

## APPENDIX II

### CLASSIFICATION OF MEDICAL CORPS OFFICERS

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#### 1. Responsibility for Classification

a. The Surgeon General is charged with advisory supervision over the classification of Medical Corps officers throughout the Army. He will recommend to the War Department appropriate modification of the standards and methods of classification as needed. The Commanding Generals, Army Ground Forces, Army Air Forces, Army Service Forces, defense commands, oversea theaters of operations, and other oversea commands not under the jurisdiction of the foregoing have the final responsibility for accurate and current classification of all Medical Corps officers over whom they, respectively, have assignment jurisdiction. This final responsibility will not be delegated to field agencies or to lower headquarters. Centralization of final authority to classify and to change classification in the headquarters specified requires that lower echelons continuously review the classifications of Medical Corps officers assigned to them and recommend appropriate changes to headquarters.

b. Each officer will be assigned one or more military occupational specialty codes and titles. In case of multiple classifications, records will indicate primary MOS first, followed in order by secondary MOSs. In all instances the assignment of MOSs will be predicated upon the actual ability of the officer. The relationship of classification to duty assignments is intimate, but the duty assignment will not be considered in itself justification for awarding a military occupational specialty. In instances where professional qualifications actually have changed as a result of on-the-job training in a specialty, awarding of the appropriate MOS is indicated. In general, degree of proficiency is more subject to change than the MOS itself. The provisions of paragraph 2b(2), section I, are not applicable to Medical Corps officers.

#### 2. Method of Classification

Classification is accomplished in two phases: *initial* and *re-evaluation*.

a. *Initial* classification is based upon objective standards of training and experience. It should be thought of as a temporary classification, the primary purpose of which is to predict with reasonable accuracy the duties for which the officer is best qualified. The basic information is obtained from WD AGO Form 178-2 or WD AGO Form 66-3 which contain the officer's own statements. In the absence of more specific evidence it serves as a means of making assignments where performance can be demonstrated. Ordinarily, initial classification will be performed by The Surgeon General upon appointment of an officer in the Medical Corps or by one of the commanding generals specified in paragraph 1 of this appendix, in the event of loss of records.

b. Upon assignment of an officer the *re-evaluation* phase begins. Re-evaluation is a continuing process and consists of the continuous reassessment of an officer's classification upon the basis of demonstrated professional competence. The accuracy of re-evaluation is dependent upon the professional judgment of the observer and, therefore, will not be acceptable unless the observer himself is expert in the field under consideration. The commanding generals specified in paragraph 1 of this appendix, will insure that expert professional opinion is obtained before recommended changes in classification are made. Expert professional opinion will be interpreted as the opinion of the appropriate consultant in the specialty, or of a designated observer known to be expert in the field under consideration.

#### 3. Designations of Degree of Proficiency

The initial professional standard consists of definitions of the symbols A, B, C, and D, in terms of formal training and experience. The re-evaluation standard relates the symbols A, B, C, and D (and, by implication, the professional competence expected of the training and experience associated therewith), to certain well-understood position va-

cancies in military elements with known missions. These position vacancies are listed as *re-evaluation prototypes* following the definition of each alphabetical group. Thus, an officer without the formal training required for initial classification in group B, may be elevated to group B if, in the opinion of an expert observer, he has demonstrated the professional competence requisite of the *ideal* incumbent in the group B prototype. It should be clearly understood that assignment, with satisfactory results, to a prototype position does not in itself entitle an officer to the rating associated therewith; he is not entitled to such rating unless he demonstrates the professional competence associated with the *ideal* incumbent in the prototype position. Further, the officer need not currently be assigned to any prototype position in order to be eligible for a change in rating. The position vacancy actually occupied should not influence the observer in recommending changes. For example, a malassigned officer classified as D-3150, who currently is serving as Surgical Ward Officer may be elevated to B-3150, if the surgical consultant considers such a change justified by comparison with the re-evaluation prototypes for group B. The desired result is that all officers, regardless of current assignment, shall be classified in accordance with their potential professional ability in comparison with the ideal incumbents in the prototype positions specified. The alphabetical prefix denoting degree of proficiency will not be used in connection with MOS 3100 (Medical Officer, General) or MOS codes for Medical Officer, Staff (3000) and Medical Officer, Command (3500). The following standard, in general, will be used in determining the appropriate alphabetical prefix:

a. GROUP A. Civilian or military background or recognized and outstanding ability in the specialty. Officers so classified must have achieved such unequivocal prominence as to make them authorities in their particular fields. Examples are outstanding contributors to scientific research and to the development of the specialty under consideration. RE-EVALUATION PROTOTYPES: Consultant or senior officer in the specialty in headquarters of a major command, theater, Army, service command, or headquarters of similar size.

