



# Defense Health Agency

## PROCEDURAL INSTRUCTION

**NUMBER** 1025.02

November 14, 2022

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Director, J-7

**SUBJECT:** Education, Training, and Clinical Readiness Activities in the Military Health System

**References:** See Enclosure 1.

1. **PURPOSE.** The Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (h), establishes the Defense Health Agency's (DHA) procedures to:

a. Exercise management responsibility for education and training (E&T) as well as clinical readiness activities across the MHS. These activities are needed to support healthcare delivery, medical readiness, pharmacy programs, medical E&T, medical logistics, common business and clinical processes, and other shared or common processes, as determined by the Assistant Secretary of Defense for Health Affairs.

b. Support the Director, DHA in developing management models to most effectively and efficiently assume responsibility for joint training functions and processes, while supporting clinical readiness activities and DoD Component E&T requirements.

2. **APPLICABILITY.** This DHA-PI applies to the DHA, DHA components (activities under the authority, direction, and control of DHA), the Military Departments (MILDEP), and all personnel including: assigned or attached Active Duty and Reserved members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.

3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (b) and (d), that the DHA establish E&T standards, guidance, roles, and responsibilities under the direction of Director, DHA, that clearly support healthcare delivery at military medical treatment facilities (MTF). Policy determination, oversight, and execution will be delegated to the appropriate Deputy Assistant Director (DAD)/J-Director as outlined in Enclosure 2. Further guidance

regarding graduate medical education (GME) is contained in different DHA PIs, as is procedures for establishing training agreements.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Director, Education and Training (J-7). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, J-7 to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/  
RONALD J. PLACE  
LTG, MC, USA  
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
- (d) United States Code, Title 10, Section 1073c
- (e) DHA-Procedural Instruction 5000.01, "Implementation of the Military Health System (MHS) Request Submissions Portal and Process," February 19, 2020
- (f) DoD Instruction 6040.47, "Joint Trauma System (JTS)," September 28, 2016, as amended
- (g) DHA-Procedural Instruction 1025.01, "Health Education and Training Electronic Learning (eLearning) Product Development and Sustainment," February 16, 2017
- (h) DoD Instruction 6000.18, "Medical Modeling and Simulation Requirements Management," August 22, 2018
- (i) DoD Instruction 6015.24, "DoD Graduate Medical Education Program," April 9, 2021
- (j) Joint Requirement Oversight Council Memorandum, 050-19, "Medical Readiness Skills Sustainment," May 28, 2019
- (k) DoD Instruction 1322.24, "Medical Readiness Training (MRT)," March 16, 2018, as amended
- (l) DoD Directive 3000.06, "Combat Support Agencies (CSAs)," June 27, 2013 as amended
- (m) DoD Instruction 6430.02, "Defense Medical Logistics Program," August 23, 2017
- (n) DoD Instruction 6000.19, "Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers," February 7, 2020
- (o) DoD Directive 7730.65, "Department of Defense Readiness Reporting System (DRRS) May 11, 2015," as amended
- (p) DoD Instruction 6490.03, "Deployment Health," June 19, 2019
- (q) Chairman Joint Chiefs of Staff Manual (CJCSM) 3105.01, "Joint Risk Analysis," October 14, 2019
- (r) DoD Instruction 1322.32, "Pre-Deployment Training and Theater-Entry Requirements," June 10, 2020, as amended
- (s) Chairman Joint Chiefs of Staff Instruction (CJCSI) 3150.25H, "Joint Lessons Learned Program," December 20, 2021
- (t) DHA-Procedures Manual 1025.01, "Course Development," July 22, 2021

