



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

APR - 1 2019

The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed initial report is in response to section 735 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115-232), which authorizes the Department to conduct a pilot program to assess the feasibility and advisability of partnerships between Special Operations Forces (SOF) and institutions of higher education and health care systems, through which SOF medics earn credit toward the master's degree of physician assistant for military operational work and training performed by the medics."

The Uniformed Services University of the Health Sciences (USUHS) will oversee the pilot. Discussions between USUHS and the Special Operations community have already begun. In addition, several civilian institutions of higher learning have already expressed an interest in partnering with the Special Operations community, to better ensure our deserving Service members attain the most out of their military education and training. The enclosed initial report details a comprehensive military education framework, metrics of effectiveness, and the mechanisms to cover education costs for such a pilot to provide academic credit to our special operations forces medics toward the physician assistant degree.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Committee on Armed Services.

Sincerely,

A handwritten signature in black ink, reading "James N. Stewart", is positioned above the typed name and title.

James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



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PERSONNEL AND  
READINESS

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

11 APR - 1 2019

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James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable William M. “Mac” Thornberry  
Ranking Member

**Department of Defense Initial Report to the House and Senate  
Armed Services Committees**



**Section 735(e)(1) of the John S. McCain National Defense  
Authorization Act for Fiscal Year 2019 (Public Law 115-232)**

**Pilot Program on Earning by Special Operations Forces Medics of Credit  
Toward a Physician Assistant Degree**

The estimated cost of this report or study for the Department of Defense is approximately \$3,090 for the 2019 Fiscal Year. This includes \$50 in expenses and \$3,040 in DoD labor.

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**Section 735 of the John S. McCain National Defense Authorization Act  
for Fiscal Year 2019 (Public Law 115-232)**

In December 2018, the Principal Deputy Assistant Secretary of Defense for Health Affairs, (PDASD(HA)), decided to conduct a pilot as detailed in section 735. The pilot's intent is to assess the feasibility and advisability of partnerships between Special Operations Forces (SOF) and institutions of higher education, and health care systems if determined appropriate by the Assistant Secretary for purposes of the pilot program, through which SOF medics earn credit toward the master's degree of Physician Assistant (PA) for military operational work and training performed by medics. The PDASD(HA) assigned the pilot oversight to the College of Allied Health Sciences (CAHS) within the Uniformed Services University of the Health Sciences (USUHS). This initial report, as required per section 735 if such a pilot is undertaken, will include projections for: (A) a comprehensive military education framework; (B) metrics of effectiveness; and (C) mechanisms to cover education costs.

## 1. INTRODUCTION

Section 735 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019, (Public Law 115-232), *Pilot Program on Earning by Special Operations Forces Medics of Credit Toward a Physician Assistant Degree*, states “The Assistant Secretary of Defense for Health Affairs may conduct a pilot program to assess the feasibility and advisability of partnerships between special operations forces and institutions of higher education, and health care systems if determined appropriate by the Assistant Secretary for purposes of the pilot program, through which special operations forces medics earn credit toward the master’s degree of physician assistant for military operational work and training performed by medics.”

## 2. BACKGROUND

Previous legislation has required the identification of any equivalences between the skills developed by members of the Armed Forces, through various military occupational specialties qualifications, and those required for various positions of civilian employment, to include civilian certification and licensure in the private sector.

As outlined in section 735(e)(1) of the NDAA for FY 2019, the initial report of this pilot should include: (A) A comprehensive framework for the military education to be provided to SOF medics under the pilot program, including courses of instruction at institutions of higher education and any health care systems participating in the pilot program; (B) Metrics to be used to assess the effectiveness of the pilot program; and (C) A description of the mechanisms to be used by the Department, medics, or both to cover the costs of education received by medics under the pilot program through institutions of higher education or health care systems, including payment by the Department in return for a military service commitment, tuition or other educational assistance by the Department, use by medics of post-9/11 educational assistance available through the Department of Veterans Affairs, and any other mechanisms the Secretary considers appropriate for purposes of the pilot program.

## 3. PLAN

### A. Comprehensive military education framework

The pilot program framework is based off of the Department of Defense’s Education and Training Holistic Career Skills concept.