b. GROUP B. Superior training and experience. Classification in this group indicates a period of intensive post-graduate training in the specialty sufficiently prolonged and of such caliber as to insure the optimum in professional knowledge and technique, as judged by the standards normally associ-

ated with recognized teaching centers. (The duration of such training will vary with the field under consideration; ordinarily it will not be less than 2 years following the internship for such specialties as otorhinolaryngology, nor 3 to 5 years following the internship for such specialties as surgery and internal medicine.) An additional requirement is evidence of sufficient independent experience to indicate mature judgment and ability to function in the specialty without professional supervision. Ordinarily, such individuals will have been certified by one of the American Specialty Boards in specialties for which such boards are constituted. RE-EVALUATION PROTOTYPES: The responsible *anatomic pathologist* in a histopathologic center; the responsible *clinical pathologist* in a general or regional hospital; the responsible *preventive medicine officer* in minor theaters or in large posts, camps, and stations; chief of *neurosurgery section* in a neurosurgical center; chief of *thoracic surgery section* in a thoracic surgical center; chief of *plastic surgery section* in a plastic surgical center; for all other specialties, chief of service or section in the specialty in a general or regional hospital.

c. GROUP C. Two types of officers are included in this group. The first are younger officers who recently have completed the intensive training specified for Group B, but who could not be expected to exercise the mature judgment requisite of that group because of lack of independent experience. The second are older officers who have had less formal training, but show evidence of extended periods of independent experience in environments normally associated with high professional standards. Limitation of practice to the specialty under consideration is ordinarily a requisite for initial classification in Group C. RE-EVALUATION PROTOTYPES: *Assistant anatomic pathologist* in a histopathologic center; *clinical pathologist* in a station hospital of less than 1,000 beds; *chief of preventive medicine* or *medical inspector* in divisions or in small posts, camps, and stations; *assistant to chief of a neurosurgery section* in a neurosurgical center; *assistant to chief of thoracic surgery* in a thoracic surgical center; *assistant to chief of plastic surgery section* in a plastic surgical center; for all other specialties, *chief of service* or *section* in a 250 bed station hospital.

d. GROUP D. Training and/or experience sufficient to justify classification in a specialty group. This necessarily is a broad group and includes officers of varying professional competence. For example, officers who recently have completed a resi-

dency or fellowship of 1 year in a recognized teaching center ordinarily would be included, as would also mature individuals without formal training who have not limited their practices to specialized fields, but have devoted a reasonable proportion of their practices to such fields. In certain selected instances officers who have completed an internship limited to the specialty in institutions of recognized superior standards may be included. (Thus, officers who have completed successfully certain intensive Army courses designed to augment the specialty under consideration will be included. This does not include general courses given to large groups of officers for purposes of orientation and not designed to fit the officers for assumption of specific responsibilities in the field under consideration.) RE-EVALUATION PROTOTYPES: A medical officer in any Army installation may be elevated to Group D upon demonstration to an officer qualified in medical re-evaluation of competence in the specialty greater than that expected of a Medical Corps Officer, General Duty (3100). Ordinarily, such re-evaluation should require observation for a period of three months or longer.

#### 4. Classification Questionnaires, WD AGO Form 178-2, WD AGO Form 66-1 and WD AGO Form 66-3

a. Each Medical Corps officer will execute WD AGO Form 178-2 (fig. 1) in triplicate upon appointment in the Medical Corps. When such officer enters upon extended active duty The Surgeon General will enter his initial classification in the box in upper right hand corner on the three copies of WD AGO Form 178-2, and will forward the original and one copy of this completed form to the appropriate commanding general of one of the following:

- Army Ground Forces.
- Army Air Forces.
- Army Service Forces.
- Defense Commands.
- Oversea Theaters of Operations, and
- Other Oversea Commands not under the jurisdiction of the foregoing.

The major command will cause the following action to be taken:

(1) The original of WD AGO Form 178-2 will be retained in the headquarters of such commanding general. Upon transfer of an officer from one to another of the commands specified above, the Commanding General of the first command will be

responsible for expeditious transmittal of his headquarters copy of WD AGO Form 178-2, (together with attached copies of WD AGO Form 178-3) to the Commanding General of the second command.

