

Army Regulation 40-1

Medical Services

**Composition,
Mission, and
Functions of
the Army
Medical
Department**

**Headquarters
Department of the Army
Washington, DC
24 May 2019**

UNCLASSIFIED

SUMMARY of CHANGE

AR 40-1

Composition, Mission, and Functions of the Army Medical Department

This major revision, dated 24 May 2019--

- o Expands the responsibilities of The Surgeon General (para 1-4a).
- o Clarifies the dual-hat role of The Surgeon General as the Commander, U.S. Army Medical Command (para 1-4a(10)).
- o Clarifies the dual-hat role of the Deputy Surgeon General as the Deputy Commanding General, U.S. Army Medical Command (para 1-4b(3)).
- o Explains the role of the Command Sergeant Major, U.S. Army Medical Command (para 1-4c).
- o Expands composition of the Army Medical Department, to include the Enlisted Corps and Civilian Corps (paras 1-4d and 1-4e).
- o Updates provisions on Army Medical Department command positions (para 1-9).
- o Adds responsibilities for consultants to The Surgeon General (para 1-11).
- o Adds responsibilities for the corps synchronization element members (para 1-12).
- o Adds a chapter on the corps chiefs' offices and their functions (chap 2).
- o Moves warrant officer roles and responsibilities to the corps where they perform duties (chap 2).
- o Adds authorization information about a Chiropractic Section in the Medical Specialist Corps (para 2-6a(2)).
- o Refers to all corps consistently, with two-letter designations (throughout).
- o Updates information on professional consultants (throughout).
- o Removes material that is obsolete due to organizational restructuring (throughout).

Medical Services

Composition, Mission, and Functions of the Army Medical Department

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:


KATHLEEN S. MILLER
Administrative Assistant
to the Secretary of the Army

History. This publication is a major revision.

Summary. This revision prescribes the composition, mission, functions, and responsibilities of the Army Medical Department as authorized under Section 7067, Title 10, United States Code. It implements DODD 6400.04E, DODD 5101.1, and AR 190–17.

Applicability. This regulation applies to the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General of the Army (DASG–HSZ), 7700 Arlington Boulevard, Falls Church, VA 22042–5142.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to The Surgeon General of the Army (DASG–HSZ), 7700 Arlington Boulevard, Falls Church, VA 22042–5142.

Distribution. This regulation is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

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*This regulation supersedes AR 40-1, dated 1 July 1983.

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Glossary

Chapter 1 Introduction

1–1. Purpose

This regulation prescribes the composition, mission, functions, and responsibilities of the Army Medical Department (AMEDD), as established under Section 7067, Title 10, United States Code (10 USC 7067). It also provides information pertaining to the AMEDD and each corps therein.

1–2. References and forms

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

a. The Surgeon General. TSG is a general officer (GO) appointed from any corps of the AMEDD in accordance with 10 USC 7036. TSG is the principal advisor to the Secretary of the Army (SECARMY); Chief of Staff, Army (CSA); and other principal officials of Headquarters, Department of the Army (HQDA) on all health and medical matters of the Army, including the medical aspects of manning, training, organizing, and equipping the Army. TSG assists and supports the assistant secretaries of the Army in each of their functional areas of responsibility through the development and execution of Army strategy, policy, and plans related to health affairs; the execution and supervision of those policies and plans by other Army organizations; and assessment of health affairs policies and programs. The Secretary of Defense designated the SECARMY as the DOD executive agent for DOD veterinary public-health and animal-health services. The Secretary of Defense directed the SECARMY to delegate this authority to The Surgeon General. In AR 190–17, the Secretary of the Army designates TSG as the executive agent responsible official for the DOD Biological Select Agent and Toxins Biosafety Program. TSG also serves as the chief medical advisor of the Army to the Director of the Defense Health Agency (DHA) on matters pertaining to military health readiness requirements and safety of members of the Army. In addition, TSG—

(1) Executes the development, policy direction, organization, and overall management of an integrated Armywide system of health in a manner consistent with the implementation of DHA's responsibility for administering each military medical treatment facility (MTF), in accordance with 10 USC 1073c.

(2) In accordance with 10 USC 7036, and acting under the authority, direction, and control of the SECARMY, will recruit, organize, train, and equip medical personnel of the Army.

(3) Represents the Army on health policies both inside and outside the Department of Defense (DOD), including to the U.S. Department of Veterans Affairs, the White House and other elements of the executive branch, Congress, and nongovernmental organizations.

(4) Provides technical advice and assistance to the Army Secretariat and Army Staff on matters regarding health readiness of the force; warrior transition care; public health; medical force structure and equipping; force development; medical research and development; test and evaluation of medical systems; medical training and education; medical evacuation; and medical military construction.

(5) Develops and directs the Army's planning, programming, budgeting, and execution process for the Defense Health Program.

(6) Advises on the medical aspects of maintaining a physically and mentally fit, combat and operationally ready, military force.

(7) Ensures the timely availability of trained personnel and other health resources required to provide support to approved combat, mobilization, and contingency plans of the Army.

(8) Provides a program of health services to all eligible beneficiaries as currently authorized by law and practice.

(9) Maintains a professionally viable and effective Army healthcare system that is an incentive for recruiting and retaining high-quality health professionals in an all-volunteer Army.

(10) Is dual-hatted as the Commander, U.S. Army Medical Command (MEDCOM), in accordance with AR 10–87.

(11) Ensures that AMEDD officers and civilians who are members of the Army acquisition work force comply with Public Law 101–510 (The Defense Acquisition Workforce Improvement Act), as modified by 10 USC Chapter 87.

b. The Deputy Surgeon General. The DSG is a GO of the AMEDD who—

(1) Performs duties assigned by TSG.

(2) Serves as acting TSG in the TSG's temporary absence, as well as any absence due to death, disability, retirement, reassignment, or expired term of office.

(3) Is dual hatted as the Deputy Commanding General (Support), MEDCOM.

c. The Command Sergeant Major. The CSM —

(1) Serves as principal advisor to TSG on all AMEDD enlisted-personnel matters.

(2) Helps TSG plan, direct, and supervise healthcare delivery and services for the Army as pertains to AMEDD enlisted personnel.

(3) Consults and coordinates on policies and standards pertaining to performance, care, conduct, appearance, personnel management, and training of AMEDD's enlisted personnel.

(4) Helps inspect command activities, facilities, and personnel to include but not limited to assessing readiness, quality of life, and training of AMEDD's enlisted personnel as prescribed by TSG.

(5) Represents, or appoints a representative, as president or member of command promotion boards for noncommissioned officers as authorized by regulations.

(6) Ensures effective career planning and training are provided to AMEDD's enlisted personnel to achieve professional and educational goals and opportunities.

(7) Monitors professional quality, performance, and career development of AMEDD enlisted personnel, in their respective specialties, to ensure the highest standards of healthcare delivery and service.

(8) Monitors development and implementation of AMEDD's enlisted-personnel education and training programs to support readiness requirements of the AMEDD.

(9) Provides guidance on plans and policies for management, training, and utilization of AMEDD's enlisted personnel.

(10) Ensures that officers commissioned in the Medical Corps (MC), Dental Corps (DC), Veterinary Corps (VC), Medical Service Corps (MS), Army Nurse Corps (AN), and Army Medical Specialist Corps (SP) of the AMEDD will carry out the duties outlined in chapter 2.

(11) Ensures that warrant officers assigned to AMEDD specialties will carry out the duties outlined in chapter 2.

d. Enlisted personnel overview.

(1) TSG has designated an Enlisted Corps (EC) to recognize the integral role of enlisted personnel in supporting the Army medicine mission.

(2) Active duty AMEDD enlisted personnel will be placed in positions consistent with their primary military occupation specialties (MOSs) or career progression MOS qualifications, in accordance with AR 614-200.

(3) Army National Guard of the United States and U.S. Army Reserve (USAR) enlisted personnel will be utilized in positions equal to their military qualifications and personal attributes.

(4) Enlisted personnel assigned to AMEDD specialties fulfill the roles outlined in chapter 2.

e. Civilian personnel overview.

(1) TSG has designated a Civilian Corps (CC) to recognize the integral role of civilian personnel to support the Army medicine mission.

(2) The AMEDD CC consists of U.S. citizens, direct-hire, and indirect-hire local nationals employed under appropriate regulations of the U.S. Office of Personnel Management (OPM), HQDA, and the AMEDD.

1-5. Records management (recordkeeping) requirements

The records management requirements for all record numbers, associated forms and reports required by this regulation are addressed in the Army Records Retention Schedule—Army (RRS-A). Detailed information for all related record numbers, forms, and reports are located in ARIMS/RRS-A at <https://www.arims.army.mil>. If any record numbers, forms, and reports are not current, addressed, and/or published correctly in ARIMS/RRS-A, see DA Pam 25-403 for guidance.

1-6. Composition

a. The AMEDD encompasses those Army special branches that are under the supervision and management of TSG and are established in 10 USC 7067. Specifically, these special branches are the MC, DC, VC, MS, AN, and SP. In addition to these statutorily established corps, TSG has designated the EC and CC to recognize the integral role of enlisted and civilian personnel in supporting the AMEDD mission. The separate nature of the many disciplines within the branches comprising the total healthcare delivery system dictates diversity in the approach to managing personnel within that system. Although separate and unique, the branches cannot effectively function apart from one another, due to the commonality created by the mission.

b. The AMEDD is one of the world's largest health systems and includes all roles of medical, dental, veterinary, and other related healthcare, from policy and decision making to the combat medic in the field. The AMEDD is composed of

its execution elements; the Office of The Surgeon General (OTSG), a principal office of the Army Staff; and MEDCOM, a direct reporting unit (DRU) to HQDA.

1–7. Mission

a. The mission of the AMEDD is to maintain the health of the Army and conserve its fighting strength. Care is provided for eligible personnel in peacetime and, at the same time, preparations are made for health support of the Army in time of war, international conflict, or natural disaster. Successfully accomplishing the AMEDD mission relies on teamwork among all health professionals while providing optimum healthcare and services to Soldiers, their Families, and other beneficiaries.

b. Accomplishing this mission requires the following—

(1) Developing and executing coordinated plans and programs to provide the best possible health service, in war and peace, to eligible personnel.

(2) Establishing health standards.

(3) Selecting medically fit personnel for military service and disposition of the medically unfit.

(4) Applying effective means of public-health and preventive-medicine services.

(5) Applying effective means of health education and management.

(6) Executing an approved medical research, development, test, and evaluation program.

1–8. Functions

The four major functions of the AMEDD are—

a. Selecting physically and mentally fit persons for military service.

b. Identifying and mitigating threats to the health and well-being of Soldiers, their Families, and other beneficiaries through robust holistic health promotion, wellness, preventive medicine, and environmental programs.

c. Medically treating those who become sick or injured, and promptly returning them to duty or other disposition as appropriate.

d. Promptly evacuating patients from the combat zone to MTFs designated to provide the type and extent of treatment required.

