Department of the Navy
Bureau of Medicine and Surgery
One Navy Medicine

Human Capital Strategy
2020-2025

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A Note from the Surgeon General

Esteemed Colleagues,

While the One Navy Medicine team continues to meet the challenges of providing exceptional care to our warfighters and their families and to be ready to go in harm's way with our Navy and Marine Corps warfighters as a ready medical force we cannot rest on our laurels.

Today's dynamic operational environment requires us to review our current platforms and force generation capability to ensure a well-trained military and civilian workforce that adapts and evolves in order to project medical power in support of naval superiority.

Last year I was honored and privileged to take the helm and represent you as the 39th Surgeon General of the Navy. At that time I outlined Navy Medicine's strategic priorities…People, Platform, Performance, and Power. The "4Ps" is our roadmap to meet both the challenges of today and those that we will face in the future. The order of these priorities is important. Our people have and will continue to be our greatest strength and this is why the first "P" is People.

From the first documented notable patient encounters off the coast of Boston, Massachusetts in 1813 on the USS Chesapeake our people have been our greatest asset. Though the platforms have changed over time (and we are in the process of actively updating them as the second "P") the exceptional performance of our people has been a constant.

One Navy Medicine's Human Capital Strategy (HCS) is the framework that will ensure that we are aligned to the National Defense Strategy, and to the guidance provided by the Chief of Naval Operations and the Commandant of the Marine Corps. In the emerging great power competition in which we find ourselves, our Sailors and Marines depend upon us to project medical power to ensure that they can stay in the fight and prevail over those who threaten our precious freedoms.

Our performance this year in the face of a once in a generation pandemic demonstrated once again that the expertise, dedication and can do spirit of our people is our greatest strength. The HCS provides the blueprint by which we will build on this foundational strength to meet the challenges of the future.

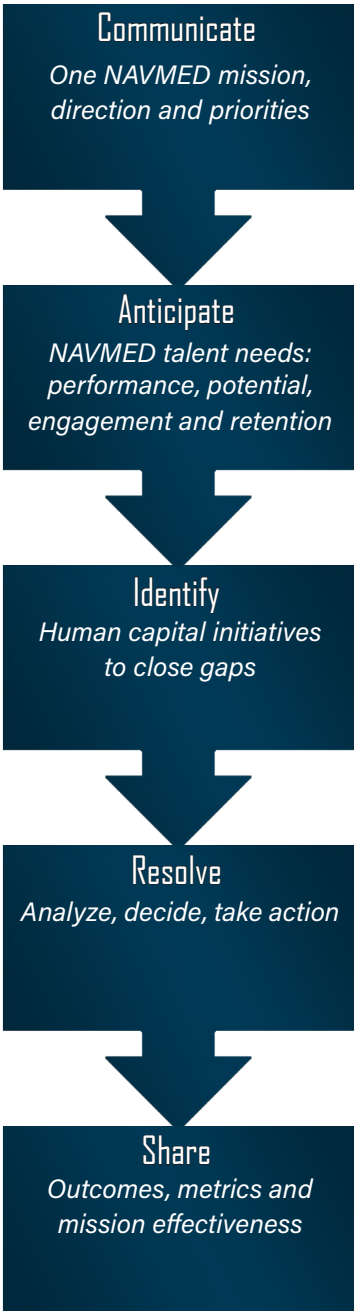
Thank you for all that you do every day to project medical power in support of naval superiority.

With my respect and admiration,
SG

Executive Summary

"We need a total force strategy and better talent management practices now. We must complete the transition to medical readiness." – RADM Bruce Gillingham, June 2020

Even as Navy Medicine rises to the challenges of COVID-19 with continued focus on its other military readiness missions, it faces significant changes in its military and civilian force structure. This Human Capital Strategy (HCS) addresses those issues directly, while providing a pathway for Navy Medicine to restructure its force to meet future requirements based on evolving operational demands. It provides a high-level strategic framework to guide the creation of Talent Management Action plans (TMAPs) – applicable to both Active and Reserve Component Navy Medicine military personnel and civilian employees. The goal is for this HCS to enable Navy Medicine to deploy the right talent to execute its mission.