(2) The copy of WD AGO Form 178-2 will be forwarded to the headquarters responsible for preparation of WD AGO Form 66-1 or 66-3 of the Medical Corps officer involved. The classification set forth on such copy will be correctly entered on the Form 66-1 or 66-3 of the officer involved. If Form 66-1 is maintained, the copy of Form 178-2 will be *attached* to and kept *permanently* with this Form 66-1. If Form 66-3 is maintained, the data thereon will be verified and corrected in accordance with the information shown on the copy of Form 178-2. Form 178-2 need not be attached to or kept with Form 66-3 at the unit level.

(3) WD AGO Form 66-3 will be executed in accordance with such directives as may be issued by the Commanding General, Army Air Forces.

b. Within Army Service Forces, the original and one copy of WD AGO Form 178-2 will be forwarded to the appropriate Commanding General of one of the following:

- Commanding Generals, first through Ninth Service Commands.
- Commanding General, Military District of Washington.
- Chiefs of Technical Services.

If the copy has already been attached to WD AGO Form 66-1 by a headquarters responsible for preparation of the latter, then only the original WD AGO Form 178-2 will be forwarded to the appropriate one of the above Commanding Generals.

(1) Commanding generals of service commands and chiefs of technical services will be responsible for forwarding expeditiously the original of WD AGO Form 178-2 on those officers transferred to other service commands or technical services.

(2) Upon transfer of an officer from the assignment jurisdiction of one of the commanding generals or chiefs of technical services specified above, to the assignment jurisdiction of the Commanding General, Army Air Forces, the Commanding General, Army Ground Forces, or of the commanding general of a defense command, oversea theater of operations, or other oversea command not under the jurisdiction of the foregoing, the first commanding general or chief of technical service will be responsible for the expeditious transmittal of the original WD AGO Form 178-2 on the officer concerned, to The Surgeon General. All such questionnaires will bear wrapper indorsement set-

ting forth clearly the new station or the shipment number. The Surgeon General will be responsible for proper coordination of such questionnaires and for their prompt dispatch to the receiving command.

## 5. Reporting of Changes in Classification

*a.* Recommendations for changes in classification will be submitted in triplicate on WD AGO Form 178-3 (fig. 2) by commanding officers or by consultants to the commanding generals specified in paragraph 4*a* of this appendix. Upon approval, by the commanding general concerned, the three copies of WD AGO Form 178-3 will be distributed as follows:

(1) The original will be attached to, and kept permanently with, the headquarter's original of WD AGO Form 178-2.

(2) The first copy will be forwarded to the headquarters which maintains WD AGO Form 66-1, (or 66-3 at the unit level) where it will be attached to and kept permanently with WD AGO Form 66-1 or WD AGO Form 66-3.

(3) The second copy will be forwarded without delay to The Surgeon General.

*b.* Within Army Service Forces the commanding general of a service command or chief of a technical service will forward to The Surgeon General the original and two copies of WD AGO Form 178-3 on all recommendations approved by his Headquarters. The original and one copy indicating authorization or disapproval of the recommended change will be returned by The Surgeon General

to the commanding general or chief of technical service concerned, who will retain the original in his headquarters and forward the copy to the subordinate commander who initiated the recommendation. The form may be initiated by consultants or chiefs of professional divisions as well.

## 6. Annual Review of Classification

*a.* Between 1 January and 31 March of each year, each commanding general specified in paragraph 4*a* and *b* of this appendix, will accomplish an annual review and evaluation of the classification of each Medical Corps officer over whom he has jurisdiction when the classification has not been reviewed within 3 months prior to January 1. The annual review will not be perfunctory but will be predicated upon information adequate to determine the propriety of any changes in classifications. The establishment of this annual review does not obviate or qualify the continuing obligation to review classifications as circumstances currently justify.

*b.* Not later than 15 April of each year, each such commanding general will forward to The Surgeon General, War Department, Washington 25, D. C., an annual report which includes every Medical Corps officer over whom he had assignment jurisdiction on the preceding 31 March. The report will include the submission in triplicate by each subordinate commander of WD AGO Form 178-3 on each Medical Corps officer under his command on the 31st day of March. Distribution will be accomplished as directed in paragraph 5*a* and *b* of this appendix.



14. Practice in civilian life confined to field indicated by (xx). Special attention indicated by (x). (MARK NOT MORE THAN 4).  
 Include experience during internship, residency, or fellowship only if recently completed.