1–9. Command positions

a. The provisions of AR 600–20 apply in designating or assuming command within the AMEDD, except as modified in this regulation.

b. AMEDD commands include regional health commands (RHCs), medical centers (MEDCENs), medical department activities (MEDDACs), Army health clinics, public health regional commands (PHRCs), public health activities (PHAs), dental health commands (DHCs), the U.S. Army Medical Department Center and School (AMEDDC&S) and U.S. Army Health Readiness Center of Excellence (HRCoE), U.S. Army Medical Research and Materiel Command (MRMC), and AMEDD table of organization and equipment (TOE) units designated by HQDA. These medical units will be commanded by AMEDD officers eligible to assume command under AR 600–20. This includes all AMEDD commands, regardless of Army command, Army service component command, or DRU task organization. The designated AMEDD officer will command these medical units, even though another officer may be the senior officer assigned. DA Pam 600–4 outlines AMEDD commander-selection processes.

(1) *Regional health command.* An RHC is a regional command element that oversees the day-to-day operations of MEDCENs; MEDDACs; Army health clinics, DHCs; PHRCs; PHAs, and numerous clinics throughout the United States, Europe, and Asia. The RHCs include Atlantic, Central, Europe, and Pacific sites.

(2) *Non-command health clinics.* Those health clinics not designated as a command will remain an organizational element of their MEDCEN or MEDDAC; the parent organization is responsible for administrative control (ADCON) over personnel and financial resources. The parent MEDCEN or MEDDAC commander will provide the professional direction, in addition to selecting the officer-in-charge to manage the day-to-day clinic activities.

(3) *Public health regional command.* A PHRC is a regional command element that promotes the health of people, communities, animals, and work places by preventing disease, injury, and disability of Soldiers, military retirees, their Families, DA Civilian employees, and animals through studies, surveys, assistance visits, and technical consultation within their region. The PHRC commanders will exercise command authority over personnel assigned to all PHAs within their region.

(4) *Public health activity.* A PHA is a command activity subordinate to a respective PHRC. The PHA commander will exercise command authority over personnel assigned to their installations and provide the highest quality animal medical care, comprehensive food safety and quality assurance, and veterinary preventive medicine support possible.

(5) *Dental Corps officer.* Under 10 USC 7081(d), dental and dental auxiliary personnel throughout the Army are organized into units commanded by a designated Dental Corps officer.

(6) *Dental health command.* Professional direction of regional DHCs will come from the regional health commanders. The DHC will be commanded by a DC officer. The DHC commander will exercise command authority over personnel assigned to all dental activities (DENTACs) within the region, in accordance with AR 600–20.

(7) *Dental health activity.* Command and professional direction of DENTACs will come from the DHC commander. DENTACs are subordinate to a specified DHC and commanded by a DC officer. The DENTAC commander may exercise command authority over personnel assigned to other installations. This may include a dental clinic command (DCC), which may be geographically separated from the parent DENTAC. The parent DENTAC of a dental clinic will have ADCON over personnel and financial resources. The DENTAC commander will be the installation director of dental services for all installations within the dental service area and will retain that position, even when a senior DC officer is on duty with another unit on the installation.

(8) *Dental clinic commands.* DCCs will be commanded by a DC officer eligible to assume command under AR 600–20.

(9) *Non-command dental clinics.* For those dental clinics not designated as a command, the parent DENTAC or DCC commander will select a DC officer-in-charge to manage the day-to-day clinic activities.

(10) *Director of Health Services.* The MEDCEN and MEDDAC commander will be the Director of Health Services (DHS) for all installations within the MEDCEN's and MEDDAC's geographic area of responsibility, and will retain that position, even when a senior AMEDD officer is on duty with another unit on the installation. The installation DHS position is AMEDD branch immaterial.

(11) *Army Medical Department Center and School.* The AMEDDC&S will be commanded by an AMEDD general officer eligible to assume command under AR 600–20.

(12) *Army Medical Research and Materiel Command.* MRMC will be commanded by an AMEDD general officer eligible to assume command under AR 600–20.

1–10. Utilization of Army Medical Department Officers

a. AMEDD officer duty time will be devoted, to the maximum extent possible, to actions and procedures in their specialty and to their assigned positions. AMEDD officers normally will work in their primary occupational specialties.

b. Commanders of AMEDD units will establish local utilization policies for assigned members of their commands. These policies will include performance of additional duties. Policies will be based on—

- (1) Workload.
- (2) Assigned level of personnel.
- (3) General situation of the command.
- (4) Utilization guidance provided in subsequent chapters in this regulation for each AMEDD corps and warrant officers.

1–11. Consultants to The Surgeon General

a. General.

(1) TSG appoints consultants to provide technical and professional expertise in a wide variety of healthcare disciplines. Consultants may be military or civilian members of the AMEDD. Consultants to TSG serve in an advisory position and are essential to the management and leadership of the AMEDD. Their role provides essential specialty focus and expertise for strategic and operational planning. The consultant position is an additional duty and does not diminish regulatory responsibilities of the military command structure.

(2) The chief of consultants is appointed by TSG to provide oversight and coordination for all consultant activities.

b. Duties. Duties of consultants to TSG are corps- and specialty-specific. Duties may include, but are not limited to, the following—

(1) Serves as subject matter expert (SME) in the designated specialty. Provides oversight to all members of the specialty to include military and Department of the Army (DA) Civilians.

(2) Helps maintain high standards of professional practice and research throughout the command. Provides information and advice on new evidence-based practice research in prophylaxis, diagnosis, treatment, and technical procedures.

(3) Advocates for specialty-specific concerns and recommends changes to policies and practices as appropriate.

(4) Defines training requirements and distribution of training positions. Advises on specialty-specific training issues as needed.

(5) Participates in semiannual distribution events about appropriately distributing personnel assigned within a specialty. Collaboratively works with Human Resources Command assignment officers to recommend the best fit for teams, organizations, and units.

(6) Serves as a career mentor within the specialty, with specific focus on efforts to recruit and retain highly trained members of the specialty.

(7) Helps plan and acquire equipment and resources.

(8) Maintains proficiency in the specialty.

(a) Completes required continuing education to maintain good standing in the specialty area of concentration (AOC), as needed.

(b) Maintains board or applicable certification(s) in the specialty or AOC, as required.

c. *Knowledge, skills, and abilities.*

(1) Intermediate level education graduate preferred.

(2) Medical proficiency designator “9A” preferred.

(3) Terminal degree or advanced degree in the specialty.

(4) Board certification required if applicable to the specialty.

(5) Record of successful completion of leadership roles such as, but not limited to, section chief, clinic chief, department chief, service chief; commander; or program director.

(6) Experience preferred, but not required, in education or training activities.

d. *Selection and appointment process.*

(1) Consultants are appointed by TSG for no longer than 4 years. In certain circumstances, consultants may be reappointed for 1 to 4 years.

(2) Consultant appointments will be accomplished through a standardized and centralized selection process managed by the Consultant Program Office.

(3) The Consultant Program Office will maintain a current roster of all consultants on the Consultant Program website.

(4) ARNG AMEDD troop program unit advisors are appointed and approved by the ARNG chief surgeon to assist the Active Component consultants in messaging critical information related to specific AOCs.

(5) USAR AMEDD troop program unit advisors are appointed and approved by the USAR Chief Surgeon to assist the Active Component consultants in messaging information related to specific AOCs.

e. *Relationships with non-Federal groups.* Consultants will confer with the MEDCOM ethics counselor for advice before participating with non-Federal groups. There may be occasion for TSG to appoint consultants as an official Army liaison to a specific group. If so, the MEDCOM ethics counselor and the Consultant Program manager will advise and/or assist as appropriate.

1–12. Corps synchronization element

a. *Function.* The Corps Synchronization Element (CSE) is a virtual group authorized by TSG to provide a strategic link between the AMEDD Corps, the OTSG, and MEDCOM. The CSE—

(1) Serves as an enabling body to leverage expertise within the respective AMEDD Corps, and to ensure corps efforts are synchronized with Army medicine’s strategic direction and initiatives.

(2) Provides a link between the OTSG and the AMEDD Corps to improve communication, coordination, collaboration, and synchronization capabilities for key Army medicine initiatives.

(3) Enables principal corps representatives to gain and share information through multiple forums to include update meetings, huddles, stand-ups, steering committees, and task forces determined necessary to support Army medicine enterprise businesses.

b. *Coordination.*

(1) The CSE reports directly to the MEDCOM chief of staff and coordinates with OTSG and MEDCOM staff, and other support elements with a focus on strategy and innovation.

(2) The CSE coordinates directly with the AMEDD and the DSG on regional health command (RHC) and MTF clinical performance assurance issues.

c. *Membership.* The CSE charter provides for nine voting members who select one member each year to serve as CSE chair. Voting membership includes one representative from each of the AMEDD Corps, plus the TSG’s chief of consultants. The central corps chiefs’ office administrator serves as a non-voting member.

1–13. Organization of the Army Medical Department

See figure 1–1 for the organizational chart of the AMEDD.

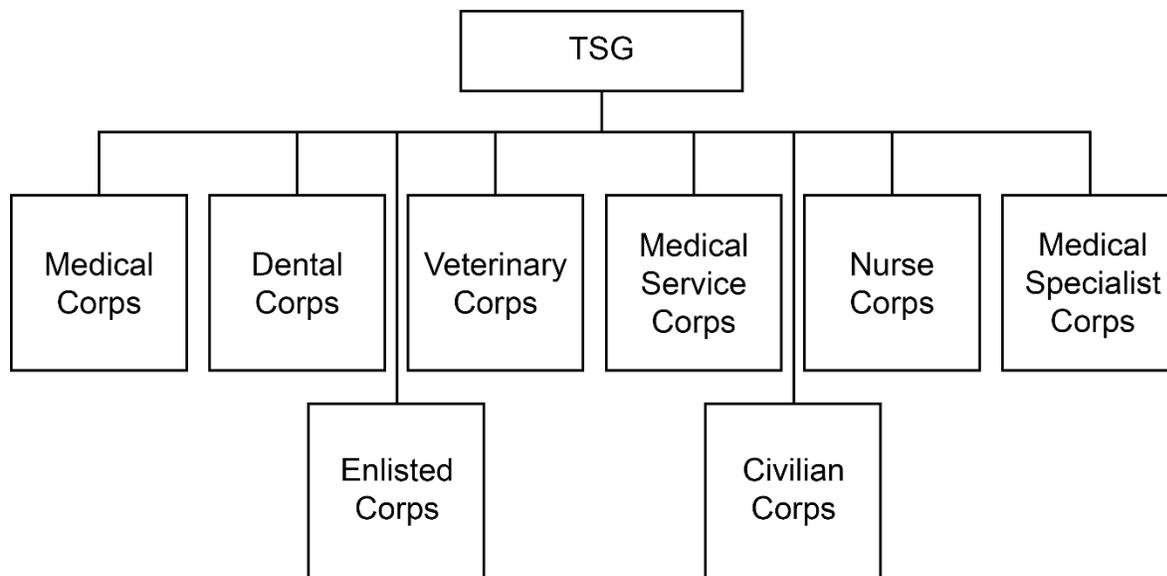


Figure 1–1. Army Medical Department organizational structure

Chapter 2 Corps of the Army Medical Department

2–1. Medical Corps

a. Composition. The MC consists exclusively of commissioned officers who are qualified doctors of medicine or doctors of osteopathy. See AR 40–68 for additional information on duties, professional credentialing, certification and licensure requirements, scope of practice, and utilization of MC officers.

b. Duties. Professional duties are those directly related to—

- (1) Evaluating medical fitness for duty of members and potential members of the Armed Forces.
- (2) Analyzing medical and physical conditions of patients.
- (3) Practicing preventive and therapeutic medicine.
- (4) Developing and adopting medical principles required for—
 - (a) Preventing disease and injury.
 - (b) Treating and reconditioning patients.
 - (c) Solving, through research and development, professional medical problems in—
 1. Preventing disease and injury.
 2. Treating and reconditioning patients.

c. Staff.

