



PERSONNEL AND  
READINESS

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

SEP 21 2022

The Honorable Jack Reed  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to section 711(b)(2) of the John S. McCain National Defense Authorization for Fiscal Year 2019 (Public Law 115-232), regarding the study on the feasibility of consolidating the Department's medical education and training (E&T) activities under the Defense Health Agency, is enclosed.

The report includes a comprehensive inventory of the Department's E&T enterprise. This inventory underscores how critical our E&T enterprise is to our ability to field medical forces to meet mission demands. We believe that additional changes to the structure of the Department's E&T enterprise are better considered once the current set of Military Health System transitions and reforms is completed over the next 3 to 5 years. Once those actions have been completed, we can better identify and mitigate any remaining performance and management gaps.

Thank you for your continued strong support for our Service members, veterans, and families. I am sending a similar letter to the House Armed Services Committee. The Department will continue collaborating with you as we optimize the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member



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**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
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SEP 21 2022

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

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As stated

cc:  
The Honorable Mike D. Rogers  
Ranking Member

# **Report to the Committees on Armed Services of the Senate and the House of Representatives**



## **Feasibility of Consolidating Military Medical Education and Training**

**September 2022**

**In Response To: Section 711(b) of the John S. McCain  
National Defense Authorization Act for Fiscal Year  
2019 (Public Law 115–232)**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$279,000 for the 2019 Fiscal Year. This includes \$20,000 in expenses and \$259,000 in DoD labor.

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## **Executive Summary**

This report responds to section 711(b) of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115–232). Section 711(b) required the Department of Defense (DoD) to deliver a report to the Committees on Armed Services of the Senate and the House of Representatives on the feasibility of consolidation of medical education and training (E&T) organizations, activities, and functions into a newly established Education and Training Organization (ETO) subordinate to the Defense Health Agency (DHA) and headed by the president of the Uniformed Services University of the Health Sciences (USU).

A Military Health System (MHS) E&T study team was established to perform the feasibility assessment and develop the final report, supported by the Institute for Defense Analyses (IDA). While the John S. McCain NDAA for FY 2019 directed multiple MHS reforms and feasibility studies, much of this direction has roots in the NDAA for FY 2017, which directed MHS reforms that are still in the process of being implemented. These reforms greatly affected the allocation of mission roles, responsibilities, and resources among the Military Medical Departments and DHA, thus affecting the E&T enterprise along with many other MHS functions.

### **E&T Enterprise**

The DoD maintains a uniformed medical force of nearly 190,000 personnel (115,000 active duty; 71,000 Reserve Component). To build and sustain a medical force of this size, the MHS operates a large and highly integrated medical E&T enterprise which employs over 4,000 personnel at a cost of \$2.2 billion dollars annually. Broadly, the E&T enterprise includes activities for development of skills related to the delivery of health care, often with external certification requirements, and activities that develop skills related to military specific medical requirements. DHA, USU, and the individual health service schools of the Army, Navy, and Air Force each support some form of initial, sustainment, or professional development E&T activities for uniformed Service members.

Significant training also occurs inside the more than 400 military medical treatment facilities (MTFs) of the MHS. Each year over 100,000 students pass through one or more of the approximately 1,500 different programs (or courses) that range from 1-day seminars to advanced postgraduate medical education, which can take up to a decade to complete. This enterprise is a key component of the Military Departments' ability to train and sustain the personnel needed to meet medical mission requirements. The enterprise represents a national asset for the production of trained military-medical professionals and staff. The MTFs play a central role in professional development, education, and training of medical staff, with the Military Departments serving as the ultimate employer of trained medical personnel necessary to support global contingencies.

### **Findings**

The study team identified several key findings regarding the current medical E&T enterprise, which are listed below:

- The MHS E&T enterprise carries out a large and diverse set of activities.

- Initial medical E&T accounts for the largest volume of E&T activities.
- The majority of medical E&T is focused on providing medical competencies.
- There is duplication of like programs (or courses) across the enterprise.
- There is significant duplication of common E&T functions.
- There are different standards for like professions across the enterprise.
- Transparency into the medical E&T enterprise is currently limited.

### **Conclusion and Recommendation**

The medical E&T enterprise is large, complex, and decentralized. The Department will conduct a more comprehensive assessment of restructuring the DoD's medical E&T enterprise after the present ongoing MHS reforms directed by the NDAAs for FY 2017 and FY 2019 have been fully implemented, which is expected to take 3 to 5 years to complete.

## **Introduction**

Section 711(b)(2) of the John S. McCain NDAA for FY 2019, required the DoD to submit to the Committees on Armed Services of the Senate and the House of Representatives a report on a study on the feasibility of establishing within the DHA a subordinate organization, to be called the DHA E&T, to be led by the President of the USU and to be comprised of the current Medical E&T Campus, the USU, the medical education and training commands of the Armed Forces, and such other elements, facilities, and commands of the DoD as the Secretary of Defense considers appropriate within 270 days of enactment. Appendix 1 provides the full language of section 711(b) of the John S. McCain NDAA for FY 2019.

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) led a tri-service/DHA/USU study team to respond to section 711(b) for the Under Secretary of Defense for Personnel and Readiness. Additionally, IDA was tasked to: (1) independently support the working group by analyzing the current E&T enterprise; (2) develop potential options for a new ETO within the constraints of the NDAA language; and (3) provide an analytic framework for the department to assess those options.