<input type="checkbox"/>	General practice	<input type="checkbox"/>	Parasitology	<input type="checkbox"/>	Proctology (nonsurgical)	<input type="checkbox"/>	Dentistry, operative
<input type="checkbox"/>	Internal medicine	<input type="checkbox"/>	Entomology	<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	Dental roentgenology
<input type="checkbox"/>	Tropical medicine	<input type="checkbox"/>	Serology	<input type="checkbox"/>	Surgery, eye	<input type="checkbox"/>	Dental prosthesis
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Biochemistry	<input type="checkbox"/>	Otorhinolaryngology	<input type="checkbox"/>	Exodontia
<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	Research	<input type="checkbox"/>	Bronchoscopy	<input type="checkbox"/>	Orthodontia
<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>	Surgery, general	<input type="checkbox"/>	Anaesthesiology	<input type="checkbox"/>	Periodontia
<input type="checkbox"/>	Gastroscopy	<input type="checkbox"/>	Surgery, industrial	<input type="checkbox"/>	Diagnostic roentgenology	<input type="checkbox"/>	Surgery, oral
<input type="checkbox"/>	Endocrinology	<input type="checkbox"/>	Surgery, orthopaedic	<input type="checkbox"/>	Therapeutic roentgenology	<input type="checkbox"/>	Animal husbandry
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Surgery, neurologic	<input type="checkbox"/>	Physical therapy	<input type="checkbox"/>	Large animal practice
<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Surgery, thoracic	<input type="checkbox"/>	Aviation medicine	<input type="checkbox"/>	Surgery, large animal
<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	Surgery, plastic	<input type="checkbox"/>	Public health	<input type="checkbox"/>	Small animal practice
<input type="checkbox"/>	Syphilology	<input type="checkbox"/>	Surgery, maxillofacial	<input type="checkbox"/>	Industrial hygiene	<input type="checkbox"/>	Surgery, small animal
<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Surgery, genitourinary	<input type="checkbox"/>	Epidemiology	<input type="checkbox"/>	Veterinary inspection, meat and meat products
<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>	Urology (nonsurgical)	<input type="checkbox"/>	Forensic medicine	<input type="checkbox"/>	Veterinary inspection, dairy products
<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Gynaecology	<input type="checkbox"/>	Biometry	<input type="checkbox"/>	Food chemistry
<input type="checkbox"/>	Tissue pathology	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	Nutrition		
<input type="checkbox"/>	Clinical pathology	<input type="checkbox"/>	Vascular surgery	<input type="checkbox"/>	Hospital administration		
<input type="checkbox"/>	Bacteriology	<input type="checkbox"/>	Proctology (surgical)	<input type="checkbox"/>	Dentistry, general		

15. Teaching associations and appointments with professional schools.

INSTITUTION	TITLE	DATES	
		From--	To--
a.			
b.			

16. Hospital appointments (visiting staff only).

INSTITUTION	TITLE	DATES	
		From--	To--
a.			
b.			

17. Special instruction while on active duty. (Include both Service Schools and Civilian Institutions giving special army courses.)

LEAVE BLANK WHEN NO COURSE HAS BEEN TAKEN

NAME OF SCHOOL	COURSE	TIME (Weeks)	MONTH AND YEAR COMPLETED	DO NOT WRITE IN THIS SPACE
a.				
b.				
c.				
d.				

18. Foreign languages (specify proficiency as excellent, good, fair)

19. Residence in foreign countries

LANGUAGE	READ	SPEAK	AUDITORY COMPREHENSION	COUNTRY	FROM--	TO--
a.						
b.						
c.						

20. Special field of interest (Professional)

21. Principal assignments in Army (Indicate duty clearly as "chief medical service," "ward officer orthopaedic service," etc.)

STATION	LOCATION	PRINCIPAL DUTY	TIME (Months)

I CERTIFY that the information given in paragraphs 1 thru 21 above is true, accurate, and complete. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

FOR REMARK BY SENIOR MEDICAL OFFICER OF ORGANIZATION. In my opinion (regardless of present assignment) this officer is best qualified for duty as

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Officer has not been under my observation sufficient time for appraisal.

Date	Station	Grade	Signature
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ATTACH ADDITIONAL SHEETS IF NECESSARY

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© BACK.

FIGURE 1—Continued.

