Time for a Change: Recommended MTOE Rank Adjustment for Army Special Operations Physician Assistants

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The U.S. Army is rapidly expanding its Special Operations Forces (SOF) capability to meet the demands of the Global War on Terrorism (GWOT). Due to this expansion, there is a need for more and better-experienced SOF physician assistants (PA). In 2008, the Physician Assistant Section, Army Medical Specialist Corps (AMSC) updated its Career Life Cycle Model. Career branch managers and individual PAs employ this model to chart career progression. According to this model, Army PAs can serve in SOF units (Appendix A) until reaching the rank of Lieutenant Colonel (P). The Modified Table of Allowances and Equipment (MTOE) is the Army's organizational structure for assigning individuals and equipment (http://www.army.mil/usapa/epubs/pdf/r570_4.pdf) to a specific tactical unit. Currently, the MTOE within the SOF community only supports hiring of PAs with the rank of Captain or Major and retention up to the rank of Major (exception USSOCOM). With the need to retain and expand the number of high quality PAs within the community, an MTOE change is required within all Army SOF units. This change will balance the PA life cycle model with actual MTOE allocations within SOF units. The overall effect would be the retention of increased numbers of experienced PAs within the SOF community.

During the 1970s, the U.S. Army was losing many physicians to civilian practice. Due to this shortage, military physicians saw a need for developing a military PA profession. Congress authorized the training of Army PAs and training began in 1971. The first class graduated in 1973. The other Services quickly followed the Army's lead and established their own programs. Later, these programs combined to form one school. Today, the Interservice Physician Assistant Program (IPAP) is the only Department of Defense institution for training military PAs. The IPAP is the largest PA program in the United States with approximately 200 graduates annually. Approximately 115 of the current students are active duty Army.

Today, PAs work in all types of medical and surgical practice environments. Advanced training in formal residencies such as orthopedics, general surgery, and emergency medicine are available. Despite these specialties, the majority of Army PAs serve in combat arms units. Currently, of the 973 Army PAs serving on active duty, 97% have deployed to combat with an average combined deployment time being 29 months.

Special Operations units conduct unconventional missions in austere environments. Due to the remoteness of these missions and the lack of direct physician oversight, the employment of more seasoned PAs is imperative. Currently, according to Lieutenant Colonel Earl "Buck" Benson, USASOC Senior PA (personal correspondence), USASOC employs mainly company grade physician assistants. Currently, the United States Army Special Operations Command (USASOC) and Joint Special Operations Command (JSOC) are expanding the number of assigned personnel. An increase in Special Operations rank structure is necessary given the complexity of Special Operations missions and the investment in training of PAs. By utilizing more experienced PAs, the Special Operations medical community can decrease the risk of medical errors, medic-training shortcomings, enhance mission planning, and improve patient care.

Assignment in a Special Operations unit requires that PAs serve one tour in the Regular Army (RA). These tours can range from one to three or more years. Currently, students graduate from the IPAP as First Lieutenants or higher (based on prior service) with two years' time in grade. Given no adverse performance, in two years they will become Captains. Generally, after eight years serving as a PA, individuals are promoted to Major. Given the need to serve a RA assignment, most PAs enter the SOF community as a mid-level Captain with two to four years time in grade. Therefore, upon assignment to Special Operations units, within two to six years these PAs will be Majors.

The majority of Special Operations allocations for PAs are for Captains; exceptions include a few Major positions within USASOC headquarters and JSOC units along with one Lieutenant Colonel slot at USSOCOM. Upon promotion to Major, Special Operations PAs must make career decisions. Individuals could attempt to obtain one of the few Special Operations Major allocations. If unable to obtain a position for a Major, an individual could remain in the lower ranked position. This may be attractive for individuals who are looking toward retirement or plan to leave the service after completing any service obligations. However, for those hoping to remain competitive for promotion to Lieutenant Colonel, many choose a Permanent Change of Station (PCS), and an assignment to a conventional position, which prepares them for the next higher rank. Either way, these highly qualified PAs leave the community.

According to the career life cycle model, PAs should move between three career paths: education, leadership, and patient care. The goal of this model is to promote diversification as PAs serve in all three tracks. However, it is possible to stay within one track for longer periods. This model depicts PAs serving in Special Operations units from approximately their fifth to sixteenth years of PA service. By this standard, individuals could stay within Special Operations units from the rank of Captain until selected for promotion to Colonel. However, the current MTOE allocations reflect a different reality. Below is a list of the current allocations by unit. Currently, many Majors occupy Captain positions. These numbers derive from available MTOE tables (36 PAs with 8 pending) and personal knowledge.

Unit	Number of PAs	Rank Total
Special Operations Groups Four groups with four battalions each	25 (4 per battalion, 1 Group HQ)	03 25
Special Operations Aviation Regiment (160th) Four battalions	5 (1 per Battalion, 1 Regimental HQ)	03 5
75th Ranger Regiment (4 battalions) Three battalions	8 (2 per battalion, 2 Regimental HQ)	03/04 7/1
Joint Special Operations Command	8	03/04 8
Special Operations Command South (SOCSOUTH)	1	03 1
Southern Command (SOUTHCOM)	1	03 1
U.S. Special Operations Command (USSOCOM)	1	05 1
John F. Kennedy Special Warfare Center & School	1	03 1
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(SWCS)		
Special Operations Medical Detachment (SOMEDD) (Formerly 528th Sustainment Brigade)	1	03 1
U. S. Army Special Operations Command (USASOC)	1	04 1
Totals	**53**	**49/3/1**

