Primary Course trained Flight Surgeons and carry the AOC of 61N. MC officers beyond First Year Graduate Medical Education (FYGME) must possess a current valid unrestricted State License. States vary as to the required number of years after FYGME that an MC officer can obtain a license. Newly commissioned officers attend the AMEDD OBC (MEL G). A majority of HPSP and all Uniformed Services University of Health Science graduates will attend OBC during Active Duty for Training (ADT) while attending medical/osteopath school. All officers are required to attend the C4 course.

Phase 2 – Intermediate Phase - Major The objectives of this phase are to complete graduate medical education and obtain board certification. MC officers may begin subspecialty fellowship training during this period. Completion of the OAC (MEL F) is done during this phase. When the revision of DA PAM 600-4 is approved, Medical Corps officers (1) have successfully completed OAC and (2) are board certified in their initial residency, they will be awarded MEL B. Until then, successful completion of Command and General Staff College (distance learning is acceptable) is still a requirement for MEL B. A MC Officer who wishes to compete for command or hold MC and AMEDD leadership positions should complete the Common Core (ILE) training as a senior MAJ or as a junior LTC. The CBRNE Courses are short courses also taken during this intermediate phase.

Phase 3 – Advanced Phase - Lieutenant Colonel The objectives of this phase are subspecialty board certification and continued military professional development. Medical Corps Officers must remain current in professional skills through Continuing Medical Education (CME). Officers should complete the Combat Casualty Management Course (C4A) during this period. Those officers wishing to compete for command and the senior MC leadership positions should take the Common Core ILE early in this advanced phase to be eligible for consideration to attend Senior Service College or to participate in the Army War College. Assignments will be made to progressively more responsible and challenging positions. These assignments will require managerial expertise, leadership abilities, and an overall understanding of military and MC operations. MC Officers do not participate in any Voluntary Indefinite (VI) programs. MC officers

who enter active duty as USAR officers may either apply for RA integration or are offered it after their second DA promotion from a centralized DA promotion board, usually in the grade of LTC if they enter as a CPT. USAR Officers who do not integrate, or do not apply for it, must leave active duty at the end of their obligation if they entered active duty after 1986 (post DOPMA). MC USAR officers who want to remain on active duty beyond their initial obligation who have not yet been considered for RA, must extend their current service obligation through a special pay contract.

Phase 4 – Senior Executive Phase - Colonel/General The objective of this phase is maximum utilization of the officer's acquired professional and military skills. Clinical knowledge and executive acumen are needed for positions of great responsibility. Officers in this phase may be nominated for the AMEDD "A" designator, will serve in senior leadership assignments, and may serve as teaching chiefs in their AOC. Selected MC officers will be chosen to attend a SSC or to participate in the AWC. The purpose of these courses is to prepare officers for the highest MC and AMEDDD level command and DA and DoD staff duties.

For further information, see:

DA PAM 600-4 - Army Medical Department Officer Professional Development and Utilization

MEDICAL CORPS OFFICER LIFE CYCLE CAREER DEVELOPMENT PLAN

The overall professional objective of the Medical Corps is to obtain a body of highly motivated and qualified officers possessing the professional and managerial skills necessary to fill positions of the highest responsibility in the event of mobilization.

It should be emphasized that professional development for physicians must be highly individualized and a definitive career pattern must be developed with a maximum inherent responsiveness to the needs of the Army Medical Department, the U.S. Army Reserve, and the individual physician.

Medical Corps officers, both active and reserve, will attend the AMEDD Officer Basic Course (OBC) and the AMEDD Officer Advanced Course (OAC). For the present, they are encouraged to complete the U.S. Army Command and General Staff Officer Course (CGSOC). With the approval of the revision of DA PAM 600-4, officers wishing to compete for leadership positions and to be competitive for consideration for command should complete the Common Core ILE. Selected officers will be chosen to attend a Senior Service College.

There are AOC short courses available to AMEDD officers in which they are encouraged to enroll. They include Combat Casualty Care Course (C4) and the Joint Operational Medical Manager's course.

Three career development tracks have been designed. (See the Medical Corps Life Cycle Model on the following page.) They are: clinical/operational, education, and research. Each track includes the three pillars of leader development: institutional training, self-development, and operational assignments. They are based on a thirty (30) year life cycle model and include projected promotions. Career Medical Corps officers are not confined to one track, but can and are encouraged to move between tracks.

For further information, see:

DA PAM 600-4 - Army Medical Department Officer Professional Development and Utilization

Life Cycle Model Medical Corps (Active Component)

Years of Service Promotion	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	CPT			MAJ				LTC				COL																		
Military Training	OBC	OAC				Common Core *				Senior Service College																				
	CBRNE Short Crs **						Combat Casualty Mgt																							
Professional Development	F	Residency			Fellowships/MPH			Subspecialty Board																						
	Y	License											Board Certification ***			MBA		Advanced Science Degree												
	G	Continuing Medical Education																												
	M	TOE/TDA Physician											BN/BDE/DIV Surg			Staff/CMD Assignments DCCS				Commander										
Clinical/Operational Assignments ****		Utilization Tour				MEDDAC Staff			MEDCEN Staff/Dept Chief																					
		CO CDR/Clinic OIC											DCCS																	
Education ****		Utilization Tour				Teaching Staff			Residency Dir				Dir Med Ed/USUHS Faculty																	
Research ****		Utilization Tour				Research Asst			Product Mgr/Div Ch				Dept Ch/Area Dir/CDR				MRDC CDR													