In brief, this Navy Medicine HCS articulates how we will execute our mission from a talent perspective. It includes an emphasis on strategic workforce planning with a deep understanding of mission and priorities through 2025 and what actions it will take to achieve them. It emphasizes the need for a comprehensive internal analysis of current workforce skills, aspirations, and intentions and a gap analysis to identify current and predictable future shortages. It also contains appendices which summarize the requirements and recommend potential "best practice" solutions to consider for closing the gaps as rapidly as possible.

Through deliberate planning, this HCS addresses the need to confront new challenges, including plans and preparations for enhanced public health, installation support, infectious diseases and mental health. It speaks to the need for adaptive force package capability that will ensure rapid talent deployment in response to crises and the need for proven technologies to augment the Navy Medicine workforce.

Finally, as the HCS makes clear, success depends on the active involvement of staff and leaders across Navy Medicine. Accordingly, the five themes addressed in this HCS, were derived through conversations across Navy Medicine, including the Surgeon General, Deputy Surgeon General, Corps Chiefs, and Active and Reserve Component leadership. The themes were reviewed, revised and confirmed after careful consideration of national, military, naval and Navy Medicine strategic priorities, and upon consideration of the current and projected Navy Medicine challenges. Broader collaboration with staff and leaders across Navy Medicine will take place in the Talent Management Action Planning phase to follow this HCS.

Theme ONE: Future Force Structure

Throughout its storied history, Navy Medicine has undergone many changes, adapting to better serve Sailors and Marines whether in times of war or peace. Today, Navy Medicine is pivoting to align with DoD's renewed focus on the Great Power Competition and Navy Medicine's primary objective: medical readiness.

An integral component of this adaptation is the determination of the optimal future force structure for Navy Medicine within the available resources. As the Navy Surgeon General has said, "Direct care will be managed by the Defense Health Agency (DHA); we will do the medical readiness work. We are moving out of direct medical management into medical power for Naval superiority."

In June 2020 the Navy reviewed its force structure through the lens of military readiness, with the intent to better integrate naval forces through the range of military operations. The Department of the Navy (DoN) requested authorization for reductions of 5,386 medical billets, which remains the current plan. Regardless of the outcome of the proposed reductions, it is imperative that the Navy Medicine workforce is shaped to meet projected readiness-related requirements. Navy Medicine force structure must enable lethality and survivability at sea, beneath the sea, in the air, and ashore.

Misalignment of the current force is a well understood challenge among Navy Medicine leaders. Indeed, future force planning is considered the top workforce management priority by many leaders across Navy Medicine. In late 2019, the BUMED Office of Strategy and Foresight Management interviewed 18 Navy flag officers regarding Navy Medicine strategic priorities for 2020. The respondents emphasized the strategic need to put the right people in the right roles and to break down barriers within Navy Medicine, and between Navy Medicine and the rest of the Navy and Marine Corps.

In alignment with the National Defense Strategy, and within the operational priorities and objectives of the Secretary of the Navy, the Chief of Naval Operations and the Commandant of the Marine Corps, Navy Medicine will assess its mission critical and military essential roles. This will require a talent review and skills inventory followed by a gap analysis comparing the current force to what Navy Medicine requires to succeed over the next five years. This exercise will entail scenario planning to estimate future workforce requirements.

Within BUMED's military Corps, billet divestitures of up to 26 percent are planned over the next five years. As these reductions accelerate between fiscal year FY21 and FY25, the Navy Medicine enterprise will be challenged to effectively manage these changes while ensuring the full ability to carry out the readiness-focused mission.