## **Background**

The MHS has two primary interrelated missions: the readiness mission and the beneficiary care mission. The readiness mission drives the requirement for a uniformed medical force and is focused on maintaining a medical capability to support combat operations (e.g., providing combat casualty care and force health protection). The beneficiary care mission is focused on providing a health benefit to over nine million eligible DoD beneficiaries.<sup>1</sup> Today nearly 190,000 uniformed medical personnel (115,000 Active; 71,000 Reserve) work in support of these missions.

To build and sustain a medical force of this size, the MHS operates a large medical E&T enterprise at a cost of over \$2.2 billion dollars annually. Currently, this enterprise consists of E&T run by the three Military Departments, DHA, and USU. Collectively, these Components provide medical E&T to over 100,000 students through over 1,500 different programs (or courses) that range from 1-day seminars to advanced postgraduate medical education, which can take up to a decade to complete.

The MHS has historically operated under a dual mission construct. In support of both missions, the Military Medical Departments historically maintained a large network of military hospitals and clinics known as MTFs, now operated by the DHA. While MTFs are largely focused on delivering care to beneficiaries (i.e., the beneficiary care mission), they also provide substantial support to the readiness mission. This is because MTFs are designed to serve as readiness platforms or facilities where military medical providers can train and maintain their skills during peacetime and provide support for returning casualties. Broadly, the E&T enterprise includes activities for development of skills related to the delivery of health care, often with external

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<sup>1</sup> TRICARE beneficiaries include Active Duty Service members (and their dependents) along with military retirees (and their dependents). The *Evaluation of the TRICARE Program: Fiscal Year 2018 Report to Congress* reported 9.4 million beneficiaries worldwide.

certification requirements, and activities that deliberately develop the highly specialized skills needed to support military-specific medical requirements. These activities represent a national asset, as not only do they contribute to the U.S. inventory of trained medical professionals, they have been credited with developing a wide range of procedures and techniques that have led to sustained improvements in civilian trauma and humanitarian care as well.

Recent concerns that MTF workload is not providing the mission essential case-mix required to support combat operations, combined with concerns over MTF productivity and high costs, led Congress to direct sweeping changes to the MHS in several NDAAAs, beginning in the NDAA for FY 2017. In the NDAA for FY 2017, two key themes emerged:

- **Increased focus on the readiness mission and the operational force:**
  - **Section 707: Joint Trauma System** – Directed the Secretary of Defense to submit an implementation plan for establishing a Joint Trauma System within DHA.
  - **Section 708: Joint Trauma Education and Training Directorate** – Directed the Secretary of Defense to establish a Joint Trauma Education and Training Directorate.
  - **Section 717: Evaluation and Treatment of Veterans and Civilians at Military Facilities** – Authorized the treatment of civilians and veterans in MTFs for the purpose of increasing military providers’ access to readiness-related case mix.
  - **Section 721: Authority to Convert Military Medical and Dental Positions to Civilian Medical Positions** – Required the Secretary of Defense to define the military medical and dental personnel requirements necessary to meet operational medical force readiness requirement and authorized the conversion of military medical and dental billets to civilian billets when the positions were not necessary to meet the operational requirements.
  - **Section 725: Adjustment of Medical Services, Personnel Authorized Strengths, and Infrastructure in Military Health System to Maintain Readiness and Core Competencies of Health Care Providers** – Directed the Secretary of Defense to implement measures ensuring the medical force and the care provided throughout the MHS was aligned to critical wartime medical readiness skills and core competencies.
  - **Section 749: Oversight of Graduate Medical Education (GME) Programs of Military Departments** – Directed the Secretary of Defense to establish and implement a process to provide oversight into the Service-run GME programs. The process was to ensure programs were aligned to the operational medical requirements, minimize duplication of effort, and integrate the programs across the Services.
- **MTF Administration:** In addition to increasing the focus on readiness, the NDAA also contained several significant provisions focused on MTF administration and modernization. These included:

- **Section 702: Reform of Administration of the Defense Health Agency and Military Medical Treatment Facilities** – Transferred responsibility for administering the MTFs from the Military Medical Departments to DHA. The conference report cited inefficiencies under the previous structure of “essentially three separate health systems each managed by one of the three Services” and potential benefits (e.g., eliminate redundancy, greater efficiency, monetary savings, and improved beneficiary experience) from having a single agency responsible.
- **Section 703: Military Medical Treatment Facilities** – Established a set of requirements for three types of MTFs that could be maintained by the MHS (medical centers, hospitals, and ambulatory care centers) and directed the Secretary of Defense to review and right-size the MTF inventory to better meet readiness requirements.

While congressional interest in MHS reform is apparent in the NDAA for FY 2017, the responsibilities, roles, and missions in the realm of medical E&T are less clear. While the Surgeons General of the Military Departments have long-standing responsibility and authority to recruit, organize, train, and equip their respective medical personnel, DHA is becoming responsible for managing key additional medical E&T platforms (i.e., MTFs). In addition, statutory provisions and DoD policy have granted DHA several E&T authorities that overlap with the Military Department authorities (especially in the area of trauma training). This direction appears to be aimed at providing some degree of training standardization across the Military Departments, improving interoperability, and gaining efficiencies through consolidating like activities and capabilities. Many of these objectives align with the mission of the current DHA Education and Training Directorate (J7) and USU.