## REEVALUATION DATA FOR MEDICAL DEPARTMENT OFFICERS

1. TO: _____		<i>(ATTENTION THE SURGEON)</i>					
2. NAME <i>(Last - First - Middle Initial)</i>		3. ASN	4. GRADE AND CORPS				
5. GENERAL SERVICE? _____ LIMITED SERVICE? _____ FIT FOR OVERSEA DUTY? _____ IF LIMITED SERVICE, CAUSE _____ CLIMATIC RESTRICTIONS _____							
6. PRESENT CLASSIFICATION (S) <i>(From WD AGO FORMS 178-2, 66-1, or 66-3)</i>							
7. PRINCIPAL ASSIGNMENTS PREVIOUS 12 MONTHS <i>(Indicate duty clearly as "Chief Medical Service", "Ward Officer Orthopaedic Section", etc.) UNDER PERFORMANCE SPECIFY "EXCELLENT", "SATISFACTORY", "UNSATISFACTORY". INDICATE BED SIZE OF UNIT WHERE APPLICABLE.</i>							
STATION AND LOCATION <i>(Or APO)</i>	NO. BEDS	PRINCIPAL DUTY	TIME (MO.)				
(a)							
(b)							
(c)							
8. SPECIAL COURSES COMPLETED PREVIOUS 12 MONTHS							
NAME AND LOCATION OF SCHOOL		COURSE	RATING				
(a)							
(b)							
9. CHECK ALL POSITIONS IN THE FOLLOWING LIST WHICH YOU CONSIDER OFFICER COMPETENT TO PERFORM. CONSIDER ADMINISTRATIVE - TACTICAL COMPETENCE AND PROFESSIONAL COMPETENCE SEPARATELY. INDICATE BED SIZE WHERE APPLICABLE. OFFICER NEED NOT CURRENTLY BE ASSIGNED TO ANY OF THE POSITIONS FOR WHICH RECOMMENDED.							
ADM AND/OR TACT. COMP.	PROF. COMP.	POSITION	BEDS	ADM. OR TACT. COMP.	PROF. COMP.	POSITION	BEDS
		THEATRE OR MAJOR FORCE SURGEON	<input checked="" type="checkbox"/>			CHIEF OF SV. IN HIS SPECIALTY	
		SVC. SURGEON	<input checked="" type="checkbox"/>			IN: EVACUATION HOSP.	
		POST SURGEON	<input checked="" type="checkbox"/>			STA. HOSP.	
		ARMY SURGEON	<input checked="" type="checkbox"/>			GEN. HOSP.	
		DIV. SURGEON	<input checked="" type="checkbox"/>			CHIEF OF SEC. IN HIS SPECIALTY	
		REGTL. SURGEON	<input checked="" type="checkbox"/>			IN: EVACUATION HOSP.	
		BN. SURGEON	<input checked="" type="checkbox"/>			STA. HOSP.	
		CO. MED BN.	<input checked="" type="checkbox"/>			GEN. HOSP.	
		CO. COLL OR CLR CO.	<input checked="" type="checkbox"/>			WARD OFFICER IN HIS SPECIALTY	
		CO. EVACUATION HOSP.	<input checked="" type="checkbox"/>			IN: EVACUATION HOSP.	
		CO. STA HOSP.	<input checked="" type="checkbox"/>			STA. HOSP.	
		CO. GEN HOSP.	<input checked="" type="checkbox"/>			GEN. HOSP.	
		CO. FIELD HOSP.	<input checked="" type="checkbox"/>			RESEARCH <i>(Specify under remarks)</i>	
		EX. OFF. EVACUATION HOSP.	<input checked="" type="checkbox"/>			OTHER	
		EX. OFF. STA HOSP.	<input checked="" type="checkbox"/>				
		EX. OFF. GEN HOSP.	<input checked="" type="checkbox"/>				
10. REMARKS <i>(Include opinion of immediate superior in his specialty and chief of service if applicable)</i>							
11. ON BASIS OF DEMONSTRATED OR POTENTIAL CAPACITY, I RECOMMEND THIS OFFICER BE CLASSIFIED AS FOLLOWS:							
12. DATE		13 SIGNATURE OF REPORTING OFFICER <i>(CO if MC Officer or Senior MC Officer in the next higher Hq)</i>					
14. REMARKS - CONSULTANT OR CHIEF OF PROFESSIONAL DIVISION <i>(The senior representative in the specialty in Hq. for specialties in which no consultant is appointed)</i>							
15. DATE		16. SIGNATURE OF CONSULTANT OR CHIEF OF PROFESSIONAL DIVISION <i>(Specify title)</i>					

WD AGO FORM 178-3 ATTACH ADDITIONAL SHEETS IF NECESSARY - INCLUDE REPRINTS OF ORIGINAL ARTICLES  
1 AUG 1945

1ST INDORSEMENT

TO

1.  CONCURS  
THIS HEADQUARTERS  NON-CONCURS IN THE CLASSIFICATION(S) RECOMMENDED IN PARAGRAPH 11.

2. REMARKS

FOR

SURGEON (*Signature*)