- (1) The senior MC officer assigned to, and with duty at, an HQ (other than medical) will be officially titled—
 - (a) The surgeon of a combatant command (CCMD).
 - (b) The command surgeon of an Army command, Army service component command, or DRU.
 - (c) The ARNG chief surgeon.
- (2) These titles indicate the medical officer’s staff position rather than qualifications. Duties of these individuals are advisory as staff officers and technical in the supervision of all medical units of the command. These individuals—
 - (a) Advise the commander and members of the staff on all medical matters pertaining to the command.
 - (b) Participate in all planning activities for military operations.
 - (c) Exercise complete technical control within a command over medical units in maintaining health and caring for the sick and wounded. This care will include those means of evacuation that are organic to the AMEDD.
- (3) Coordination with staff counterparts at higher and subordinate HQ is through command channels, except for directly coordinating professional and technical matters.
- (4) By mutual agreement between commanders, the appropriate medical staff officer may, as an additional duty, serve as the staff surgeon to other commands that do not have an assigned medical staff officer.

(5) Specific duties of a medical staff officer are explained in DA Pam 600–4 and DA Pam 611–21.

d. Utilization

(1) MC officers' duty time will be devoted, to the maximum extent possible, to actions and procedures for which they are specially trained and/or support the wartime readiness mission. A minimum of time will be given to those duties that can be adequately performed under their direction by other AMEDD personnel. MC officers may serve outside their specialty training when assigned as operational surgeons, staff officers, or as commanders.

(2) Except when regulations provide otherwise, such officers will not be—

(a) Detailed as members of non-professional boards or committees.

(b) Assigned to other duties in which medical training is not essential.

2–2. Dental Corps

a. Composition. The DC is established in accordance with 10 USC 7081 and is authorized one officer to serve as chief of the DC. The DC consists exclusively of commissioned officers who possess a doctor of dental surgery or dental medicine degree from a dental school accredited by the American Dental Association's Commission on Dental Accreditation.

b. Duties. Professional duties are those directly related to the science of dentistry as practiced by the dental profession to include—

(1) Evaluating dental fitness for duty of members, and potential members, of the Armed Forces.

(2) Adopting evidence-based dentistry principles and practices required for—

(a) Preserving and promoting oral health.

(b) Treating oral disease and restoring oral function.

(3) Executing approved dental research, development, testing, and evaluation programs that lead to the prevention of oral disease and orofacial injury and or treatment and oral rehabilitation of patients.

(4) Developing and promulgating policies that promote oral health.

(5) Duties specific to dental areas of concentration (see DA Pam 600–4).

c. Staff.

(1) The primary duty of the DC officer present for duty with an HQ not associated with a Dental Activity will be a dental staff officer, except where designated with other specified duties. The title of a dental staff officer will be dental surgeon.

(2) DC officers exercise complete technical control within the command over dental activities—

(a) To prevent oral disease.

(b) To care for dental patients.

(3) Coordination with staff counterparts at the higher and the subordinate HQ is through command channels, except for direct coordination of professional and technical matters.

(4) By mutual agreement between commanders, the appropriate dental staff officer may, as an additional duty, serve as the staff dental surgeon to other commands that do not have an assigned dental staff officer.

d. Utilization.

(1) DC officers' duty time will be devoted, to the maximum extent possible, to actions and procedures in their specialty. A minimum of time will be given to those duties that can be adequately performed under the direction of other AMEDD personnel. DC officers may serve outside their specialty training when assigned as operational surgeons, staff officers, or as commanders.

(2) Except when regulations state otherwise, such officers will not be—

(a) Detailed as members of non-professional boards or committees.

(b) Assigned to other duties in which dental training is not essential.

e. Dental organizations. Dental organizations are described in MEDCOM Regulation 10–1 and MEDCOM Regulation 40–21.

f. Application of licensing laws to Dental Corps officers. See AR 40–68 for additional information on duties, professional credentialing, certification and licensure requirements, and scope of practice of DC officers.

2–3. Veterinary Corps

The Secretary of Defense designated the SECARMY as the DOD executive agent for DOD veterinary public-health and animal-health services, in DODD 6400.04E. The Secretary of Defense also directed the SECARMY to delegate this authority to TSG. The Veterinary Corps plays a key role in supporting the executive agent responsibilities.

a. Composition. The VC is recognized in 10 USC 7084 and consists exclusively of commissioned officers who are qualified doctors of veterinary medicine and food safety warrant officers with the AOC 640A. The majority of food safety officer positions require a degree in food science and technology, or a closely related field.

b. Duties

(1) Chief, VC.

- (a) Ensures equitable and suitable veterinary support to all DOD agencies and other governmental agencies as directed.
- (b) Serves as TSG's functional proponent for the Army Food Protection Program.
- (2) Professional duties of VC officers. Specific duties of a veterinary officer are defined in AR 40-905, AR 40-656, AR 40-657, and DA Pam 600-4. These duties include—
 - (a) Supervise, direct, or perform food protection and quality assurance missions. Provide consultative services to, and advise, the appropriate authority on food acceptability. This includes, but is not limited to—
 - 1. Food protection audits and food and water risk assessments of commercial establishments in which foods are produced, processed, prepared, manufactured, stored, distributed, or otherwise handled.
 - 2. Sanitation inspections of military retail facilities.
 - 3. Receipt and surveillance inspections of all food products being delivered to, stored, issued, or sold on military installations or commercial ration assembly plants.
 - 4. Laboratory analysis of food for chemical, biological, and radiological attributes.
 - 5. Inspections to determine fitness for human consumption of all foods which may have been contaminated by chemical, biological, or radioactive materials.
 - (b) Help the senior medical staff officer of the CCMD, MEDCEN, or MEDDAC at all levels of command to discharge responsibilities for conducting a comprehensive medicine program, to include preventing and controlling diseases common to man and animals.
 - (c) Provide a comprehensive program to prevent and control animal diseases or conditions that are transmissible to humans, pose a threat to DOD-owned or DOD-supported animals, or constitute a military community health problem.
 - (d) Provide veterinary service support to—
 - 1. AMEDD training programs.
 - 2. Medical and subsistence research and development programs and activities.
 - (e) Provide comprehensive veterinary services to DOD and authorized privately owned animals. Provide veterinary services to morale support activity owned animals, as time and resources permit.
 - (f) Collect and maintain data on:
 - 1. Adulteration and contamination of food supplies that may affect the health of the Armed Forces and their Family members or that may have an operational impact.
 - 2. Animal diseases that may affect the health of the Armed Forces and their Family members, or DOD-owned or DOD-supported animals, or that may otherwise have an operational impact.
 - 3. Animal diseases that may affect public health, require reporting to the appropriate authority, or signify an existing or anticipated condition that may be of military or civilian significance. Under applicable circumstances, these would include diseases or conditions reportable to local, State, Federal, and comparable agencies.
 - (g) Provide technical consultation to the senior medical staff officer or the CCMD, MEDCEN, or MEDDAC commander in all phases of operations. In this capacity the VC officer will—
 - 1. Identify conditions associated with subsistence and animals that may cause human health risks or pose a threat to DOD-owned or DOD-supported animals.
 - 2. Make recommendations for corrections of unsafe conditions.
 - 3. Provide risk analysis and mitigation relating to food- or water-borne diseases in host nation.
 - 4. Provide evaluation of current host nation agricultural practices, and make course of action recommendations for advancing agricultural practices, and economic and infrastructure development.
 - 5. Support stability operations as directed.
 - 6. Coordinate with intergovernmental organizations, non-governmental organizations, host nation governmental organizations, and U.S. military forces operating within the theater of operations.
 - 7. Provide comprehensive veterinary services in accordance with DOD Directive 6400.04E.
 - (h) Assist, on request and when authorized, civilian authorities or other Federal departments in emergency animal disease control programs, and provide support to civil authorities and DOD in All-Hazards response.
- (3) Professional duties of VC food safety warrant officers. Food safety officers are veterinary service warrant officers who possess the AOC 640A. The majority of food safety officer positions require a degree in food science and technology, or a closely related field. Duties performed by food safety officers include to—
 - (a) Manage and direct personnel, facilities, and equipment required for military food hygiene, wholesomeness, food protection, and quality assurance.
 - (b) Prepare reports relative to veterinary food protection or quality assurance activities.
 - (c) Maintain liaison with Federal, State, and local public health agencies and other regulatory officials as appropriate.
 - (d) Perform food protection audits on commercial food establishments.
 - (e) Certify and train VC officers and authorized civilians to perform food protection audits of commercial food establishments.

- (f) Manage food-related laboratory and research activities.
- (g) Supervise the technical aspects of the food inspection mission performed by noncommissioned officers.
- (h) Manage or advise on other food programs such as troop feeding, installation support, operational rations, and food defense.
- (i) Perform food and water risk assessments.
- (j) Update regulations and policy letters.
- (k) Perform staff functions when serving as staff officers at procurement agencies or as instructors.
- (l) Perform other technical and administrative duties as assigned by the technician's supervisor.

c. Utilization.

(1) VC officers' duty time will be devoted, to the maximum extent possible, to actions and procedures for which they are specially trained. A minimum of time will be given to those duties that can be adequately performed under the direction by other AMEDD personnel.

(2) At installations and activities where no VC officer is assigned, required military veterinary service may be provided on an attending basis, as determined by the responsible veterinary and or public health chain-of-command based on mission and available resources.

(3) VC food safety warrant officers will be utilized only within their AOC in TOE units, table of distribution and allowances (TDA) activities, MEDCENs or MEDDACs, and other DOD agencies and activities.