#### I. Training timeline

**Phase 1:** Initial SOF medic training at the Joint Special Operations Medical Training Center (JSOMTC) has been evaluated by USUHS’s CAHS. Roughly 100 semester hours of the 120 required for degree completion have been identified. The remaining General Education courses can be completed off-duty

using Voluntary Education funds to complete a Bachelor of Science degree. Roughly one-third of specific prerequisites for PA graduate school admission have also been identified by USUHS as being provided at the JSOMTC. The remaining prerequisites are completed as part of the General Education requirement using Voluntary Education funds.

**Phase 2:** After initial SOF Medic training, there is opportunity for off-duty study to work on degree completion and PA prerequisites (if needed). This is also funded by the Voluntary Education Program.

**Phase 3:** The selected student applies to a designated eligible partner PA school. Once accepted, the student gets assigned to the JSOMTC roster and is assigned to the respective PA school as the place of duty for one year (to complete didactics, on site, at school).

**Phase 4:** The student returns to JSOMTC as an instructor and does requisite clinical time on-duty while serving as an instructor at the educational facility.

**Phase 5:** The student completes PA training and sits for the Physician Assistant National Certifying Exam (PANCE).

**Phase 6:** The Service member either transitions, stays on as medic with PA credentials (still enlisted), or commissions.

II. Projected number of medics (Appendix A):

- a. Accessions will include two Advanced Tactical Practitioner medics for 2021 and four each year of 2022-2023, resulting in a total of 10 medics.
- b. Because of staggered starts, only four will be away at school each year.
- c. This allows a minimum of four and maximum of eight returning to “training” billets.

III. Projected number of partner academic institutions will be two-four.

IV. Projected academic institution partnering criteria:

- a. Designated veteran advocate.
- b. Distance from SOF base.
- c. Clinical affiliations with military treatment facility, e.g., Womack Army Medical Center.
- d. Institutions (schools and health systems) that have an existing good-standing relationship with SOF, as defined by prior clinical rotations, medical proficiency training sites, academic relationships or educational partnerships.
- e. Willingness to work toward standardized prerequisites (the North Carolina Veteran Physician Assistant Coalition members have described this as an important part of assisting active duty Service members’ transition).

- f. Flexibility on prerequisite currency requirements.
  - g. Designated preclinical and clinical mentor.
  - h. Current Accreditation Review Commission on Education for the Physician Assistant verification.
- V. Projected Service member return location to JSOMTC Special Warfare Center or other training billet.
- VI. Projected time in Service requirement would be under 16 years of time in Service and would follow the normal JSOMTC model for assignment.

## **B. Metrics to assess effectiveness**

Standard military and industry metrics will be captured to analyze program efficacy.

### **I. Military:**

- a. Non-commissioned officer evaluation report at JSOMTC.
- b. Survey at JSOMTC.
  - i. Build out formal survey mechanism to be utilized at JSOMTC.
  - ii. Retention of senior enlisted.
  - iii. Survey new recruits and reenlisting on the value they place on this type of program to gain objective data on value for retention.
  - iv. Student evaluations of instructor cadre.
  - v. Survey of pilot program students.
  - vi. Critical task selection board.
- c. Job placement post-service.
  - i. Qualitative: Service member's rating of top job, quality of life, etc.
  - ii. Quantitative: Time in job search, placement numbers, retention in military, transition to VA.

### **II. Industry (Academia)-PA schools (Appendix B):**

- a. Graduation and PANCE pass rates.
- b. Clinical evaluations compared to non-pilot students.
- c. School ratings of students.
  - i. Credentialing rates.
  - ii. Comparison to Interservice Physician Assistant Program.
- d. Post-career employment surveys.

## **C. Mechanisms to cover costs of education**

### **I. Budget (Appendix C):**

- a. Phases 1-2: The Holistic Career Skills approach allows utilization of existing Voluntary Education programs to fund all or most of completion of the program.
- b. Phase 3-5: Major Force Program 2 Funding; estimate for pilot is \$1.9M (to be covered by the Special Operations community) in return for a military service commitment.

### **II. Program Management:**

- a. Special Operations Command (SOCOM) J7.
  - i. Need program manager at SOCOM Headquarters. This individual can liaison with Special Operations Legislative Affairs, JSOMTC, academic partners and serve as advocate for implementation post-pilot.
- b. USUHS CAHS program managers/coordinators.
  - i. Assist with Bachelor of Science degree and prerequisite completion, military credits, and articulation agreements.
  - ii. Liaison with schools regarding standardization and validation of prerequisites.