ENCLOSURE 2  
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
  - a. Develop appropriate management models to effectively and efficiently assume responsibilities for particular education and training-related functions and processes.
  - b. Seek to maximize efficiencies in the activities carried out by the DHA to include E&T.
  - c. Oversee policy, procedures, and direction for E&T and clinical readiness activities in MTF and dental treatment facilities (DTFs).
  - d. Optimize DHA-administered MTFs as training platforms in support of MILDEP E&T requirements.
  - e. Establish the implementation procedures for the use of training agreements that will provide venues and opportunities for military medical, dental, nursing, and allied health professions personnel to gain and maintain currency in clinical knowledge, skills, and abilities (KSAs) associated with their medical specialty. Develops and manages programs within the Military Health System (MHS) that provide these training opportunities, pursuant to reference (d).
2. DHA DIRECTOR OF STAFF (DoS). The DHA DoS will work with the MILDEPs and oversee policy development and procedures for clinical readiness activities. Policies associated with these clinical readiness activities will be issued separate from this DHA-PI and will be consistent with references (h) and (j) through (s).
3. DAD-MEDICAL AFFAIRS (MA). The DAD-MA will be responsible for developing policy and procedures for GME, as outlined in section 1073c(c)(4)(B) of reference (d). Such additional GME policy and procedures, consistent with reference (i), will be issued separate from this DHA-PI.
4. DAD-HEALTHCARE OPERATIONS (DAD-HCO). The DAD-HCO will:
  - a. Establish standard healthcare operations processes for MTFs and DTFs to support sufficient patient volume and complexity to support E&T and clinical readiness activities.
  - b. Provide oversight and management of the Joint Trauma System's Joint Trauma Education and Training (JTET) branch pursuant to References (h) and (k).

c. Coordinate JTET E&T functions with the DAD-E&T to ensure no duplication of efforts and ensure E&T functions are executed in support of MILDEP medical readiness requirements.

5. DIRECTOR, J-7. In supporting the development and sustainment of a unified and ready medical force, the DAD-E&T will:

a. Provide procedural instructions, memorandums, and other directives to the MTF E&T departments throughout the MHS.

b. Review and validate requests from the MILDEPS, DRO, MTFs, and DTFs for E&T requirements that require DHA approval and/or funding.

c. Coordinate MHS E&T policies, long range plans, and programs.

d. Collaborate with MILDEPs, Federal Government agencies, institutions, and universities consistent with DHA's E&T mission.

e. Establish a structured, streamlined process of training performance review and reporting.

f. Implement metrics and standards for MTF and DTF E&T departments.

g. Report E&T performance and compliance information through MHS governance structure for DHA leadership awareness and action.

h. Establish standardized annual/triannual regulatory training plans for MTF and DTF staff in support of healthcare delivery.

i. Provide guidance to the Military Training Network (MTN) and certify requirements for life support training programs.

j. Support Continuing Education (CE) requirements for healthcare professionals.

k. Deliver CE programs through approved Learning Management Systems (LMS).

l. Review and validate Medical, Modeling and Simulation (MM&S) requirements and equipment purchases for MTF and DTF training through the Defense Medical Modeling and Simulation Office (DMMSO). The DAD-E&T will provide functional oversight and strategic direction to the DMMSO.

m. Develop and maintain data collection tools for the purpose of information analysis and distribution to include reports, policies, procedural manuals, brochures, videos, training resources, MM&S scenarios, and other information relevant to E&T functions.

n. Provides E&T products and programs to the DoS in support of attaining and sustaining joint expeditionary medical skills.

6. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:

a. Provide subject matter experts in support of E&T initiatives, as needed.

b. Ensure placement, primarily by assignment, of medical personnel at MTFs in accordance with MILDEP-determined clinical readiness requirements and the capabilities of the MTF to generate E&T established by the Director, DHA. If workload is insufficient to meet requirements, the Secretary of the MILDEP concerned, will identify alternative training and clinical practice sites for uniformed medical and dental personnel, and may establish military-civilian training partnerships to provide such workload. The Secretary concerned will inform the Director, DHA of any such agreements. Direct care MTFs are the default choice for assignment, allocation, detail, or other utilization of military medical personnel for the purposes of generating E&T.

7. CHIEF, DMMSO. The Chief, DMMSO will:

a. Assist the MILDEPs in the identification of MM&S modalities to support continued competency with highly perishable mission essential medical skills (HPMEMS) that degrade during deployment.

b. Coordinate with Market MM&S leads to support the use of MTFs as being the primary training platform for the expeditionary scope of practice for medical and dental personnel. Where appropriate, training priorities will focus on those HPMEMS that degrade during deployment.

c. Act as a coordinating agent for the MILDEPs to address training gaps, challenges, and opportunities to better integrate MM&S in support of combatant command requirements.

d. Coordinate with the MILDEPs' MM&S leads in the development of MM&S requirements as needed.