- * Medical Corps Officers must complete the Common Core Course (ILE) (DL is acceptable) prior to being considered for MEL A selection. It is advisable for officers who aspire to senior corps and AMEDD administrative positions to complete Common Core (ILE) training.
- ** Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Short Courses include: Advanced Trauma Management, Advanced Trauma Life Support, Medical Management of Chemical and Biological Casualties (MCBC), and Medical Effects of Ionizing Radiation (MEIR).
- *** Medical Corps officers attain MEL B when they become Board Certified in their initial residency.
- **** The majority of assignments integrate more than one of the areas listed under the operational heading. These assignments are not intended to indicate specific tracts that a Medical Corps officer should follow in career progression; one should expect a variety of challenging assignments commensurate with rank and experience.

ACRONYMS

ACAP	Army Career and Alumni Program
AD	Active Duty
ADT	Active Duty for Training
AFHPSP	Armed Forces Health Professions Scholarship Program
ALO	Authorized Level of Organization
AMC	Army Materiel Command
AMEDD	Army Medical Department
AOC	Area of Concentration
APFT	Annual Physical Fitness Test
AR	Army Regulation
ARNG	Army National Guard
AR-PERSCOM	Army Reserve Personnel Command
AWC	Army War College
AWCCSC	Army War College Corresponding Studies Course
BCP	Board Certification Pay
CAO	Career Activity Office
CAS3	Combined Arms and Service Staff School
C4	Combat Casualty Care Course
C4A	Combat Casualty Management Course
CBRNE	Chemical, Biological, Radiological, Nuclear, and High Explosives
CDR	Commander
CGSC	Command and General Staff College
CGSOC	Command and General Staff Officer Course
CONUS	Continental United States
CHPPM	Center for Health Promotion and Preventive Medicine
CME	Continuing Medical Education
CSA	Chief of Staff, Army
DA	Department of the Army
DA PAM	Department of the Army Pamphlet
DCCS	Deputy Commander for Clinical Services
DC	Dental Corps
DENCOM	Dental Command
DoD	Department of Defense
DOPMA	Defense Officer Personnel Management Act
FORSCOM	Forces Command
FYGME	First Year Graduate Medical Education
GME	Graduate Medical Education
HSSA	Health Service Support Area
HPPEC	Health Profession Pay Entry Credit
HQDA	Headquarters, Department of the Army
IAW	In Accordance With
ICAF	Industrial College of the Armed Forces
IGF	Intragovernmental Fellowship
IMA	Individual Mobilization Augmentee
IRR	Individual Ready Reserve
ISP	Incentive Special Pay
JAC	Job Assistance Center

JAG	Judge Advocate General
JMRTC	Joint Medical Readiness Training Center
MASP	Medical Additional Specialty Pay
MC	Medical Corps
MEDCEN	Medical Center
MEDCOM	Medical Command
MEDDAC	Medical Department Activity
MEIR	Medical Effects of Ionizing Radiation
MEL	Military Educational Level
MILPO	Military Personnel Office
MOS	Military Qualification Standards
MRMC	Medical Research and Material Command
MOS	Military Statutory Obligation
MSP	Multi-Year Special Pay
MTF	Medical Treatment Facility
MTOE	Modified Table of Organization and Equipment
NET	Not Earlier Than
NGR	National Guard Regulation
NLT	Not Later Than
OAC	Officer Advance Course
OBC	Officer Basic Course
OCONUS	Other than Continental United States
OER	Officer Evaluation Report
OMPF	Official Military Personnel File
ORB	Officer Record Brief
OTSG	Office of The Surgeon General
PERSCOM	U.S. Army Total Personnel Command
PPSCP	Professional Short Course Graduate Program
PROFIS	Professional Officer Filler System
RA	Regular Army
RMC	Regional Medical Command
RMC	Regular Military Compensation
SECARMY	Secretary of the Army
SERB	Selective Service Early Retirement Board
SOLO	Senior Officer Legal Orientation
TAO	Transition Assistance Office
TAC	Training, Advising, and Counseling
TDA	Table of Distribution and Allowances
TOE	Table of Organization and Equipment
TSG	The Surgeon General
USAMRIID	USA Medical Research Institute of Infectious Disease
USAR	U.S. Army Reserve
USAREUR	U. S. Army Europe
USARF	U.S. Army Reserve Forces

USC	United States Code
USUHS	Uniformed Services University of Health Sciences
VETCOM	Veterinary Command
VI	Voluntary Indefinite
VSP	Variable Special Pay
WESTCOM	Western Command

Please direct your suggestions and comments on this Guide to the Officer Division, AMEDD Personnel Proponent Directorate at the following address:

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NOTE:

This is not an official Department of the Army Publication, but a Medical Corps sponsored aide for new MC Officers. It is only a guide. More detailed information is available from the sources listed at the end of each section of this guide.