2-4. Medical Service Corps

a. Composition. The MS Corps is established in accordance with 10 USC 7068 and consists exclusively of commissioned administrative and allied science officers, as well as health service maintenance technician warrant officers with the AOC 670A. The MS consists of the corps chief, the deputy corps chief, and assistant corps chiefs with responsibility over the following sections—

- (1) Administrative health services—
 - (a) Healthcare administration (70A).
 - (b) Health services administration (70B).
 - (c) Health services comptroller (70C).
 - (d) Health services information management (70D).
 - (e) Patient administration (70E).
 - (f) Health services human resources (70F).
 - (g) Health services plans, operations, intelligence, security, and training (70H).
 - (h) Health services materiel (70K).
 - (i) Health service maintenance technician (670A).
 - (j) Aeromedical evacuation (67J).
- (2) Medical allied sciences—
 - (a) Microbiology, parasitology, and immunology (71A).
 - (b) Biochemistry and physiology (71B).
 - (c) Clinical laboratory (71E).
 - (d) Research psychology (71F).
- (3) Preventive medicine sciences—
 - (a) Nuclear medical science (72A).
 - (b) Entomology (72B).
 - (c) Audiology (72C).
 - (d) Environmental science and engineering (72D).
- (4) Clinical health sciences—
 - (a) Pharmacy (67E).
 - (b) Optometry (67F).
 - (c) Podiatry (67G).
 - (d) Social work (73A).
 - (e) Clinical psychology (73B).

b. Duties.

(1) Officers of the MS perform a wide variety of duties within the AMEDD in accordance with DA Pam 600-4 and DA Pam 611-21. These duties, consistent with the officer's education, training, and experience, include—

- (a) Administrative.
- (b) Logistical.
- (c) Technical.

(d) Scientific.

(e) Clinical.

(2) DA Pam 600–4 prescribes the full range of duties performed by the health service maintenance technician warrant officer. Specific areas of responsibility include—

(a) Planning and executing Total Life Cycle Management of specialized medical equipment and associated information management systems in generating and operating force organizations.

(b) Managing Defense Acquisition System and Sustainment Maintenance Enterprise activities necessary to ensure the readiness of medical equipment and related information systems.

(c) Developing theater, brigade, battalion, and company medical-equipment sustainment programs.

(d) Providing technical support for clinical equipment throughout the military healthcare system as assigned, including scheduled and unscheduled maintenance, and maintaining parts inventories.

(e) Providing technical and tactical direction, guidance, resources, assistance, and supervision of military and civilian subordinates.

(f) Documenting all actions and test results according to department policy, using computerized maintenance management software applications and other standard office software applications.

(g) Developing and operating ancillary support programs.

(h) Coordinating and or participating in requests for special projects, such as new equipment acquisition-purchase planning, developing bid specifications, analyzing vendor proposals, installation planning, acceptance testing, renovations, equipment upgrades, and equipment disposal.

(i) Participating in development of department- and system-wide quality assurance indices or continuous quality improvement initiatives related to the proper use, or maintenance and repair of, patient care equipment.

(j) Performing incident investigation and equipment performance analysis as required.

(k) Developing patient-care-equipment safety, and device-specific, training programs to present to clinical staffs throughout all locations. Also, training must be conducted for patient-care-equipment users, as needed.

(l) Developing or reviewing emergency and safety plans related to use and operations of critical patient care equipment.

(m) Reviewing patient care equipment safety alerts and recall notices and taking appropriate action to ensure the affected equipment is tested or removed from service, when appropriate.

(n) Developing evaluation criteria to compare patient care equipment and devices under consideration for purchase.

c. *Utilization.*

(1) MS officers normally will be utilized in their primary professional specialty.

(a) MS officers who, in the performance of their assigned duties, provide patient care, will devote their time—to the maximum extent possible—to actions and procedures for which they are specially trained. A minimum of time will be given to those duties that can be adequately performed, under their direction, by other AMEDD personnel. Patient care duties include—

1. Direct professional services on an appointment basis.

2. Preventive medicine functions.

3. Exceptions to paragraph 2–4c(2)(a), are duties involving courts-martial, boards, administrative officer of the day (AOD), or staff duty officer (SDO) duties.

(b) MS officers may perform duty in branch-immaterial assignments when authorized by TSG (DASG–HR), 7700 Arlington Boulevard, Falls Church, VA 22042–5140.

(2) Utilization of Medical Service Corps warrant officers. Provisions of DA Pam 600–4 and DA Pam 611–21 govern utilization of the health service maintenance technician.

(a) Health service maintenance technicians will be utilized only in their MOS.

(b) Health service maintenance technicians are normally assigned to MEDCOM, Regional Health Command, MEDCEN, MEDDAC, maintenance operations divisions, and medical materiel centers' institutional TDAs, or to operational TOE units such as medical logistics management centers, medical deployment support commands, multifunctional medical battalions, medical logistics companies, and combat support hospitals.

(c) Some health service maintenance technicians are assigned for managing depot or combined maintenance operations.

2–5. Army Nurse Corps

a. *Composition.* The AN Corps consists of the chief, deputy chief, and other officers in grades prescribed by the SECARMY pursuant to 10 USC 7069. The AN includes the following AOCs—

(1) Army public health nurse (66B).

(2) Psychiatric and behavioral health nurse (66C).

(3) Perioperative nurse (66E).

(4) Nurse anesthetists (66F).

- (5) Obstetrics and gynecologic nurse (66G).
- (6) Medical surgical nurse (66H). Medical surgical nurses may be on diverse career tracts (for example, nursing informatics, clinical nurse specialist, nurse case manager, nurse methods analyst, or a nurse executive).
- (7) Family nurse practitioner (66P).
- (8) Psychiatric and behavioral health nurse practitioner (66R).
- (9) Critical care nurse (66S).
- (10) Trauma and emergency nurse (66T).
- (11) Certified nurse midwife (66W).

b. Duties.

- (1) The corps chief (see para 3–6).
- (2) The deputy chief assists the Chief, AN in the execution of the mission, functions, and administration of the Corps Chief's Office.
- (3) A senior nursing executive (such as a deputy commander for nursing or chief nurse executive) is designated at each MTF and regional HQ, respectively. This individual—
 - (a) Has the authority, responsibility, and accountability for nursing practice within that MTF or region.
 - (b) Serves as a member of the command group and is the principle advisor to the MTF commander and staff on all nursing issues.
 - (c) Serves at the executive level as a member of the command group collaborating to forecast and formulate program planning, financial strategies, and evaluation processes.
 - (d) Assumes an active leadership role in the decision-making structures and processes of the organization's governing body, management, organized medical staff, and clinic leadership.
 - (e) Functions at the executive level to oversee high quality, safe, effective, compassionate, and efficient nursing care.
 - (f) Supervises and provides operational guidance and assistance to subordinate unit nursing leaders.
 - (g) Coordinates and collaborates with AMEDD senior leaders to develop operational policy and healthcare initiatives.
 - (h) Provides leadership and executive management in developing an MTF plan for the four realms of nursing practice: clinical, administration, research, and education.
 - (i) Conducts MTF force management for all military, civilian, and contract nursing resources.
 - (j) Assures MTF plan for the exchange and application of best practices and strategies in nursing care, and collaborates in MTF plans for continuum of care initiatives, access, quality, productivity, and cost-containment.
 - (k) Determines plan to promote and integrate nursing research in the MTF in accordance with AMEDD, AN, and MTF organizational needs and evidence-based practice.
 - (l) Provides guidance and coordination for nursing and related health services information management systems and technology integration.
 - (m) Assures the MTF's plan of action to attain and sustain medical readiness of nursing personnel, to include but not limited to, the Professional Filler System and other readiness training, AOC and additional skill identifier specialty training and competency, continuing education, and leader development.
 - (n) Supports MTF nursing education and clinical rotation programs in collaboration with hospital education, nursing education, and staff development.
 - (o) Liaises with community nursing leaders to facilitate communication, recruitment, retention, and professional development of staff.
 - (p) Represents and assists the commander and assumes command when necessary.
- (4) Army Nurse Corps officers. The focus of the practice of nursing is on the patient and Family-centered system of care developed on the foundation of professional nursing standards of practice and professional performance, a professional code of ethics, and the functions for which its practitioners accept responsibility. These include both independent nursing functions and delegated medical functions that may be either performed autonomously in coordination with other health team members or delegated by a professional nurse to other persons. Preventing disease and injury, conducting assessments, and developing policy and assurance are other core nursing functions applied towards influencing behavioral change that improves medical readiness and monitors the Army's health.
 - (a) Professional duties include—
 1. Integrating all components of professional nursing: clinical practice, administration, research, and education. Clinical nursing practice is the foundation of Army nursing.
 2. Leading, assessing, planning, delivering, managing, operating, controlling, coordinating, and evaluating all facets of nursing practice within every scope of the healthcare mission.
 3. Serving in advance practice roles.
 4. Serving on credentialing committees.

(b) Staff and other duties. See AR 40–68, DA Pam 600–4, DA Pam 611–21, and paragraph 2–5c of this regulation, for additional information on duties, privileging, certification and licensure requirements, scope of practice, and utilization of AN officers.

c. Utilization.

(1) AN officers will be assigned to nurse related professional, administrative, leadership, command, and staff duties that directly contribute to accomplishing the AMEDD mission, to include 05A positions.

(2) AN officers will be utilized as members of nonprofessional boards or committees when AN officers or other nursing service personnel are involved in the proceedings.

(3) AN officers will not perform AOD, SDO, or other additional duties in which professional nursing education, training, and experience are not essential. Exceptions include serving—

(a) In an administrative HQ (for example, HQ, MEDCOM; HQDA; or Medical Brigade).

(b) As an administrative resident.

2–6. Army Medical Specialist Corps

a. Composition.

(1) The Army Medical Specialist Corps (SP) is established in accordance with 10 USC 7070 and is composed of allied health officers with unique skills, to maximize the health and enhance the readiness of Soldiers and beneficiaries across the full spectrum of operational missions and environments. The SP consists exclusively of privileged healthcare providers and students from one of four health professions organized by section—

(a) Occupational Therapist Section. Occupational therapists (OT) (65A) or graduate-level students enrolled in an SP professional education program for the purpose of becoming qualified as OTs.

(b) Physical Therapist Section. Physical therapists (PT) (65B) or graduate-level students enrolled in an SP professional education program for the purpose of becoming qualified as PTs.

(c) Dietician Section. Dietitians (65C) or graduate-level students enrolled in an SP professional education program for the purpose of becoming qualified as dietitians.

(d) Physician Assistant Section. Physician assistants (PA) (65D) or graduate-level students enrolled in an SP professional education program for the purpose of becoming qualified as PAs.

(2) 10 USC 7070 establishes a Chiropractic Section in the SP and authorizes appointment of commissioned officers in that section under regulations prescribed by the SECARMY; however, current regulations have not implemented this statutory authority and do not provide procedures or qualifications for the appointment of military chiropractors.

b. Duties.

(1) OTs provide a broad spectrum of evidence-based preventive and restorative services directed at patient care in garrison and during deployment.

(a) Primary treatment focus for occupational therapy includes—

1. Neurorehabilitation behavioral health, such as combat operational stress control.

2. Traumatic brain injury and concussive care.

3. Upper extremity orthopedic evaluation and rehabilitation for conditions such as acute or chronic musculoskeletal injuries, polytrauma, amputee care, and burns.