8. DHA, GME DIRECTOR. The DHA, GME Director will:

a. Serve as GME Program lead for the DHA.

b. Develop and refine DHA GME guidance and procedures.

c. Provide analyses and recommendations for any other DHA policies and procedures that affect GME.

d. Assist MILDEP GME Directors, Designated Institutional Officials (DIO)/Directors of Medical Education (DME), GME Program Directors (PD), and Specialty Leaders/Consultants.

e. Collect, analyze, and report data for MHS GME processes and outcomes as required.

f. Organize and assist in the management of the Joint Graduate Medical Education Selection Board.

g. Chair the GME-Integration Advisory Board.

9. DIRECTORS, DIRECT REPORTING ORGANIZATIONS (DRO). The DRO Directors will:

a. Coordinate requirements and resource sharing between the MTFs in their DRO (i.e., training, equipment, simulation, and instructor support).

b. Review emerging training requirements across their DRO, and recommend standardized training solutions to DHA E&T.

10. DIRECTORS, MTFs AND DTFs. The Directors, MTF and DTF, will:

a. Oversee MTF and DTF staff compliance with this DHA-PI.

b. Seek to maximize efficiencies in the E&T activities carried out by their MTFs or DTFs.

c. Provide support to MTF-based training programs to include:

(1) Clinical Training Program requirements;

(2) MILDEP and/or DHA approved initial and sustainment training;

(3) Provision of space, preceptors, and clinical opportunities; and

(4) GME program support.

ENCLOSURE 3

PROCEDURES

1. MHS E&T GOVERNANCE

- a. DHA Director of Staff (DoS). The DoS provides oversight and direction for clinical readiness education and training.
- b. DAD-MA. The DAD-MA oversees the policy, procedures, and direction of GME.
- c. DAD-E&T. The DAD-E&T will provide oversight and decision-making authority over E&T initiatives to support healthcare delivery and medical readiness across the MHS, or as requested to support MILDEP and Combatant Command requirements.
- d. E&T Integrated Delivery Board (IDB). Under the direction of the DAD-E&T, the E&T IDB will be established to coordinate MTF E&T initiatives and policy recommendations. Membership will include each E&T DRO Lead and will be chaired by the DAD-E&T, or designated representative. The E&T IDB will provide a forum for increased communication, collaboration, and joint strategic planning for E&T across the MHS.
- e. E&T DRO Lead. The E&T DRO Lead will communicate MTF issues and policy recommendations up to the DHA E&T and provide direction down to the MTFs.
- f. MTF E&T. At the MTF level, communication will occur laterally between sites and up to their respective Markets in accordance with established DRO guidance.

2. DHA MTF E&T MANAGEMENT

a. E&T MTF Operations Division. The DHA E&T MTF Operations Division is functionally organized into four departments: training operations, policy and programs, enterprise professional development, and learning management systems. The division's primary functions are to:

- (1) Serve as the medical E&T functional lead for the market offices.
- (2) Develop and implement guidance for: Basic Life Support, Advanced Life Support, Pediatric Advanced Life Support, and other determined programs in support of healthcare delivery via the Military Training Network. MTN collaborates with the DHA Medical Affairs and the Life Support Strategic Advisory Council to determine and effectively prioritize new and existing resuscitative medicine training requirements vital for the DoD.
- (3) Produce and disseminate guidance for required annual/triannual regulatory training and other mandatory training for MTF staff in support of healthcare delivery.



(4) Develop and/or approve key performance indicators for courses that will be tracked at the course level.

(5) Analyze and assess performance of E&T support functions within MTFs and assist in developing corrective action plans as needed.

(6) Provide recommendations in synchronizing resource sharing through the market offices in support of medical training programs.

(7) Provide guidance to consolidate educational curricula to optimize resource utilization through effectively collaborating and sharing standardized training capabilities across MTFs.

b. MTF E&T Departments. MTF E&T Departments will:

(1) Provide relevant and responsive educational services that support the facility-based staff E&T programs, promoting personal professional development and a culture of continuous life-long learning for all MTF and DTF personnel.

(2) Conduct staff E&T programs in accordance with DHA policies and directives and Market training plans by communicating all training requirements to facility staff at MTFs, DTFs, and supported training work centers.