## **4. CONCLUSION**

Section 735 of the NDAA for FY 2019, fosters and facilitates the strategy that “Education is Readiness,” as stated by the Deputy Assistant Secretary of Defense for Force Education and Training. This initial report identifies the comprehensive military education framework, metrics to assess effectiveness, and the mechanisms of cost of this latest evolution of military education and training. Section 735, better supports military personnel and their readiness on active duty: between drills (Secretary of Defense’s (SECDEF) Line of Effort (LOE) 1); for post-Service employment (Executive Order 13801); and through reformed business practices (SECDEF’s LOE 3) that attract new and better partnerships (SECDEF’s LOE 2).



Appendix A: Medic Rotation and Staffing Model

		Year				
		2021	2022	2023	2024	2025
Number of Students	1	At School	JSOMTC	JSOMTC		
	2	At School	JSOMTC	JSOMTC		
	5		At School	JSOMTC	JSOMTC	
	6		At School	JSOMTC	JSOMTC	
	7		At School	JSOMTC	JSOMTC	
	8		At School	JSOMTC	JSOMTC	
	9			At School	JSOMTC	JSOMTC
	10			At School	JSOMTC	JSOMTC
	11			At School	JSOMTC	JSOMTC
	12			At School	JSOMTC	JSOMTC

## Appendix B: Physician Assistant Academic Evaluation Metrics

<i>Evaluation Model</i>	<i>Completed by</i>	<i>Measurement</i>	<i>Frequency</i>	<i>Notes</i>
Advising Form	Faculty advisor	Academic progress, wellness/coping, professionalism	Every 2-3 months during Preclinical Year, or more often if needed	Mechanism to support students, access advanced supports such as tutoring, counseling, and/or to provide professional guidance
Small Group Form	Faculty evaluator	Several domains that align with PA Competencies for Clinical Practice	Every 2-3 months during Preclinical Year, at end of each Preclinical Year unit of study	This form is also completed by each member of the small group in a 360-degree fashion
End of Unit Forms	Faculty evaluators	Communication skills, history-taking, physical examination, focused medical problem synthesis and application based on a standardized patient encounter	Every 2-3 months during Preclinical Year, at the end of each Preclinical Year unit of study	Multimodal evaluation provides assessment of focal student strengths and opportunities for improvement
Clinical Rotation Form	Clinical Preceptors	Several domains supporting clinical and professional skill development	At the mid-point and end of every Clinical Year rotation	Students complete 10 rotations during the Clinical Year
Summative Exam Forms	Faculty evaluators	Medical content across all organ systems, selected clinical skills, history-taking, physical examination and medical problem synthesis based on a standardized patient encounter	1-2 months prior to graduation, usually March or April of the Clinical Year	Students must pass all portions of these exams to be eligible for graduation

## Appendix C: Budget

Start Year	# of Students	Tuition and Fees	Admin	Sub per std	Sub Total	Program Management	Annual Pilot Cost Per year
2020-2021	2	\$ 118,330	\$ 23,666	\$ 141,996	\$ 283,992	\$ 80,000	\$ 363,992
2021-2022	4	\$ 124,246	\$ 24,849	\$ 149,095	\$ 596,380	\$ 81,600	\$ 677,980
2022-2023	4	\$ 130,458	\$ 26,091	\$ 156,549	\$ 626,196	\$ 83,232	\$ 709,428
2023-2024	0					\$ 84,897	\$ 84,897
2024-2025	0					\$ 86,595	\$ 86,595
						<b>5 Year Pilot Total Cost</b>	<b>\$ 1,922,891</b>
<b>Program Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
<b>Students by Cohort</b>							
<i>Cohort 1 year 2020</i>	2	2	2	0	0		
<i>Cohort 2 year 2021</i>		4	4	4	0		
<i>Cohort 3 year 2022</i>			4	4	4		
<i>Cohort year 2023</i>			0	4	4		
<i>Cohort year 2024</i>			0	0	4		
Student Load	2	6	10	8	4		
Cost Load multiplier (with out mgmt)	2	6	8	4	0		
Three year program by Cohort							
Costs per student incurred years one and two							
Program management costs incurred for all five years							