The John S. McCain NDAA for FY 2019 directed the Secretary of Defense to assess the feasibility of placing the vast majority of the medical E&T activities (those run by USU, the Medical Education and Training Campus (METC), and the military medical E&T commands) into a new DHA-subordinate ETO. Additional provisions reinforce the themes of increased focus on the readiness mission and interoperability/joint medical capabilities:

- **Section 712: Organizational Framework of the Military Healthcare System to Support the Medical Requirements of the Combatant Commands** – Directs the implementation of an MHS organizational framework that maximizes interoperability and fully integrates medical capabilities to enhance joint military medical operations.
- **Section 719: Improvement to Trauma Center Partnerships** – Amended Section 708(c) of the NDAA for FY 2017 (Public Law 114–328) to further emphasize forming partnerships with trauma centers.
- **Section 732: Joint Forces Medical Capabilities Development and Standardization** – Directs the Secretary of Defense to develop a process to establish required joint force medical capabilities that meet the operational planning requirements of the combatant commands. The process is to include a joint medical requirement estimate, a review of military health mission essential tasks, and a process for standardizing interoperability of medical equipment and capabilities.



- **Section 735: Pilot Program on Earning by Special Operations Forces Medics of Credit toward a Physician Assistant Degree** – Directs a pilot program to assess the feasibility and advisability of partnerships between Special Operations Forces and institutions of higher education through which Special Operations Forces medics earn credit toward the master’s degree of Physician Assistant.

With that background, the study team defined and inventoried the current medical E&T enterprise.

### Medical Education & Training Enterprise

The MHS is composed of personnel, infrastructure, and resources owned by DHA, Office of the ASD(HA) and Military Departments. Taken together, the Army, Navy, and Air Force each have a large medical force, which collectively total to nearly 190,000 personnel. Table 1 provides a summary of the total medical force by Military Department and Component (Active Component versus Reserve Component).