(3) Manage execution of, and track compliance with, the DHA-published annual/triannual regulatory training plan for MTF and DTF staff.

(4) Plan and conduct recurring MTF orientation training to include all focus groups (e.g., Nursing, Providers, etc.) for newly assigned staff members with coordination and support from human resources.

(5) Submit E&T related requests through the MHS Request Submissions Portal after proper coordination with MTF/DTF Director and DRO Director (see paragraph 3a of this enclosure).

(6) In collaboration with and directed by the DRO Office, share resources and practices across the DRO to enhance E&T initiatives.

(7) Participate in the annual DHA E&T CE data call to assess enterprise learning needs.

(8) Facilitate MM&S training and CE offerings for their MTF. Consult with DMMSO for MM&S best practices and lessons learned to incorporate into the MTF's training offerings.

3. DHA APPROVAL/RESOURCING FOR E&T REQUESTS

a. Establishing E&T Requirements

(1) DHA E&T requirements are derived from a variety of sources to include, but are not limited to: federal law; regulatory guidance; changing mission requirements; and new technology. However, the over-arching factor that should drive all training requirements is the existence of performance deficiencies that negatively impact a unit or individual's ability to accomplish the mission.

(2) It is neither efficient nor cost effective to establish training programs without valid justification of the requirement. Before a request/proposal to establish training can be considered a requirement, it must be validated. The process of validating training requirements includes analysis of the problem, alignment to strategy, and an environmental scan of existing capabilities.

(a) The goal of analysis is to determine whether there is an instructional need. Training is not the solution for all performance deficiencies. Other potential causes should be ruled out such as doctrine, organization, leadership, materiel, motivation, or a combination of these. A training solution should only be considered if analysis determines the cause of the problem is a deficit of knowledge or skill.

(b) Validation of training requests also involves ensuring the requests are aligned to the DoD strategy documents, DHA strategic objectives, Joint Capability Areas, Quadruple Aim Performance Plan critical initiatives, federal law, or applicable policy. The degree to which a request can be linked to these guiding documents will ultimately determine its prioritization among other requests. Linking requests to strategy helps to ensure that every resource is supporting the critical initiatives of the MHS and that every dollar is spent to provide value back to the organization, improve efficiency and effectiveness, and support medical readiness and health.

(c) Finally, an environmental scan must be conducted for every request to determine if existing capabilities can meet the request with the overall goal of ensuring that solutions are joint, executable, and enterprise-wide.

b. Requests for New E&T Programs. Requests for new E&T Programs will be submitted in accordance with Reference (e). Initial requests for new E&T programs must contain a clear statement of the problem, data that indicates the problem can be solved by instruction, and the metrics that will be used to measure the proposed solution. The requester will provide additional information, derived from the planning, analysis, design, development, implementation, evaluation instructional systems development process, to the request package as it moves through the various phases of the DHA decision making architecture.

c. Requests to Transfer E&T Requirements to DHA. The following guidance will apply to all MILDEP requests to transfer E&T requirements to DHA.

(1) In order for an E&T requirement to be considered for transfer from the MILDEPs to DHA the following criteria must be met:

(a) The requirement must be documented and validated.

(b) The MILDEP must agree to transfer all associated resources with the requirement to include, but not limited to: funding, instructors, academic support personnel, equipment, curriculum, and use of facilities to DHA. Agreements for resource sharing of personnel and equipment are authorized, where appropriate.

(2) Requests to transfer E&T requirements to DHA must include the following information:

(a) A description of each course including but not limited to the course type (in-residence or distance learning), target audience, pre-requisites, number of students trained, and location.

(b) The governing policy or directive that establishes the training requirement.

(c) A justification for why the E&T requirement should be transferred to DHA administration and management.

(d) A business case analysis of the E&T requirement or portfolio that details its value to the enterprise.

(e) A copy of all pertinent memorandums of agreement and/or training affiliation agreements.

(f) All current curriculum, plans of instruction, agendas, most recent course review/evaluation, and other course documentation.

(g) The report of the Healthcare Inter-service Training Office study, if applicable.

d. Approved Requests. Requests that are approved by DHA begin the process of development, acquisition, or transfer to DHA from the MILDEPs depending on the nature of the request.