Based on the need for highly experienced PAs within SO units, the community must change the PA MTOE to support the current life cycle model, PA career progression, and most importantly improve Soldier medical care and operational planning of Special Operations units. By upgrading the rank structure of PAs within all Special Operations units, the community will retain more highly qualified PAs for longer periods. The following is a proposed list of changes:
Special Operations Groups: Upgrade all battalion slots to 04 and Group HQ slots to 05.
Special Operations Aviation Regiment (SOAR): Upgrade battalion slots to 04 and the Regimental position to 05.
Ranger Regiment: Upgrade battalion slots to 04 and Regimental Senior PA to 05.
Joint Special Operations Command: Upgrade all slots to 04 with two slots upgraded to 05.
Upgrade USASOC/USSOCOM positions to 06, remaining positions upgraded to 04.
The net outcome would represent a change from 49/3/1 Captains/Majors/Lieutenant Colonels to 42 /9/2 Majors/Lieutenant Colonels/Colonels.

There are several advantages to these MTOE changes. These advantages benefit both the Special Operations community and Army Medical Specialist Corps (AMSC). First, upgrading the Special Operations PA rank structure balances the life cycle model with the MTOE. By increasing this PA rank structure, the Special Operations Command will gain forty-two Majors, nine Lieutenant Colonels, and two Colonels. Despite the junior positions being 04, the community can still hire physician assistants as 03s.

Many PAs elect to retire or leave the service when they can no longer serve in Special Operations positions. This increase in rank allocation will allow these individuals to remain in community for increased periods and will likely lead to longer service careers. In addition, these individuals will provide the Special Operations community with more experienced providers and medical planners. At the same time, retention in the community should not negatively affect an individual's career, as the PA will serve in positions commensurate with their rank. Like other officers, PAs could choose to make a career within the Special Operations community.

These changes also benefit the AMSC. By increasing senior PA MTOE allocations, the AMSC has more ability to progress individual PAs to senior positions. Presently, the number of Lieutenant Colonel MTOE/TDA positions is minimal at 29. In addition, the majority of these positions are in Table of Distribution and Allowance (TDA) units. By increasing the number of Special Operations allocations, this will increase Lieutenant Colonel positions by nine. These nine positions would all be MTOE allocations. In addition, the AMSC and SO community would gain two PAs with the rank of Colonel, who would serve in MTOE positions. Thus, promotion potential would greatly improve.

With every change, there are negative consequences. Changing the MTOE and allowing individuals to serve longer in Special Operations units could lead to a lack of diversification secondary to fewer PCS movements and decreased job variety. In addition, PAs may elect to stay in the community and decline attendance at specialty training programs such as orthopedics, emergency medicine, or general surgery. Eventually, as the community catches up on hiring shortages and institutional change, more individuals will likely stay in the community longer. This situation may decrease the opportunity for new personnel to enter into Special Operations positions.

The Special Operations medical community has not addressed the current PA MTOE and career life cycle model discrepancies that currently exist. If MTOE changes do not occur, many highly qualified Special Operations PAs will make decisions between returning to the Regular Army for career

progression, leaving the Army, or deciding to stay in a position below their rank. If needed MTOE changes occur, PAs will not have to choose between career progression and Special Operations careers.

Obviously, the Army needs Special Operations PAs to serve in conventional assignments. However, the Special Operations community needs to keep a percentage as well. For change to occur, physicians within the community must support this effort. In addition, the key to success is for the dissemination of this information to Special Operations commanders who can facilitate change. Colonel Michael Robertson, Section Chief, Assistant Corps Chief AMSC, and PA Consultant to the Surgeon General and his successor Lieutenant Colonel John Balser are both in support of a change in MTOE rank structure within the Special Operations medical community. As a community, we must take advantage of his efforts to support us.

According to the 2008 SP Year in Review article, the AMSC has made more groundbreaking changes (https://www.us.army.mil/suite/portal/index.jsp) than ever. Changes involving Army PAs include an increase of PA slots in the Ranger Regiment from four to eight, development of new specialty programs (general surgery), development of Doctor of Science degrees in orthopedics and emergency medicine, and many improvements to include PAs commanding Forward Surgical Teams (FST) and Combat Support Hospitals (CSH).

The Special Operations medical community has a unique opportunity to continue this trend by making these recommended MTOE changes, which will increase Special Operations medical capability. There are many steps needed to make this happen. First, senior physicians within the respective commands must endorse this plan and educate leaders regarding the importance of retaining high quality, experienced PAs. Through education, commanders and physicians can drive this change in rank structure. By empowering individual units, physicians and commanders can request MTOE changes through Force Design Updates (FDU) via command channels to include both USASOC and JSOC.

The Special Operations medical community should strongly consider increasing the MTOE rank of all PA positions. This transformation will benefit the Special Operations Command, AMSC, and United States Army. Through an increase in rank structure, PAs will serve longer within the command and military. In addition, they will provide a higher level of medical expertise and leadership. Starting with AMSC Year Groups beginning in 1997 (Appendix B), there remain much higher numbers of Majors than positions for promotion. Currently, there are over 40 members. Given that each year 1-5 AMSC officers attain the rank of Lieutenant Colonel, the ability of PAs to attain this rank is limited. By increasing the number of field grade positions within Special Operations units, the SO community will gain a more experienced provider and the AMSC will acquire an additional forty-two Majors, six Lieutenant Colonels, and two Colonels.

The author would like to thank COL Pauline Gross, LTC Earl "Buck" Benson, LTC Douglas McDowell LTC Sarah Flash, and LTC Richard Villarreal for their assistance with this document.

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