Navy Medicine will improve its capacity to structure an optimal future force. This requires evaluation and initiatives to build better strategic workforce planning capabilities, improve civilian recruiting, improve onboarding processes, bolster retention and engagement practices, integrate diversity and inclusion initiatives, and assess and improve learning and development capacity. For example, general surgeons and psychiatrists – both military essential roles – attrite from Navy Medicine at annual rates greater than 10 percent; and orthopedic surgeons attrite at almost 15 percent. FY20 statistics show a shortfall of 62 drug and alcohol counselors and a surplus of 167 dental assistants – attesting to a current mismatch between talent inventory and workforce requirements.

Elsewhere in Navy Medicine, leaders have identified the need to address the use of non-residency trained General Medical Officers, Undersea Medical Officers and Flight Surgeons, collectively known as "GMOs." In 2019, 246 Medical Corps Intern positions were filled, for example, but only 204 residency spots were available in 2020 after the internships were completed. This inability to offer straight-through residencies for all graduating medical students – as is done for Army and Air Force physicians – may harm Navy's physician recruitment and retention. Likewise, divestitures of military nursing within DHA facilities must be acknowledged across Corps – and by DHA. These changes should be planned in detail due to the clinical interdependencies throughout One Navy Medicine.

To address these and related challenges, Navy Medicine will assess medical capabilities across the enterprise, investigate the costs and benefits of changes in the force structure, and estimate the future force structure required to deliver military readiness and the projection of medical power. As always, the feasibility and costs associated with any and all changes will be considered to find the best balance.

Navy Medicine recognizes that building the optimal future force to execute the Navy Medicine mission represents just the first step in effective talent management. The right people are only optimized when they are put into the right roles at the right time. This alignment of talent must remain a high priority across Navy Medicine to meet its readiness-based mission set.

The optimal alignment and deployment of talent should be driven by the strategic needs of the nation and aligned to the CNO's and CMC's priorities. Workforce planning will be driven by the responsibility to meet operational commitments and the force development process to ensure Navy Medicine can meet its mission essential tasks. Here again, identification of current and near-term critical and important roles, skills and competencies will be addressed as will the need for a Navy Medicine talent review.

The right personnel assigned to the right locations, including at OCONUS and remote CONUS facilities, is a high priority. Special emphasis will also be placed on the Independent Duty (General) Corpsmen (IDCs) community, for which 1,558 billets are planned to be reduced over this period. Additionally, several BUMED Corps face shortages in specialties that appear to be growing more essential as Navy Medicine pivots toward its readiness mission. For example, current analysis reveals a potential deficiency of general surgeons (short by 174) and a roughly equal surplus of pediatricians (over by 178) through FY25 based on the most current projected readiness demand signals. Moreover, Navy Medicine has a pronounced misalignment of clinicians to the current readiness requirements by specialty. For example, as Navy Medicine focus shifts from MTF direct care to delivering medical power to the Fleet and Marine Corps, it is projected to require 38% fewer radiologists but require 47% more critical care surgeons.

Virtually every BUMED Corps faces imbalances by specialty, experience or skills. The optimal alignment of talent will be designed through deliberate and intentional planning, centered on changes and actions required to enable Navy Medicine to best support the OPLANS, the operating concepts, and the Chairman's Planning Guidance.

The planned Department of the Navy divestiture of 5,386 military medical billets will exacerbate the current mismatch between talent supply and workforce requirements. As one example, the Dental Corps predicts effective misalignment of talent in 75% of their specialties in 2025. Across the five military Corps, 65% of all specialties are outside of targeted tolerance levels: +/– 5% gap between the billet supply and the billet requirements. Again, the challenge isn't restricted to personnel reductions, it also lies in adjusting billets and manpower generation practices to eliminate the imbalances existing in a majority of specialties.

Navy Medicine will construct Talent Management Action Plans and implement tools and initiatives to assign and retain the right talent in the right places. It is also important to identify the civilian incumbents retained in Navy Medicine and those who will be transferred to the Defense Health Agency (DHA) to continue to provide direct care. After transfer to the DHA, Navy Medicine civilian positions will be reduced by 78%. Even though the work and responsibilities attached to those positions will also move to DHA, proactive, deliberate planning will be essential to address the 78% reduction to produce credible estimates of the future civilian workforce requirements. Scenarios where divestiture does not occur in the volume or timeframe originally planned could also be considered.