*Table 1. Total Medical Force, FY 2021*

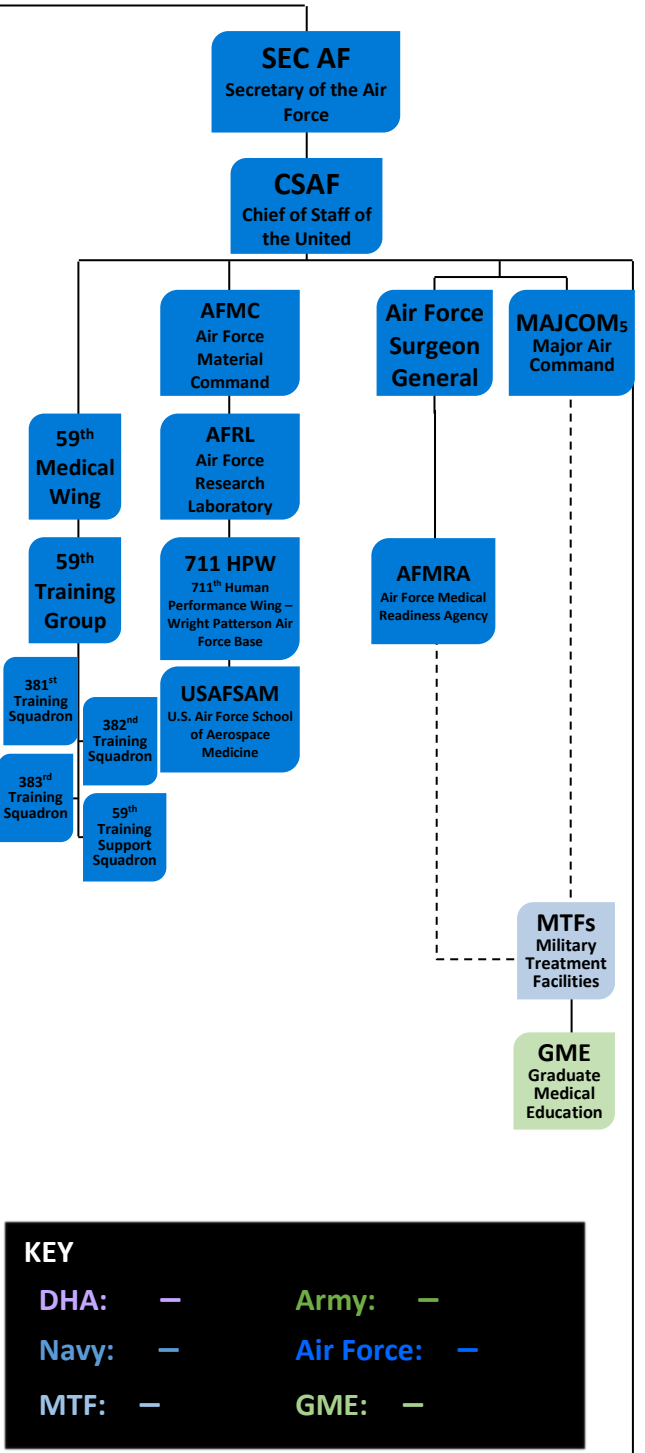
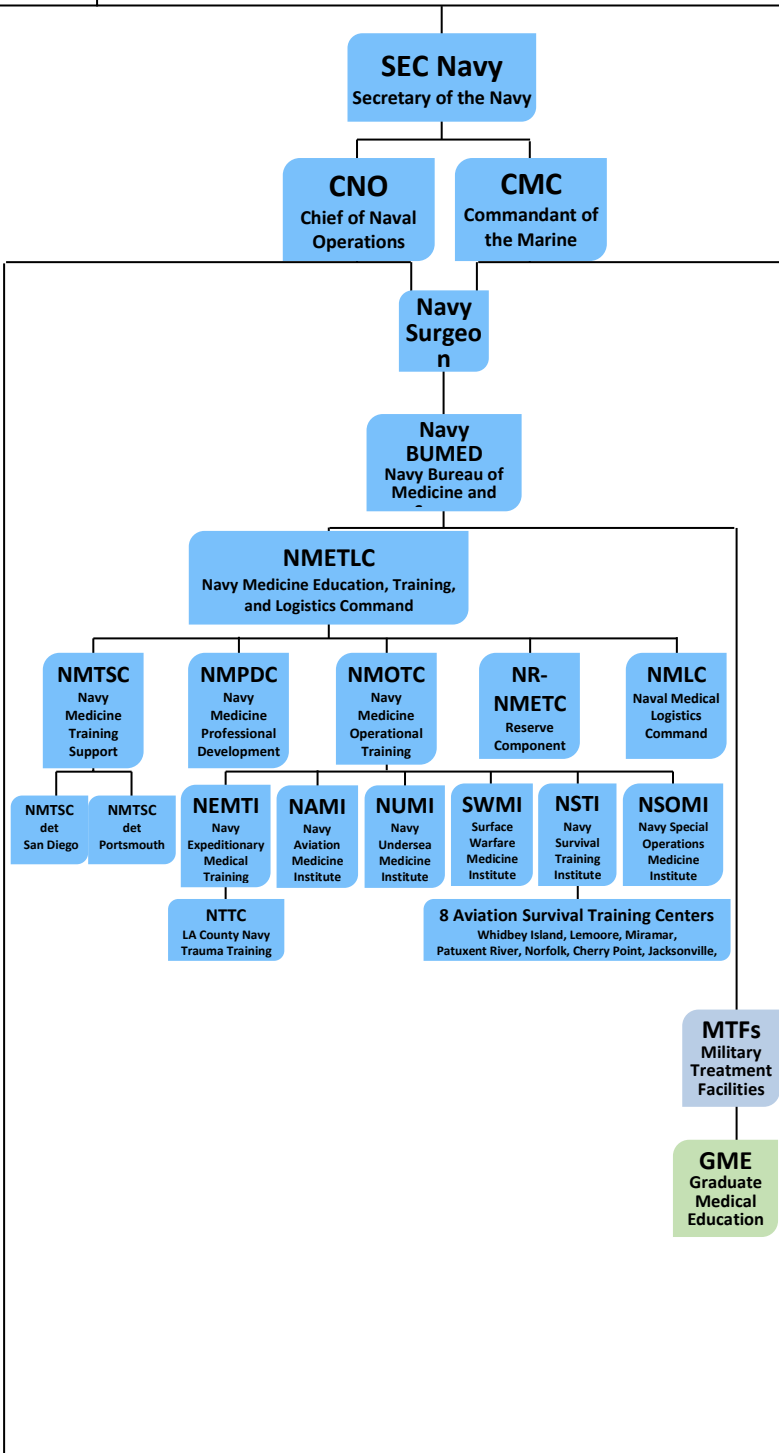
	<b>Officer</b>	<b>Enlisted</b>	<b>Total</b>
<b>Active</b>	<b>36,768</b>	<b>75,593</b>	<b>112,361</b>
Army	15,145	31,501	46,646
Navy	10,268	25,043	35,311
Air Force	11,355	19,049	30,404
<b>Reserve</b>	<b>24,965</b>	<b>52,352</b>	<b>77,317</b>
Army National Guard	5,179	14,327	19,506
Army Reserve	9,946	20,213	30,159
Navy Reserve	2,335	4,709	7,044
Air National Guard	2,937	4,702	7,639
Air Force Reserve	4,568	8,401	12,969
<b>Total</b>	<b>61,733</b>	<b>127,945</b>	<b>189,678</b>
<i>Source:</i> Health Manpower Personnel Data System. Numbers in the table reflect end strength.			

To support a diverse medical force of this size, the DoD leverages a medical E&T enterprise that is large, complex, and decentralized. The first objective of this study was, therefore, to identify all the E&T stakeholders and programs. The congressional language in the John S. McCain NDAA for FY 2019 provides a good starting point for this identification effort; it clearly identifies the following three entities as E&T stakeholders:

- The METC, DHA E&T Directorate;
- The USU; and
- The medical E&T commands of the Military Departments.