4. Ergonomics.

(b) Therapeutic interventions include consultation, education, environmental adaptation, and activity modification in focus areas such as—

1. Readiness training.

2. Injury prevention.

3. Behavioral health restoration.

4. Ergonomics.

5. Wellness education.

6. Battlefield unit needs assessments to determine unit mental health status.

7. Functional restoration.

8. Individualized treatment to Soldiers suffering the effects of acute and chronic combat and operational stress.

9. Independent practitioner and physician extender for acute and chronic upper extremity neuromuscular injuries and disorders, including the fabrication of custom splints to return injured Service members to optimal duty status.

10. Energy conservation and work simplification.

(c) OTs supervise enlisted and civilian personnel who are qualified occupational therapy technicians, or rehabilitation technicians, implementing prescribed plans of care.

(2) PTs evaluate, diagnose, and treat patients across the full spectrum of evidence-based practice in neuromusculoskeletal conditions primary through tertiary care.

(a) The primary role of PTs is to optimize unit readiness and Soldier health in garrison and across operational contingencies (roles II through IV) by serving as—

1. Neuromusculoskeletal evaluators.
2. Manual therapists.
3. Exercise scientists.
4. Rehabilitation professionals.

(b) PTs provide comprehensive physical performance and participation evaluations and serve as consultants to commanders in the areas of injury prevention, injury surveillance, and physical fitness and readiness.

(c) PTs supervise enlisted personnel and civilians who are qualified physical therapy assistants, or rehabilitation technicians, implementing prescribed plans of care.

(3) Registered dietitians are independent direct-healthcare providers and the Army's food and nutrition experts.

(a) The primary roles of registered dietitians are to—

1. Supervise and manage nutrition care operations in both fixed and field MTFs.
2. Serve as advisors on nutrition-intervention strategies and food service matters impacting human performance, Soldier readiness, and Family member health.

3. Develop the nutrition component of Army programs advocating wellness and optimal health for all ages.

4. Provide comprehensive, evidence-based nutritional assessment, counseling, and treatment.

5. Manage patient feeding and medical nutrition therapy.

6. Design, formulate, and implement nutrition policies and education programs.

7. Conduct research on the impact of food and nutrition on health and performance.

(b) Registered dietitians supervise enlisted and civilian personnel who are qualified nutrition assistants.

(4) Army PAs deliver evidence-based healthcare to all categories of eligible beneficiaries.

(a) The basic duties of PAs include to—

1. Plan, organize, perform, and supervise troop medical care in garrison and in all operational contingencies (to include roles I through V).

2. Direct services, teach and train enlisted medics, and perform as medical platoon leader or the officer-in-charge of designated units.

3. Serve as special staff officers to commanders, providing professional advice on medically related matters pertinent to unit readiness and unit mission.

4. Function as medical staff officers at battalion, brigade, division, corps, and higher HQ level and in Joint commands where they advise the surgeon and the commander on the full spectrum of healthcare operations.

5. Prescribe courses of treatment and medication, consistent with their capabilities and privileges.

(b) Specialty trained PAs provide care in orthopedics, emergency medicine, general surgery, aviation medicine, and any future programs currently in development.

(c) Depending on rank, position, and level of authority, Army PAs may provide clinical supervision for civilians, enlisted Soldiers, and officers.

(5) SP officers may also be assigned to AOC and AMEDD-immaterial positions (65X and 05A, respectively).

(6) See AR 40-68, DA Pam 600-4, and DA Pam 611-21 for additional information on duties, professional credentialing, privileging, certification and licensure requirements, scope of practice, and utilization of SP officers.

c. Utilization of Army Medical Specialist Corps officers.

(1) An SP officer's assignments and or utilization is determined by a corps or section chief, Human Resources Command, and/or commander.

(2) In addition to their clinical roles, SP officers will not perform AOD, SDO, or other additional duties in which SP professional education, training, and experience are not essential. Exceptions include serving—

(a) In an administrative HQ (for example, HQ, MEDCOM; HQDA; or Medical Brigade).

(b) As an administrative staff officer.

(c) Additional duties are at the discretion of the commander in balancing patient access to care with operational needs.

2-7. Enlisted Corps

a. Composition. The Enlisted Corps is comprised of enlisted personnel assigned to the AMEDD.

b. Duties.

(1) The MEDCOM CSM.

(a) Serves as the EC chief.

(b) Serves as principal consultant to TSG on all EC matters.

(c) Appoints a 68-series career management field Soldier to serve as the MEDCOM's deputy chief of the Enlisted Corps, as well as the Enlisted Corps-specific branch-proponent officer (CSBPO), for all AMEDD matters.

(d) Appoints enlisted MOS SMEs.

(e) Oversees the enlisted SME cell, which consists of enlisted subject-matter experts (SMEs) and faculty instructors.

The duties of the enlisted SME cell include—

1. Providing recommendations on implementing the high-physical-demand testing program.

2. Influencing and advising on MOS-specific topics across the full AMEDD spectrum, such as administrative functions and sustainment of Soldier Training Programs.

3. Providing input to develop career-developmental maps for the 68-series career management field.

(2) The EC CSBPO—

(a) Helps develop and sustain EC policy as an integrated part of the Military Health System.

(b) Provides guidance and recommendations for MOS and additional skill identifier SMEs.

(c) Serves as team coordinator to develop and maintain the strategic plan of the Enlisted Corps.

(d) Coordinates with internal and external stakeholders to ensure corps interests are integrated with the development of AMEDD strategic vision, policy, and programs.

(e) Manages the AMEDD Executive Skills Course.

(f) Manages the MEDCOM CSM Strategic Planning summit.

(g) Provides input for the AMEDD Distribution Plan.

(h) Is a member of the Outlook Editorial Review Board.

(i) Is an action officer for the Non Commissioned Officer Decision Science Program.

c. Utilization.

(1) Active duty enlisted personnel in the AMEDD EC will be placed in positions consistent with their primary MOS or career progression MOS qualifications, in accordance with AR 614–200.

(2) Army National Guard of the United States and USAR enlisted personnel will perform duties aligned with their military qualifications and personal attributes.

2–8. Civilian Corps

a. Composition. The CC is comprised of civilian personnel assigned to the AMEDD and MEDCOM.

b. Duties. Civilian personnel in the CC are employed in a wide range of occupational categories which include, but are not limited to, physicians, nurses, medical and allied specialties, and support and service personnel.

c. Utilization. General utilization policy of AMEDD Civilian employees is outlined in AR 570–4 and AR 690–200.

Chapter 3

Offices of the Corps Chiefs

3–1. Mission

TSG has delegated the branch proponenty of individual AMEDD corps to the AMEDD corps chiefs in accordance with AR 5–22. As the branch proponent for individual corps, the duties addressed in paragraphs 3–1*a* through 3–1*i*, below, are common to each corps chief; other duties specific to each corps chief are addressed in paragraphs 3–2 through 3–9.

a. Serves as principal advisor to the TSG on all matters concerning their corps.

b. Holds branch-proponent responsibilities to make recommendations related to the CC's doctrine, organization, training, materiel, leader development, resourcing, and personnel.

(1) Recommends and provides guidance on policy, standards, practices, procedures, missions, and programs involving their corps.

(2) Advises on all aspects of life cycle management for their corps, including personnel recruitment, classification, utilization, promotion, education, training, assignments, retention, separation, and retirement of military and civilian personnel within their corps.

(3) Helps develop staffing guidelines and distribution of manpower authorizations for their corps to support assigned missions.

c. Advises and recommends on resource requirements for delivering healthcare and wellness programs involving their corps including funding, personnel, materiel, facilities, and training.

d. Recommends appointment of corps-specific branch proponent officer to TSG.

e. Reviews and advises TSG on all legislative, regulatory, and other proposals affecting their corps and corps services.

f. Coordinates with the Offices of the Chief, Army Reserve; Chief, National Guard Bureau; U.S. Army Recruiting Command; and other components on Joint proponenty issues (for example, doctrine and training) or other intra-Service and inter-Service matters affecting their corps.

g. Provides guidance to establish policies, standards, practices, objectives, and programs concerning healthcare and wellness programs involving their corps, in accordance with regulatory guidance.

h. Maintains liaison with international and governmental bodies, civilian healthcare organizations, professional societies, and educational institutions regarding health policies, professional development, and other matters involving their corps.

i. Functions as lead for the Long Term Health Education Training Program.

3–2. Chief, Medical Corps functions

a. *Chief, Medical Corps.* This leader performs the following functions—

(1) Monitors professional quality and performance of physicians to ensure highest quality health service.

(2) Supervises selection of MC officers for postgraduate training.

(3) Advises on MC officer procurement. Provides mechanism for interviewing physicians voluntarily seeking to enter the Service and those seeking reentry; makes recommendations on suitability.

b. *Director, Medical Education.* This leader performs the following functions—

(1) Is responsible for the plans, policies, and administration of Department of the Army (DA) undergraduate, graduate, and continuing medical education (CME) programs; for designated multidisciplinary, active duty, healthcare-officer student-incentive programs; and for the Active Duty Health Professions Loan Repayment Program (ADHPLRP).

(2) Develops and maintains the web-based system for ADHPLRP, Health Professions Scholarship Program (HPSP), CME, and graduate medical education (GME) programs.

(3) Supervises staff, and guides and assists subordinate commanders on medical education issues.

(4) Coordinates, directs, and evaluates field performance, consistency, effectiveness, and compliance with accreditation requirements.

(5) Advises the Assistant Secretary of Defense, Health Affairs on Army medical education programs.

(6) Serves as regulatory proponent and SME for designated Army healthcare-officer student-incentive programs, ADHPLRP, GME, and CME.

(7) Analyzes the effects of new programs on existing programs, and evaluates their overall benefit to the Army.

(8) Develops and promulgates binding military service educational contracts; establishes terms, conditions, and agreements.

(9) Develops the budget estimate submission and the program objective memorandum portion of the planning, programming, budgeting, and execution source, in support of designated officer healthcare incentive programs.

(10) Projects future requirements, and evaluates past performance by conducting analyses and studies and developing statistical data.

(11) Develops command-operating budgets and scopes-incentive programs, based on funding and allocations.

(12) Serves as liaison and represents Army TSG in tri-Service and Joint Service committees and working groups regarding healthcare incentive and medical education programs.

(13) Serves as primary contact for all budget and accounting issues related to medical education.

(14) Maintains appropriate command accreditation for CME programs, and monitors the accreditation status of all Army GME programs.

(15) Functions as command point of contact (POC) for CME and GME accreditation councils.

(16) Serves as command liaison to the American Medical Association, National Board of Medical Examiners, National Library of Medicine, Association of American Medical Colleges, Accreditation Council for GME, and National Residency Matching Program.

(17) Serves as Uniformed Services University of the Health Sciences admissions committee member.

(18) Serves as contracting officer representative, and processes tuition payments for student-officer incentive-program participants, in civilian education institutions and for loan payments.

c. *Director, Undergraduate Medical Education Division.* This leader performs the following functions—

(1) Administers the multidisciplinary healthcare-officer, student-incentive, and educational-delay programs, including Reserve Officers' Training Corps and HPSP.