(1) E&T programs that will be developed by DHA or DHA components must follow DHA's established course development process as outlined in Reference (v). If the proposed instruction falls within the portfolio of training provided by DHA E&T, then DHA curriculum designers will work with the requestor to develop the instruction. However, if the proposed instruction falls outside DHA E&T's portfolio, it will be the requesting organization's responsibility to do the development work with support/guidance from DHA E&T.

(2) In some instances, it may be more cost efficient to acquire E&T programs from external organizations. Requesters must follow established contracting processes and procedures for these types of acquisitions. However, the planning, analysis, and design phases of instructional systems development must still guide the acquisition of E&T programs to ensure the instruction that is purchased will actually meet the needs of the enterprise.

(3) Approved E&T program transfers will be executed once all associated resources have been transferred to DHA and any necessary memorandums of agreement/training affiliation agreements have been approved. DHA will work with the MILDEPs to ensure, to the greatest extent possible, that no gaps in training occur during transfer.

4. QUOTA MANAGEMENT. Each of the MILDEPs has an established process for determining the number of personnel that require specific types of training in a given year and resourcing their training requirements. However, when a MILDEP wants to adjust quotas for a course that is resourced by DHA, they must submit their request through the MHS Request Submissions Portal in accordance with Reference (e) so that a resource assessment may be accomplished and a resource decision can be made. Quota increases for DHA courses will not be approved without adequate resourcing of the additional class seats.

#### 5. DHA LMS MANAGEMENT

a. Joint Knowledge Online (JKO). DHA E&T manages the approved DHA LMS hosted by JKO. This includes requests to develop and host web-based training, virtual classroom training, and certain resident instructor-led training in support of the MHS.

b. JKO Requests. Requests to develop new courses or change existing courses hosted on the DHA LMS must be submitted through the MHS Request Submissions Portal for review and validation. Additional information on processes and procedures for LMS courses can be found in Reference (g).

c. Other LMS. Other LMS may be approved for use within the MHS if they provide content or functionality not available through JKO. However, all requests to develop or procure an LMS must be submitted through the MHS Requests Submission Portal and routed through DHA E&T for review/approval to prevent unnecessary proliferation of eLearning Systems within the MHS. Control of content on other LMS may be delegated by DHA E&T to proponent organization, once approved providing the content is consistent with the original intent of the LMS and does not overlap with content on other approved LMS.

#### 6. MEDICAL MODERNIZATION AND SIMULATION DIVISION (MMSD)

a. MMSD Functions. MMSD is a division of DHA E&T that serves as the lead organization for the centralized management of shared service MM&S capabilities and solutions to support medical E&T. The management of MM&S by the DMMSO will support the development, management, and integration of requirements, capabilities, and systems for health care operations; promote the use of MM&S across the Department to reduce training variability; and improve medical readiness, survivability, quality of care, patient safety, and efficiency.

b. MM&S Requirements. MMSD is the entry point for the MHS enterprise for MM&S requirements submission to capture, track, and determine MHS equities, and approve proposed MM&S requirements. It provides the overarching organized and coordinated capability for MM&S requirements and enterprise level oversight. DMMSO assists Service SMEs with the development of MM&S capability requirements documents, provides guidance through Joint Capabilities Integration and Development System processes, manages the system for MHS enterprise approval of the requirements, and tracks, assesses, stores, and resources, as appropriate, subsequent implementation activities of selected, consistent requirement solutions.

c. MM&S Procurement Requests. All requests for procurement (new or replacement) MM&S capabilities will be validated by DMMSO in coordination with Service MM&S representatives, who will work with the requestor to select the most appropriate type of MM&S technology for the desired learning outcome. Organizations that wish to pursue new or replacement MM&S capability should contact their MILDEP MM&S representative/DMMSO early in the planning process to ensure their efforts are steered in the right direction and avoid unnecessary rework on their proposal.