Figure 1 below provides an overall depiction of the MHS E&T organizations including: ASD(HA)/USU; DHA/J7; Army Medical Department Center and School; Navy Medicine Education, Training, and Logistics Command; and the various training units of the Air Force associated with training medical personnel. Also included is a depiction of the command structures across Components to identify organizations responsible for GME and Graduate Dental Education (GDE) in the MHS. In addition, significant non-GME/GDE E&T activities also occur in the MTFs to support skills maintenance and professional development of the medical personnel supporting care delivery.

# Secretary of Defense



**KEY**

DHA:	—	Army:	—
Navy:	—	Air Force:	—
MTF:	—	GME:	—

## Medical E&T Activities by Category and Competency Type

To better understand the inventory of E&T activities, the team relied on two metrics to capture the volume of E&T activities falling into different categories:

- Number of students: the number of students enrolled in a specific program; and
- Instruction-days: the number of students enrolled in a specific program annually times the course's length (measured in training days).<sup>2</sup>

Number of students is useful for understanding the basic student volume and throughput for different E&T programs and/or general categories of E&T (initial, sustainment, professional development). However, it is not an intensity-adjusted metric (i.e., students enrolled in 1-week courses are weighted the same as students enrolled in multi-year degree programs). Instruction-days is used as a second metric to capture E&T intensity.

Table 2 shows the number of students and instruction-days by the three general categories of medical E&T activities (initial, sustainment, and professional development). The data indicate there are nearly 200,000 students enrolled in medical E&T across the enterprise.<sup>3</sup> By student volume, sustainment training is the largest category of medical E&T. Using the intensity-adjusted instruction-day metric, it is apparent that initial training accounts for the large majority of training days (and that officer initial training is the largest group).

*Table 2. Student Volume by Medical E&T Category 4*

Category	Students	Percent	Instruction-days	Percent
<b>Initial</b>	<b>29,478</b>	<b>15%</b>	<b>8,583,099</b>	<b>88%</b>
Enlisted	23,598	12%	2,672,109	27%
Officer	5,880	3%	5,910,990	60%
<b>Sustainment</b>	<b>141,331</b>	<b>73%</b>	<b>622,381</b>	<b>6%</b>
Enlisted	14,429	7%	136,250	1%
Officer	16,414	9%	219,327	2%
Officer and Enlisted	110,488	57%	266,804	3%
<b>Professional Development</b>	<b>22,209</b>	<b>12%</b>	<b>572,275</b>	<b>6%</b>
Enlisted	10,126	5%	334,756	3%
Officer	7,979	4%	179,113	2%
Officer and Enlisted	4,104	2%	58,406	1%
<b>Grand Total</b>	<b>193,018</b>	<b>100%</b>	<b>9,777,755</b>	<b>100%</b>

<sup>2</sup> Data received on the length of each training program (or course) included in the inventory. Course-length data were received in different formats (hours, days, weeks, and years, with days being most common). All course-length data were converted to a common metric (training days).

<sup>3</sup> Individuals are counted as students more than once if they take multiple courses in a given year.

<sup>4</sup> Source: IDA Inventory of Service Data Submissions.

Table 3 shows the number of students and instruction-days by the three general types of medical E&T competencies developed in the IDA study (medical, military medical (general), and military medical (specific)). Student volume is greatest in the general military medical competency category, but the intensity-adjusted instruction-days metric shows the majority of medical E&T is focused on providing medical competencies.