(2) Determines and validates eligibility for program entry, payment of financial entitlements, and enrollment certification.

(3) Determines active duty for training (ADT) eligibility, authorizations, and assignments for training sites.

(4) Reviews and approves applications for ADT orders, amendments, and revocations.

(5) Maintains current ADT facility and accredited schools listings.

(6) Coordinates with appropriate finance, personnel, recruiting, and contracting agencies to resolve or initiate resolution of discrepancies and problems.

(7) Determines changes in qualification status in order to certify enrollment.

- (8) Processes a variety of actions related to personnel, payroll inquiries, and removals.
 - (9) Reviews and evaluates military service obligations upon incentive program entry.
 - (10) Maintains liaison with other DOD and Military Services to coordinate incentive program issues.
 - (11) Monitors program entries for compliance with mission limits, based on specialty healthcare discipline, year group, and other student statistics.
 - (12) Investigates and resolves discrepancies in documentation, data, eligibility, and other actions affecting program entry and entitlements.
 - (13) Initiates recommendations for call to active duty, discharge, or other actions for terminated program participants.
 - (14) Maintains liaison with teaching hospitals, other Services, and civilian organizations on all incentive program issues.
 - (15) Enforces compliance with command reimbursement policy.
 - (16) Schedules and oversees attendance at the Officer Basic Course for student officer incentive program participants.
- d. Director, Graduate Medical Education Division.* This leader performs the following functions—
- (1) Administers healthcare officer Graduate Medical Education (GME) programs including: Postgraduate Year One (PGY–1), Medical Educational Specialty Delay Program, Armed Forces Financial Assistance Program, and active duty military GME.
 - (2) Evaluates applications; determines PGY–1 applicant eligibility and status; ensures compliance with established procedures, policies, regulations, and Army readiness requirements.
 - (3) Initiates call to active duty; resolves and investigates discrepancies for Army PGY–1 selects.
 - (4) Maintains liaison with military training and teaching hospitals, other Services, and civilian organizations on all PGY–1 issues.
 - (5) Serves as Army POC for use of the Electronic Residency Application Service.
 - (6) Conducts the Army portion of the annual Joint Service GME Selection Board for all Army GME Programs (residency and fellowship) and serves as Army action officer when hosting the Joint Service GME Selection Board.
 - (7) Oversees the Army's data coordination for the Joint Service selection process and Army Program Director Specialty Panel.
 - (8) Administers procedures, policies, and regulations governing the selection and non-selection for the AMEDD and Joint Service GME Training Programs.
 - (9) Manages and operates the training process for the military GME Program and Army Sponsored Civilian GME Program.
 - (10) Manages the educational delay and Armed Forces Financial Assistance programs of trainees in civilian training hospitals and institutions.
 - (11) Functions as the SME for entry grade constructive credit for PGY–1 and specialty delay physician obligors.
 - (12) Provides advisory opinions to the Army Board for Correction of Military Records on entry grade credit.
 - (13) Evaluates applications, determines eligibility, and ensures compliance with GME Program, specialty AOC, and American Medical Association; American Osteopathic Association criteria, height and weight, physical fitness, State medical licensure, and specialty board certification status.
 - (14) Oversees changes in trainee performance and status, and orders for military and civilian GME training.
 - (15) Determines credit for health-professions-pay entry date, for Army-sponsored civilian-educational delay, and Armed Forces Financial Assistance Program physicians entering active duty.
 - (16) Monitors and ensures compliance with State medical licensure requirements related to trainee advancement.
 - (17) Serves as the Army POC for preparing required medical training agreements.
 - (18) Initiates active duty accessioning of medical educational delay officers.
 - (19) Investigates and resolves discrepancies in reviews of training-hospital submissions that place GME participants on probation, termination, suspension, or extension of training.
 - (20) Maintains liaison with other DOD and Military Services on GME matters.
 - (21) Initiates reappointment to MC for HPSP and Reserve Officers' Training Corps obligors approved for further educational delay.
 - (22) Serves as central scheduling coordinator for all MC attendees to the Combat Casualty Care Course.
- e. Director, Continuing Medical Education Office.* This leader performs the following functions—
- (1) Ensures compliance with the Accreditation Council for Continuing Medical Education (ACCME) through required documentation of CME-approved courses.
 - (2) Reviews all issuance of the ACCME for changes in accreditation requirements and or procedures and develops and modifies written guidance.
 - (3) Inspects and implements procedures, policies, and regulations for CME programs and accreditation process, including certification and approval for sponsorship requests and accreditation status.
 - (4) Prepares and conducts requirements necessary for survey by accreditation authorities.

- (5) Analyzes requirements of, and ensures compliance with, Federal ethical standards, DOD instructions, Army regulatory and policy guidance, and the ACCME-essential areas and policies.
- (6) Coordinates guidelines and approves establishment of CME accounts with non-profit organizations, with whom MEDCOM has memorandums of agreement for commercial support of MEDCOM CME programs.
- (7) Reviews planning documents, and makes appropriate educational value credit determinations for approval.
- (8) Reviews medical training facilities' annual reports of training and credit awarded under delegated authority, to ensure compliance with sponsorship requirements.
- (9) Evaluates field consistency and effectiveness of CME administrative performance and accuracy.
- (10) Manages and operates the Army Professional Postgraduate Short Course Program for the MC.
- (11) Plans, programs, and oversees the MC CME budget and allocates CME, Long Term Health Education Training Program, and Professional Postgraduate Short Course Program funding, based upon validated requirements.
- (12) Evaluates the Army's CME training program for resource utilization and mission objectives.
- (13) Oversees development and maintenance of the CME automated web-based system, and provides training guidance.

3–3. Chief, Dental Corps functions

a. Chief, Dental Corps. In accordance with 10 USC 7081, the Chief, DC serves as the advisor to TSG on all matters relating directly to dentistry. In addition, the Chief, DC—

- (1) Establishes professional standards and policies for dental practice, and monitors professional quality and performance of dentists to ensure the highest standards of dental service.
 - (2) Provides guidance to formulate dental research and studies requirements, and monitors dental services and dental research. Helps prepare development, test, and evaluation criteria for dental services, and monitors such projects.
 - (3) Establishes and monitors the Army Preventive Dentistry Program, as implemented, in accordance with DA Pam 40–507.
 - (4) Provides guidance to establish and oversee Graduate Dental Education, to support the readiness requirements of the Army Dental Care System.
 - (5) Serves as an Army DC liaison to the American Dental Association.
 - (6) Establishes the strategic direction, including education and training, for the Army DC by providing direct guidance and overseeing DC governance through the DC Executive Committee.
 - (7) Initiates and recommends action pertaining to organization requirements and utilization of the Dental Corps as well as dental auxiliary strength, appointments, advancement, training assignments, and transfer of dental personnel.
- b. Deputy Chief, Dental Corps and senior staff officer.* This leader performs the following functions—
- (1) Assists the Chief, DC to execute the mission, functions, and administration of the office.
 - (2) Serves as TSG's dental SME for policy, congressional inquiries, and legislative, DOD, or HQDA issues.
 - (3) Interacts with outside agencies such as the DHA; Assistant Secretary of the Army, Manpower and Reserve Affairs (ASA (M&RA)); Federal Dental Services; and organized dentistry.
 - (4) Serves as alternate liaison to the American Dental Association.

3–4. Chief, Veterinary Corps functions

The Chief, VC, is appointed in accordance with 10 USC 7084 and performs the following functions—

- a.* Monitors professional quality and performance of veterinary activities to ensure the highest standard of veterinary service.
- b.* Manages and provides direction to the VC's First Year Graduate Veterinary Education Program.
- c.* Serves as uniformed services delegate to The American Veterinary Medical Association.

3–5. Chief, Medical Service Corps functions

The Chief, MS, is appointed in accordance with 10 USC 7068 and performs the following functions—

- a.* Provides guidance on initiatives, policies, standards, procedures, missions, and programs on all aspects of life cycle management for the MS. This includes MS officer recruitment, utilization, leader development, promotion, education, training, assignments, retention, separation, and retirement.
- b.* Monitors professional quality and performance of MS officers to ensure the highest standards of administrative and allied health service support.
- c.* Makes recommendations to TSG for appointing deputy corps chiefs and assistant corps chiefs, as required.

3–6. Chief, Army Nurse Corps functions

The Chief, AN, is appointed in accordance with 10 USC 7069 and performs the following functions—

a. Serves as the principal advisor to, and representative of, TSG on all policies, procedures, activities, and matters pertaining to or affecting nursing practice and nursing personnel in the Army, and ensures synchronization within the Military Health System.

b. Establishes and monitors professional standards and policies for nursing practice, scope of practice, and nursing standards of performance; monitors professional quality and performance of nursing activities to ensure they meet American Nursing Association standards of nursing practice and to ensure the highest standards of nursing services.

c. Delineates nursing capability requirements and capability-based AN resourcing, along with associated training requirements, to support the AMEDD mission.

d. Monitors professional quality and performance of nursing activities to ensure they meet American Nursing Association standards of nursing practice and to ensure the highest standards of nursing services.

e. Determines qualifications for AN appointments, for all components.

f. Develops and directs life cycle activities to ensure mission accomplishment.

g. Provides oversight of military and civilian licensed practical and vocational nurses within the nursing continuum.

h. Advises on AN procurement. Provides mechanism to interview nurses voluntarily seeking to enter the Service, and to those seeking reentry; makes recommendations on suitability.

i. Analyzes, studies, and develops statistical data to project future requirements and evaluate past performance.

j. Supervises selection of AN officers for post-graduate training.

k. Is responsible for executing the principles and components of the Patient Caring Touch System, which is the AN Corps' professional practice model.

l. Serves as a voting member of the Federal Nursing Service Council.

m. Is responsible for all OTSG-approved AN training programs to include the BG(Ret) Anna Mae Hays Clinical Nurse Training Program and AOC specialty training.

3-7. Chief, Army Medical Specialist Corps functions

The Chief, SP performs the following functions—

a. Establishes a cooperative organizational climate, integrating the SP professions into a cohesive, efficient, and effective Army health service system for Soldiers, Family members, retirees, and other eligible beneficiaries.

b. Provides guidance and oversight to establish OTSG policy, pertaining to world-class healthcare, while simultaneously directing and guiding health and wellness initiatives across the enterprise in support of a system for health.

c. Provides critical role as SME in primary, preventive, acute, rehabilitative, and critical care to ensure military medical readiness on and off the battlefield.

d. Provides guidance for the management, training, and utilization of enlisted personnel in 68L occupational therapy, 68F physical therapy, and 68M dietetics career fields, and any additional skill identifiers.