## 7. CONTINUING EDUCATION PROGRAM OFFICE (CEPO) BRANCH

a. CEPO Functions. CEPO is a branch under the Leadership, Education, Analysis, Development, and Sustainment Division that develops and facilitates CE program functions in support of DHA's overall strategic goals. CEPO employs the latest educational and technical advancements in effectively planning, implementing, and evaluating educational activities in accordance with accrediting organization standards that are efficient, cost-effective, and establish a system to plan, approve, deliver, track, report, and perform outcomes assessments. CEPO offers CE accreditation services for multiple health care providers and supports the full range of military operations in order to sustain the health of all those entrusted to DHA's medical care. In addition, CEPO collaborates with market leaders to identify CE gaps within the markets and develop solutions to meet mission requirements.

b. CE Requests. Organizations that wish to request approval of a CE educational activity can find more information about the process at the following web link at:  
<https://info.health.mil/edu/Pages/Continuing-Education.aspx>.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CE	continuing education
CEPO	Continuing Education Program Office
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DMMSO	Defense Medical Modeling and Simulation Office
DoS	Director of Staff
DRO	Direct Reporting Organization
DTF	dental treatment facility
E&T	education and training
GME	graduate medical education
HPMEMS	highly perishable mission essential medical skills
IDB	Integrated Delivery Board
JKO	Joint Knowledge Online
JTET	Joint Trauma Education and Training
JTS	Joint Trauma System
LMS	Learning Management System
MHS	Military Health System
MILDEP	Military Department
MM&S	Medical Modeling and Simulation
MMSD	Medical Modernization and Simulation Division
MTF	military medical treatment facility
MTN	military training network

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

accreditation. Process of review that allows healthcare organizations to demonstrate their ability to meet regulatory requirements and standards established by a recognized accrediting organization (AO).

Clinical Training Program (CTP). Any instructional course, hands-on skills training, or clinical competency training within an MTF that results in a skill level award or determination and documentation of clinical proficiency.

course. A complete series of instructional units (phases, modules, and lessons) identified by common title and number. A course may provide general skills, such as in the leadership, communication, or management arenas, or it may have specific practical applications to qualify an individual for a specific job or function.

DRO. Direct Reporting Markets, Small Market and Stand Alone Military Treatment Facility Organization, Defense Health Agency Regions

education. A structured process that conveys both specific and general bodies of knowledge and develops habits of mind applicable to a broad spectrum of endeavors. As viewed through the prism of “psychomotor, cognitive, affective learning,” education is largely defined through cognitive learning and fosters a breadth of view, diverse perspectives, critical and reflective analysis, abstract reasoning, comfort with ambiguity and uncertainty, and innovative thinking, particularly with respect to complex, ill-structured or non-linear problems.

GME. Didactic and clinical education in a medical specialty or subspecialty that follows the completion of undergraduate medical education and prepares physicians for the independent practice of medicine in that specialty or subspecialty. This education is also referred to as residency or fellowship education. Completion of this education typically results in board eligibility and certification by the national accrediting body for that specialty or subspecialty. This definition also includes other physician graduate professional education in clinical settings that incur an active duty service obligation.

market. A Market is a group of MTFs that operate as a system: sharing patients, providers, functions, and budgets, across facilities in order to improve the delivery and coordination of health services to drive value for beneficiaries.

medical readiness. Applied to medical personnel this includes all of the clinical and non-clinical individual and team requirements necessary to accomplish the deployed mission.

MM&S. The medical discipline that comprises the development or use of medical modeling and simulations. It involves the equipment, including hardware, and the software that implements a model or simulation or an adjunct tool. The hardware or software that is either used to provide part of a simulation environment (i.e., to manage the execution of the environment), or to transform and manage data used by or produced by a model or simulation. Adjunct tools are differentiated from simulation software; they do not provide a virtual or constructive representation as part of a simulation environment. Simulation is a method for implementing a model over time.

quota management. The process of resourcing the appropriate number of class seats and course iterations to ensure an adequate number of personnel are trained each year in order to meet

mission requirements. It also involves filling those seats to ensure maximum utilization of allocated training resources.

requirement. An established need justifying the timely allocation of resources to achieve a capability to accomplish approved military objectives, missions, or tasks.

staff development. E&T activities designed to improve MTF staff knowledge and skills related to healthcare delivery.

training requirements. The specific knowledge, skills, and abilities that have been identified as mission requirements and that must be developed through an instructional program for a specific group of people. Training requirements should identify requirement source (directive, instruction, standard, etc.), resourcing (funding, manpower), and the number of personnel required to be entered into a specific course (projected student throughput), to meet commitments of the military services concerned.