*Table 3. Student Volume by Medical E&T Competency Type 5*

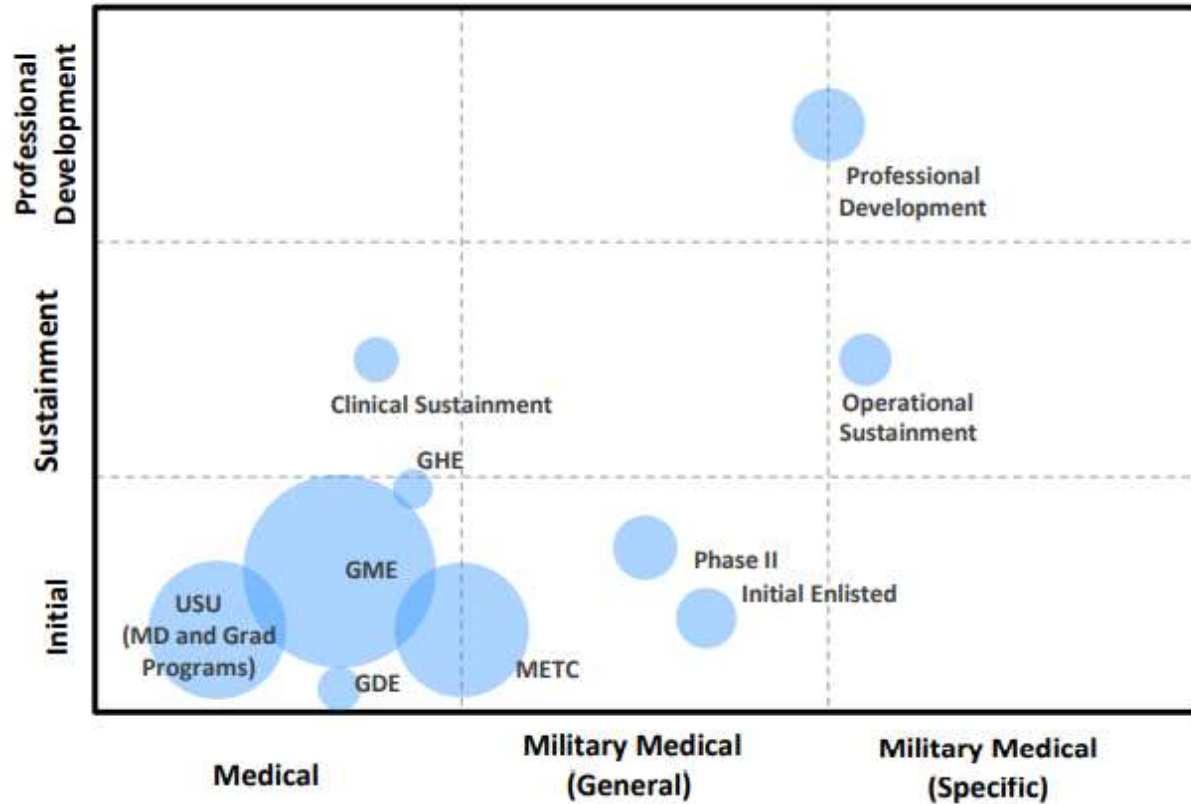
<b>Competency</b>	<b>Students</b>	<b>Percent</b>	<b>Instruction-days</b>	<b>Percent</b>
<b>Medical</b>	<b>22,060</b>	<b>11%</b>	<b>6,111,320</b>	<b>63%</b>
Enlisted	3,035	2%	65,194	1%
Officer	15,857	8%	5,997,304	61%
Officer and Enlisted	3,168	2%	48,822	0%
<b>Military Medical (General)</b>	<b>137,762</b>	<b>71%</b>	<b>2,939,189</b>	<b>30%</b>
Enlisted	28,450	15%	2,636,638	27%
Officer	5,701	3%	72,121	1%
Officer and Enlisted	103,611	54%	230,430	2%
<b>Military Medical (Specific)</b>	<b>33,196</b>	<b>17%</b>	<b>727,247</b>	<b>7%</b>
Enlisted	16,668	9%	441,283	5%
Officer	8,715	5%	240,006	2%
Officer and Enlisted	7,813	4%	45,958	0%
<b>Grand Total</b>	<b>193,018</b>	<b>100%</b>	<b>9,777,755</b>	<b>100%</b>

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<sup>5</sup> Source: IDA Inventory of Service Data Submissions.

Figure 2 uses both dimensions of the taxonomy (E&T category and medical competency) to illustrate where different E&T activities fall. The size of the circles is scaled based upon the number of instruction days.

Figure 2. E&T Activities by Category and Competency, Measured in Instruction-days



### Medical E&T Funding

From a DoD perspective, resourcing for E&T activities of the DHP resides in Budget Activity Group (BAG) 6. BAG 6 is composed of three primary program elements (PEs) that provide resourcing support for the following E&T opportunities and activities: Health Professions Scholarship Program (PE 0806722), USU (PE 0806721), and Other E&T (PE 0806761)<sup>6</sup>. BAG 6 is summarized in Table 4 below:

Table 4. FY 2017 DHP BAG 6 Education and Training (\$000s)<sup>7</sup>

	<b>O&amp;M</b>	<b>MILPERS</b>	<b>Total</b>
HPSP	\$239,082	\$0	<b>\$239,082</b>
USU	\$157,135	\$130,783	<b>\$287,918</b>
Other E&T	\$310,552	\$1,446,591	<b>\$1,757,143</b>
<b>Total</b>	<b>\$706,769</b>	<b>\$1,577,374</b>	<b>\$2,284,143</b>

<sup>6</sup> Comptroller “Other E&T” includes funding required for DHA, Army, Navy and Air Force training commands along with MTF support for graduate programs and professional development of the medical workforce.

<sup>7</sup> Defense Wide Budget Documentation: OP-5 Education and Training DHP PB19, Under Secretary of Defense (Comptroller), <https://comptroller.defense.gov/Budget-Materials/FY2019BudgetJustification/#defhealthprog>.

To complement the top-down examination of E&T resources, the study team conducted a data call to the Component organizations to better understand the funding of medical E&T. Table 5 below shows medical E&T resourcing by organization using a bottom-up approach from the Component data calls along with medical expenses executed inside MTFs to support graduate education programs and ongoing professional development/continuing education of the medical workforce.

*Table 5. Bottom-up Medical E&T Resourcing FY 2017 (\$000s) 8*

	<b>O&amp;M Expense</b>	<b>MILPERS Expense</b>	<b>CIVPERS Expense</b>	<b>Total Cost</b>
Army	\$124,096	\$158,776	-	<b>\$282,872</b>
Navy	\$66,084	\$46,997	-	<b>\$113,081</b>
Air Force	\$23,382	\$41,423	-	<b>\$64,805</b>
DHA – LEADS & DMRTI	\$5,423	\$9,129	\$2,483	<b>\$17,035</b>
DHA – METC	\$20,901	\$14,341	\$16,706	<b>\$51,948</b>
DHA – J7 HQ	\$9,865	\$3,598	\$1,646	<b>\$15,109</b>
USU	\$76,000	\$136,200	\$81,000	<b>\$293,200</b>
*HPSP <sup>9</sup>	\$239,082			\$239,082
<b>Sub Total</b>	<b>\$325,751</b>	<b>\$410,464</b>	<b>\$101,835</b>	<b>\$838,050</b>
MTF Graduate Programs	\$78,620	\$352,972	\$146,209	<b>\$577,802</b>
MTF Prof. Dev / Cont. Ed.	\$273,944	\$368,810	\$211,155	<b>\$853,910</b>
<b>Sub Total</b>	<b>\$352,564</b>	<b>\$721,782</b>	<b>\$357,364</b>	<b>\$1,431,712</b>
<b>Bottom-up Total</b>	<b>\$678,315</b>	<b>\$1,132,246</b>	<b>\$459,199</b>	<b>\$2,269,762</b>