3-8. Chief, Enlisted Corps functions

The Chief, EC performs the following functions—

a. Helps TSG plan, direct, and supervise healthcare delivery and services for the Army as pertains to the EC.

b. Consults and coordinates on policies and standards pertaining to performance, care, conduct, appearance, personnel management, and training of enlisted Soldiers.

c. Helps inspect command activities, facilities, and personnel—to include but not limited to—assessing readiness, quality of life, and training of enlisted personnel as prescribed by TSG.

d. Represents, or appoints a representative, as president or member of command promotion boards for noncommissioned officers as authorized by regulations.

e. Ensures effective career planning and training are provided to enlisted Soldiers to achieve professional and educational goals and opportunities.

f. Monitors professional quality, performance, and career development of enlisted personnel in their respective specialties to ensure the highest standards of healthcare delivery and service.

g. Monitors development and implementation of the enlisted personnel's education and training programs to support readiness requirements of the AMEDD.

h. Provides guidance regarding plans and policies for management, training, and utilization of enlisted personnel.

3-9. Chief, Civilian Corps functions

a. The Chief, CC is selected by TSG from senior members of the OTSG/MEDCOM staff.

b. The Chief, CC—

(1) Serves as the consultant and advisor to TSG, principal staff members, and functional proponents on all matters pertaining to civilian personnel within the AMEDD.

(2) Serves as principal advisor to TSG and ASA (M&RA) as senior civilian career program official on all matters concerning career program 53 medical and career development for the AMEDD civilian workforce. As career program 53 functional chief representative (FCR), carries out FCR duties and responsibilities in accordance with AR 690–950. Recommends to TSG the appointment of the senior career program manager to serve as principal advisor to the functional chief and FCR, lead the Career Program Proponency Office, and represent career program 53 at the discretion of the FCR.

(3) Serves as a member of the Career Program Policy Committee and the Army Civilian Training, Education, and Development System’s Intern Executive Resources Board. Serves as the Army component functional community manager, to assist the Office of Secretary of Defense functional community manager on DOD-wide career program management issues. Component functional community managers work together, and with the Office of Secretary of Defense’s functional community manager, to ensure their respective career program communities have the skills needed to support both the DOD and Army missions.

(4) Provides leadership and direction to developing and administering civilian personnel management policies and procedures within the AMEDD.

(5) Represents the interests of TSG and the AMEDD civilian workforce in dealings with ASA (M&RA); Deputy Chief of Staff, G–1; Deputy Chief of Staff, G–3/5/7; the Administrative Assistant to the Secretary of the Army; the Secretary of Defense; OPM; and the Office of Management and Budget on matters concerning civilian personnel policy and procedures.

(6) Formulates plans and provides guidance to establish OTSG and MEDCOM policies.

(7) Makes recommendations on requirements, recruitment, classification, promotion, education, training, assignments, separation, retention, retirement, and utilization of personnel in the CC.

(8) Recommends to TSG appointments of civilian professional consultants in select specialties.

(9) Recommends to TSG appointment of a representative to serve as the Deputy Chief, CC. This person may dual hat as the CC CSBPO at the discretion of the Chief, CC.

3–10. Hierarchical relationship between The Surgeon General and the corps chiefs

See figure 3–1 for the hierarchical relationship between TSG and the corps chiefs.

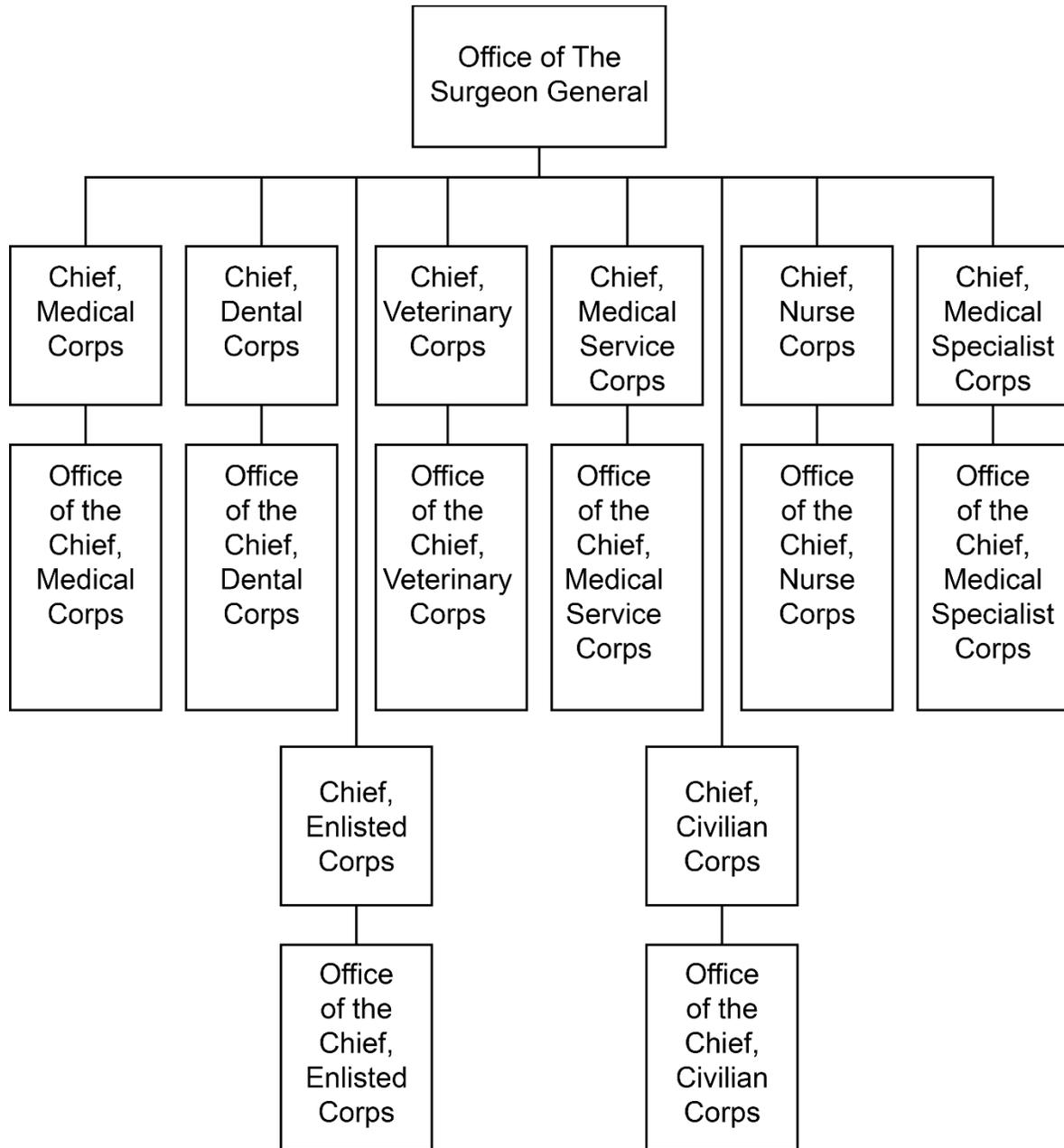


Figure 3-1. Organizational structure for the corps chiefs' offices

Chapter 4 Corps-Specific Branch Proponent Officer

4-1. Mission

CSBPOs report to their respective corps chiefs and perform branch proponent functions in accordance with AR 5-22 to ensure respective corps integration in all proponent categories (branch, functional, specified, and personnel). CSBPOs serve as team coordinators in developing and maintaining the strategic plan of their corps and assure its integration into the AMEDD strategic vision.

4–2. Functions

- a.* Coordinates corps proponency functions for their respective corps chief, both internal and external to the AMEDD.
- b.* Integrates corps proponency into AMEDD issues that affect the individual and collective AMEDD corps. Branch proponency issues affecting individual and collective AMEDD corps will be staffed through the AMEDD CSBPOs to ensure that specific issues impacting the AMEDD corps have been considered.
- c.* Serves as a member of the AMEDD Proponency Steering Committee, provides input from the corps perspective, and integrates specific corps proponency into AMEDD Proponency Steering Committee and AMEDD-wide issues.
- d.* Serves as the OTSG and MEDCOM SME for all corps proponency issues affecting AMEDD.
- e.* Helps develop corps-specific policy direction for the AMEDD within an integrated Armywide health delivery system for peace, war, and operations other than war.
- f.* Prepares and makes recommendations to their respective corps chief for policy, decision-making, and long-term corps planning and leadership functions.
- g.* Integrates corps-specific functions with AMEDD, MEDCOM, chief of consultants, and all directorates, departments, and offices within the Army Medical Department Center and School Health Readiness Center of Excellence (AMEDDC&S HRCoE).

4–3. Organization

- a.* Each AMEDD corps will designate a CSBPO. The corps chief will select the CSBPOs, who will be of the following rank or grade: for each of the officer corps, a colonel; for the EC, a sergeant major; and for the CC, a senior civilian in grade GS–15 or equivalent.
- b.* Manpower authorizations for all CSBPOs will be located on the AMEDDC&S HRCoE TDA.
- c.* The CSBPO offices will be staffed in accordance with the current TDA authorization document to carry out necessary administrative support and management of day-to-day activities.

4–4. Rating schemes

Corps chiefs are responsible for identifying the appropriate rating chain for their respective personnel according to the policies outlined in AR 623–3. Corps chiefs will submit their officer and enlisted rating schemes to Department of the Army, Headquarters, U.S. Army Medical Command (MCPE–MA), 2748 Worth Road, JBSA Fort Sam Houston, TX 78234–6000 on a quarterly basis, or whenever changes occur. Rating scheme changes will be effective on the date of receipt and will not be retroactive. (The policies for rating civilians fall under the Defense Performance Management and Appraisal Program (DPMAP).)

- a.* CSBPOs are corps-specific; therefore, they are rated and senior-rated by their respective corps chiefs, except as follows:
 - (1) To serve as raters, the corps chiefs must be senior by rank, or date of rank, to the CSBPO.
 - (2) In the unlikely event that the corps chief is junior in rank, or date of rank, to the CSBPO, the CSBPO will be rated and senior-rated by the DSG.
 - (3) Corps chiefs will provide a letter of input to the DSG on the CSBPO’s performance and potential to aid in rendering a fair and honest evaluation.
 - (4) The EC CSBPO is rated by the Chief, EC. TSG will serve as the senior rater and reviewer.
 - (5) The civilian CSBPO may be rated and senior rated by the Chief, CC, who may serve as rater and senior rater.
- b.* In cases where a CSBPO is under dual-supervision, the following rules apply—
 - (1) Both supervisors must be senior in rank, or date of rank, to the CSBPO. The junior supervisor will serve as rater and the senior supervisor will serve as senior rater.
 - (2) In the event one supervisor is junior by rank, or date of rank, to the CSBPO, the senior supervisor will serve as rater, and the DSG will serve as senior rater. The junior supervisor will provide a letter of input to the rater on the CSBPO’s performance and potential to aid in rendering a fair and honest evaluation.
 - (3) A supervisor with the rank of colonel will not serve as senior rater to a CSBPO of the same rank. In these instances, the supervisor will serve as the intermediate rater, and the DSG will serve as the senior rater.
 - (4) The rating scheme will include the notation “dual supervision” next to the rated officer’s name. The officer evaluation report will contain the statement, “Officer serves under dual supervision” as the first sentence of the duty description, in Part III c of the rating tool.

