Enhancing Interoperability Among Medical Personnel in the U.S. Military

A Case Study of Military Surgical Technologists

How feasible is it to consolidate medical training for all of the military services? Currently, the Air Force, Army, and Navy each runs its own school and trains its enlisted medical personnel differently. Following the recommendation of the 2005 Defense Base Closure and Realignment Commission, a joint medical education and training campus is now being established at Fort Sam Houston, Texas. The aim is to collocate the services' three schools and training programs for almost all enlisted medical specialties with a view to consolidating the programs, where feasible. Consolidation will offer both short- and long-term benefits: By reducing the overall costs of training, efficiency will increase; by training medical specialists to a common standard, the interoperability of the services will be enhanced over time.

The RAND Corporation was asked (1) to develop a methodology for defining a joint standard of practice that can be applied to any medical specialty and (2) to consider options for either training individuals to that common standard or obtaining individuals already trained to that standard. The standard of practice is a set of tasks that individuals with a certain level of proficiency must be able to perform, along with an inventory of the knowledge and skills required for competence. The RAND team illustrated the methodology by applying it to the surgical technologist specialty.

- The RAND team's methodology for defining a joint standard of practice for a specialty involves two main tasks: (1) Use job descriptions from both the military and civilian sectors to define the standard of practice; and (2) Validate the standard of practice through discussions with military and civilian subject-matter experts.

- RAND researchers compared different options by which the military could obtain qualified surgical technologists, including hiring already-trained specialists, outsourcing training to civilian institutions, and having the military provide consolidated training in-house.

- Having the military provide training seems the most viable alternative in the short term. In this case, there are two options: to follow either current service-specific practice or the best-practices option, which uses an accredited program and offers the opportunity for professional certification (currently used by the Navy). The latter also offers greater interoperability because it trains personnel to a higher standard.

- Because the best-practices option involves a considerably longer training period than the current practice option for two of the three services, it is more expensive (by 14 to 33 percent, depending on the service). At the same time, it is likely to increase workforce productivity by between 2 and 6 percent. It may also lead to a small gain in long-term savings, as a more productive workforce reduces the number of personnel needed to do the same amount of work and less manpower is required to supervise new specialists on initial assignments.

- The joint medical education and training campus will face substantial up-front costs to implement this option, with benefits accruing only over time. Fundamental changes in service doctrine, organization, leadership, personnel, and facilities will also be needed to resolve the issues raised by consolidating training.

- In sum, the military should view joint medical training with a fully consolidated curriculum as a long-term goal.

This fact sheet is based on Thie HJ, Kirby SN, Resnick AC, Manacapilli T, Gershwin D, Baxter A, and Yardley RJ, *Enhancing Interoperability Among Enlisted Medical Personnel: A Case Study of Military Surgical Technologists*, Santa Monica, Calif.: RAND Corporation, MG-774-OSD, 2009, 210 pp., available at http://www.rand.org/pubs/monographs/MG774/.

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