While significant resourcing is required to support training commands of the Military Departments, approximately \$1.4 billion per year is also executed inside MHS MTFs to support GME/GDE and various training programs, professional development, and/or continuing education of medical professionals working inside the facilities. In comparing BAG 6 totals to the bottom-up totals compiled in Table 5, it appears the study team captured approximately 97 percent of the total Defense Health Program (DHP) medical E&T expenses for the MHS.

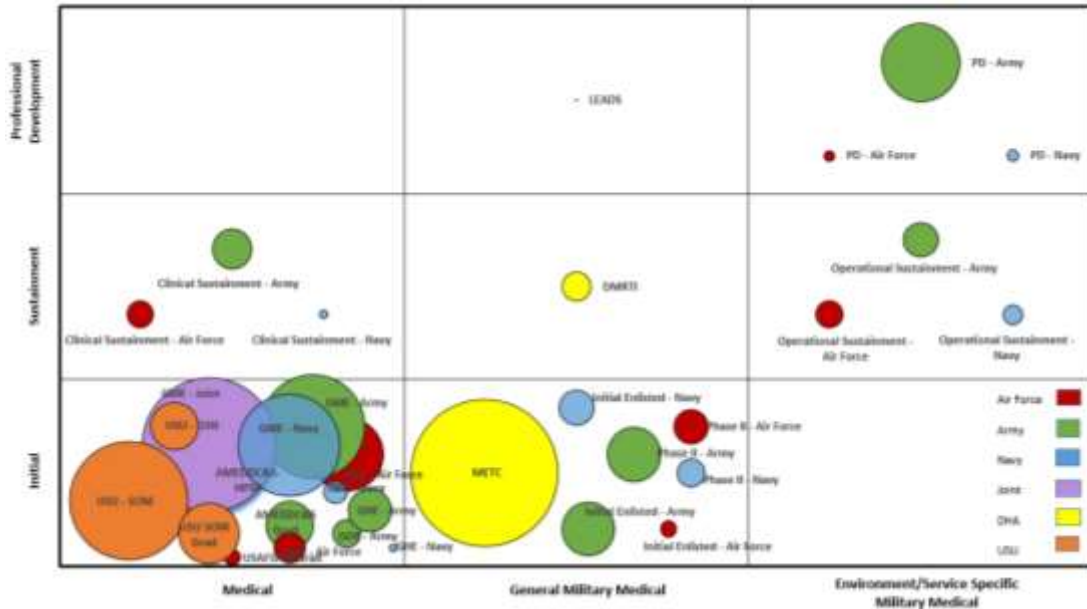
In Figure 3, each Component’s activities are represented with a different color. The bubble size represents the number of instruction-days. The largest mass of E&T programs falls into the lower left region of the figure—essentially initial training focused on building medical competencies.

<sup>8</sup> Source: IDA data calls with Component E&T Commands and MTF Expense Reporting.

<sup>9</sup> HPSP totals are included in component lines as individual service programs were unable to be disaggregated in service data submissions. This row is not included in totals reported for Table 5.



Figure 3. Medical E&T Activities by Category and Competency Type



## Findings

Below, we summarize several key findings on the current medical E&T enterprise.

- **The MHS E&T enterprise carries out a large and diverse set of activities:** In terms of initial E&T, the enterprise provides everything from technical training in health science fields (similar to associate degree programs found at community colleges), to medical degrees and physician sub-specialty training (residency programs), to doctoral degrees in multiple fields. In addition to initial E&T, the enterprise also provides a significant amount of sustainment and professional development training.
- **Initial medical E&T accounts for the largest volume of E&T activities:** Initial E&T activities account for nearly 90 percent of all instruction-days. Approximately two-thirds of these instruction-days are devoted to officer training, while the remaining one-third is devoted to enlisted training. This difference is driven by the long training times required to earn advanced medical degrees and to complete required postgraduate specialty training.
- **The majority of medical E&T is focused on providing medical competencies:** Just over 60 percent of E&T instruction-days were classified as providing medical competencies (as opposed to military medical competencies). Approximately 30 percent of activities were classified as providing general military medical competencies while only 7 percent were classified as providing Service- or environment-specific competencies.
- **There is duplication of like programs (or courses) across the enterprise:** The study team found several examples of similar programs being offered by different Components

across the enterprise. Perhaps the best example was the duplication occurring between AMEDDC&S's Army-Baylor program and USU's graduate programs, both of which offer graduate programs in nurse anesthesia and health administration. Other Services also contract with civilian institutions to provide degrees also offered by USU. For example, the Air Force partners with Wright State University to provide a master's degree in public health to residents in their preventative medicine and occupational medicine program.