4–5. Routing and staffing

- a.* To ensure integration, all branch proponency matters within the AMEDD, MEDCOM, and the AMEDDC&S HRCoE that affect individual and collective AMEDD corps will be routed through the CSBPOs.

- b. The CSBPO will ensure branch proponency actions are internally staffed and fully addressed within the specific corps.
- c. Staffing of matters relevant to the CSBPOs will be determined by the individual corps chief.

4-6. Corps specific branch proponent officers' integration with Army Medical Department and Army elements

See figure 4-1 for the schematic representation of the CSBPO integration with AMEDD and Army elements.

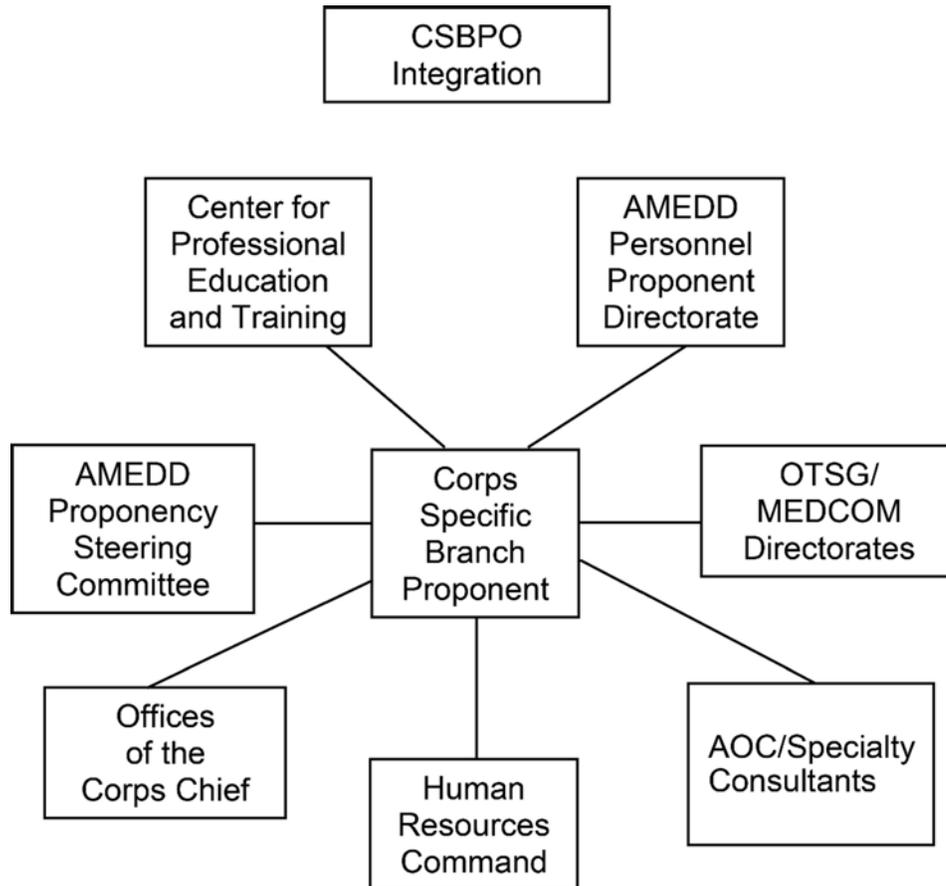


Figure 4-1. Corps specific branch proponent officer schematic

Appendix A

References

Section I

Required Publications

AR 5–22

The Army Force Modernization Proponent System (Cited in para 3–1.)

AR 10–87

Army Commands, Army Service Component Commands, Direct Reporting Units (Cited in para 1–4a(10).)

AR 11–2

Managers' Internal Control Program (Cited on the title page.)

AR 15–1

Department of the Army Federal Advisory Committee Management Program (Cited on the title page.)

AR 40–68

Clinical Quality Management (Cited in para 2–1a.)

AR 40–656

Veterinary Surveillance Inspection of Subsistence (Cited in para 2–3b(2).)

AR 40–657

Veterinary/Medical Food Safety, Quality Assurance, and Laboratory Service (Cited in para 2–3b(2).)

AR 40–905

Veterinary Health Services (Cited in para 2–3b(2).)

AR 570–4

Manpower Management (Cited in para 2–8c.)

AR 600–20

Army Command Policy (Cited in para 1–8a.)

AR 614–200

Enlisted Assignments and Utilization Management (Cited in para 1–4f(2).)

AR 623–3

Evaluation Reporting System (Cited in para 4–4.)

AR 690–200

General Personnel Provisions (Cited in para 2–8c.)

AR 690–950

Career Program Management (Cited in para 3–8b(2).)

DA Pam 40–507

Preventive Dentistry (Cited in para 3–3a(3).)

DA Pam 600–4

Army Medical Department Officer Professional Development and Career Management (Cited in para 1–8b.)

DA Pam 611–21

Military Occupational Classification and Structure (Cited in para 2–1c(5).)

DODD 6400.04E

DOD Veterinary Public and Animal Health Services (Cited in para 2–3b(2)(g)7.)

MEDCOM Regulation 10–1

U.S. Army Medical Command (MEDCOM) Organization and Functions (Cited in para 2–2e.) (Available at <https://mitc.amedd.army.mil/sites/dc/pages/documentdashboard.aspx/>.)

MEDCOM Regulation 40–21

Regional Medical Commands and Regional Dental Commands Health Service Areas (Cited in para 2–2e.) (Available at <https://mitc.amedd.army.mil/sites/dc/pages/documentdashboard.aspx/>.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read it to understand this publication. Unless otherwise indicated, publications are available on the APD website (<https://armypubs.army.mil>), Department of Defense publications are available at <https://esd.whs.mil>, and USC material is available at <http://uscode.house.gov/>.

AR 25–30

Army Publishing Program

AR 190–17

Biological Select Agents and Toxins Security Program

DA General Order 2017–01

Assignment of Functions and Responsibilities within Headquarters, Department of the Army

DODD 5101.1

DOD Executive Agent

FM 4–02

Army Health System

10 USC

Armed Forces

10 USC 3013

Secretary of the Army

10 USC 3036

Chiefs of branches: appointment; duties

10 USC 3064

Special branches

10 USC 3065

Assignment and detail: officers assigned or detailed to basic and special branches

10 USC 3068

Medical Service Corps: organization; Chief and assistant chiefs

10 USC 3069

Army Nurse Corps: composition; Chief and assistant chief; appointment; grade

10 USC 3070

Army Medical Specialist Corps: Organization, Chief and assistant chiefs

10 USC 3081

Dental Corps: Chief, functions

10 USC 3084

Chief of Veterinary Corps: grade

10 USC 3579

Command: commissioned officers of Army Medical Department

10 USC 7067

Army Medical Department

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

Unless otherwise indicated, DA forms are available on the APD website (<https://armypubs.army.mil>).

DA Form 2028

Recommended Changes to Publications and Blank Forms

Appendix B

Internal Control Evaluation

B–1. Function

The function covered by this regulation is the composition, mission, and functions of the Army Medical Department.

B–2. Purpose

The purpose of this regulation is to prescribe the composition, mission, and functions of the Army Medical Department as authorized under 10 USC 7067. The regulation contains internal control provisions, and identifies key internal controls for providing information pertaining to the AMEDD and each corps within the AMEDD.

B–3. Instructions

Answers must be based on the actual testing of internal controls (such as document analysis, direct observation, sampling, and simulation). Answers that indicate deficiencies should be explained and corrective action indicated in supporting documentation. These key internal controls must be formally evaluated at least once every 5 years. Certification that this evaluation has been conducted should be accomplished on DA Form 11–2 (Internal Control Evaluation Certification).

B–4. Test questions

The following questions help determine whether this regulation provides enough information about the AMEDD and each of its corps.

a. Are responsibilities clearly defined for The Surgeon General (TSG), officers, enlisted personnel and civilians of the AMEDD?

b. Does the composition of the AMEDD include its execution elements, the Office of the Surgeon General, a principle office of the Army Staff; and MEDCOM, a direct reporting unit (DRU) to HQDA?

c. Is the AMEDD accomplishing its mission by developing and executing coordinated plans and programs to provide the best possible health service in war and peace to eligible personnel?

d. Does AR 40–1 adequately prescribe the composition, mission, functions, and responsibilities under 10 USC 7067?

B–5. Supersession

This is the initial internal control evaluation for AR 40–1, dated 25 May 2019.

B–6. Comments

Help to make this a better tool for evaluating internal controls. Submit comments to The Surgeon General (DASG–HSZ), 7700 Arlington Boulevard, Falls Church, VA 22042–5142.

Glossary

Section I

Abbreviations

ACCME

Accreditation Council for Continuing Medical Education

ADCON

administrative control

ADHPLRP

Active Duty Health Professional Loan Repayment Program

ADT

active duty for training

AMEDD

Army Medical Department

AMEDDC&S HRCoE

Army Medical Department Center and School Health Readiness Center of Excellence

AN

Army Nurse Corps

AOC

area of concentration

AOD

administrative officer of the day

AR

Army regulation

ASA (M&RA)

Assistant Secretary of the Army (Manpower and Reserve Affairs)

BG

brigadier general

CC

Civilian Corps

CCMD

combatant command

CME

continuing medical education

CSA

Chief of Staff, Army

CSBPO

corps specific branch proponent officer

CSE

corps synchronization element

DA

Department of the Army

DA Pam

Department of the Army pamphlet

DC

Dental Corps

DCC
dental clinic command

DENTAC
dental activity

DHA
Defense Health Agency

DHC
dental health command

DHS
Director of Health Services

DOD
Department of Defense

DPMAP
Defense Performance Management and Appraisal Program

DRU
direct reporting unit

DSG
Deputy Surgeon General

EC
Enlisted Corps

FCR
functional chief representative

GME
graduate medical education

GO
general officer

GS
General Schedule

HPSP
Health Professional Scholarship Program

HQ
headquarters

HQDA
Headquarters, Department of the Army

MC
Medical Corps

MEDCEN
medical center

MEDCOM
United States Army Medical Command

MEDDAC
medical department activity

MOS
military occupational specialty

MRMC
U.S. Army Medical Research and Materiel Command

MS
Medical Service Corps

MTF
medical treatment facility

OPM
Office of Personnel Management

OT
occupational therapist

OTSG
Office of The Surgeon General

PA
physician assistant

PGY-1
postgraduate year one

PHA
public health activity

PHRC
public health regional command

POC
point of contact

PT
physical therapist

RHC
regional health command

SDO
staff duty officer

SECARMY
Secretary of the Army

SME
subject matter expert

SP
Army Medical Specialist Corps

TDA
table of distribution and allowance

TOE
table of organization and equipment

TSG
The Surgeon General

USAR
U.S. Army Reserve

USC
United States Code

VC
Veterinary Corps

Section II

Terms

This section contains no entries.

Section III

Special abbreviations and terms

This section contains no entries.

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