- **There is significant duplication of common E&T functions:** Each Component maintains the capability to carry out many if not all of the common E&T functions listed in Chapter 3—providing accreditation, continuing education, curriculum and faculty development, library and learning resources, LMS, IT support, life support training, logistics and campus management, medical modeling and simulation, personnel management, and registrar. There are likely economic advantages to providing some subset of these activities at an enterprise-wide level.
- **There are different standards for like professions across the enterprise:** When different organizations provide the same degree programs or technical training, standards and requirements can vary. For instance, in the case of the Army and USU nurse anesthesia programs, there are differences in required clinical training hours. For enlisted personnel, there are different certification requirements across the big three emergency medicine technician (EMT)-like occupations (Army medics, Navy corpsmen, and Air Force technicians). Specifically, Army and Air Force personnel require an EMT-Basic (EMT-B) certification while Navy corpsmen do not. The EMT-B is a nationally recognized standard for entry-level civilian EMTs. There have also been differences in critical care training requirements for flight paramedics.
- **Transparency into the medical E&T enterprise is currently limited:** Today there is very little transparency into the E&T enterprise as a whole. Centralized databases provide little insight into breadth and depth of activities occurring across the enterprise, the total student volume, and total resources. This project, which represents the first attempt to provide a comprehensive analysis of the entire enterprise, required a large number of data calls. Without greater centralization, this organizational opacity will likely remain the case.

## Conclusions

The medical E&T enterprise is large, complex, and decentralized. The Department will conduct a more comprehensive assessment of restructuring the DoD's medical E&T enterprise after the present ongoing MHS reforms directed by the NDAAs for FY 2017 and FY 2019 have been fully implemented, which is expected to take 3 to 5 years to complete.

## Appendix 1: NDAA Language Section 711(b) (2)

### SEC. 711. IMPROVEMENT OF ADMINISTRATION OF THE DEFENSE HEALTH AGENCY AND MILITARY MEDICAL TREATMENT FACILITIES.

#### (a) ADMINISTRATION OF FACILITIES BY DIRECTOR OF DEFENSE HEALTH AGENCY.—

(1) IN GENERAL.—Subsection (a) of section 1073c of title 10, United States Code, is amended—

#### (b) ADDITIONAL DEFENSE HEALTH AGENCY ORGANIZATIONS.—

(1) IN GENERAL.—Section 1073c of such title is further amended—

(A) by redesignating subsection (c) as subsection (f), and

(B) by inserting after subsection (d) the following new subsection (e):

“(e) ADDITIONAL DHA ORGANIZATIONS.—Not later than September 30, 2022, the Secretary of Defense shall, acting through the Director of the Defense Health Agency, establish within the Defense Health Agency the following:

“(1) A subordinate organization, to be called the Defense Health Agency Research and Development—

“(A) led, at the election of the Director, by a director or commander (to be called the Director or Commander of Defense Health Agency Research and Development);

“(B) comprised of the Army Medical Research and Materiel Command and such other medical research organizations and activities of the armed forces as the Secretary considers appropriate; and

“(C) responsible for coordinating funding for Defense Health Program Research, Development, Test, and Evaluation, the Congressionally Directed Medical Research Program, and related Department of Defense medical research.

“(2) A subordinate organization, to be called the Defense Health Agency Public Health—

“(A) led, at the election of the Director, by a director or commander (to be called the Director or Commander of Defense Health Agency Public Health); and

“(B) comprised of the Army Public Health Command, the Navy-Marine Corps Public Health Command, Air Force public health programs, and any other related defense health activities that the Secretary considers appropriate, including overseas laboratories focused on preventive medicine, environmental health, and similar matters.”

(2) REPORT ON FEASIBILITY OF FURTHER ADDITIONAL ORGANIZATION IN DHA.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on a study, conducted by the Secretary for purposes of the report, of the feasibility of establishing with the Defense Health Agency a subordinate organization, to be called the Defense Health Agency Education and Training, to be led by the President of the Uniformed Services University of the Health Sciences and to be comprised of the current Medical Education and Training Campus, the Uniformed Services University of the Health Sciences, the medical education and training commands of the Armed Forces, and such other elements, facilities, and commands of the Department of Defense as the Secretary considers appropriate.

## Appendix 2: Acronyms

<u>Acronym</u>	<u>Full Term</u>
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BAG	Budget Activity Group
CAHS	College of Allied Health Sciences
DHA	Defense Health Agency
DHP	Defense Health Program
DoD	Department of Defense
DMRTI	Defense Medical Readiness Training Institute
E&T	education and training
EMT	emergency medicine technician
ETO	Education and Training Organization
FY	Fiscal Year
GDE	Graduate Dental Education
GME	Graduate Medical Education
GSN	Graduate School of Nursing
HPSP	Health Professions Scholarship Program
IDA	Institute for Defense Analyses
LEADS	Leadership, Education, Analysis, Development and Sustainment
LMS	Learning Management System
METC	Medical Education and Training Campus
MHS	Military Health System
MTF	military medical treatment facility
NDAA	National Defense Authorization Act
PDC	Postgraduate Dental College
PE	program element
USU	Uniformed Services University of the Health Sciences