Navy Medicine has seen a re-prioritization of its dual mission to provide direct patient medical and dental care and contribute to Navy warfare superiority through readiness. Readiness remains the primary objective of Navy Medicine. And while the transition is far from complete, Navy Medicine's agile and committed workforce has adjusted as needed to this change while ensuring that care for and service to Sailors, Marines and their families does not suffer. As Navy Medicine continues to adapt and move forward, it will strive to recruit and retain the workforce required for achieving the mission at the highest possible level. In this pursuit, Navy Medicine shall maintain an awareness of the potential for future shifts in priorities and focus; and be positioned to respond.

To achieve the above objectives, all Navy Medicine team members require mission and role clarity. This should include clarity in requirements, objectives, and sub-objectives by Corps, command, and team. Once these elements are clear, leaders must assess whether billets and position descriptions are written to support the work required. This is essential in identifying the required knowledge, skills, and abilities to accomplish the work, and so that employees know what is expected of them. Once the required knowledge, skills, and abilities are identified, Corps and commands can assess whether they have feasible military and civilian career paths, then adjust rank or grade as required.

Many of BUMED's Corps have identified gaps in critical positions and/or competencies tied to the readiness mission. BUMED will consider whether there are military or civilian personnel in its workforce that can be re-trained or newly certified to fill the gaps; whether there are needed skills and/or specialties that might be lost due to attrition (i.e. anticipated retirements, resignations); and options for filling them without a break in continuity or level of service. In addition to recruitment and hiring, succession planning linked to Navy Medicine's strategic goals and objectives will help it meet both current and future needs.

At a scale beyond any other branch of the military, the Navy and Navy Reserves responded swiftly to the COVID-19 pandemic while continuing to meet other operational requirements. Despite the unexpected nature of this pandemic crisis, Navy hospital ships USNS Mercy and USNS Comfort were rapidly outfitted with pandemic-related supplies and adaptive force package medical teams in March 2020 and deployed to New York and Los Angeles to serve Americans in need. This response demonstrates Navy Medicine's agility and resilience; proving that it can and will rise to the occasion, even in future emergencies where the requirements may again exceed expectations.

Nevertheless, Navy Medicine might have been better prepared if a comprehensive plan had been in place, and had medical teams practiced or simulated their response to a global pandemic before one arrived. Navy Medicine has prepared and planned for foreign crises, confident that the domestic duties of deployed medical personnel can be handled temporarily by the Reserve Component and the established TRICARE network.

The outbreak of COVID-19 revealed a weakness in these plans for two reasons. First, many Navy Medicine Reservists who have the skill sets to care for infectious disease patients were unavailable because they were needed in their hometowns. Second, TRICARE network availability was shuttered, as were DOD hospitals, to prevent the spread of the virus.

When Navy Medicine specialists deploy, they leave gaps in domestic medical service capability, increasing dependence on the TRICARE network's ability to absorb the shortfall and non-deployed Reservists' ability to respond. Following activation, Navy Reservists are ready to align with Active Component forces when needed. The Reserves' COVID-19 response reflected their rapid deployment capability; however, it became evident that the Reserve Component should become better integrated into planning for the Active Component Concepts of Operations. With the transition of the management and oversight of MTFs to DHA, the Reserves will be restructured and realigned to operational billets as required.

Moreover, outbreaks aboard the USS Theodore Roosevelt and USS Kidd (and at least 188 other Navy ships since) clearly demonstrate that deployed Sailors in close conditions aboard Navy vessels are particularly vulnerable to infectious disease. A domestic pandemic at home coinciding with a foreign military crisis, complicated by outbreaks on Navy ships, is a scenario Navy Medicine must contend with.

A critical requirement within the readiness mission is to ensure maximum mental health of Sailors and Marines. In the best of times, a Navy career entails stressful periods, particularly when Sailors and Marines deploy for extended periods of time. In the midst of a domestic crisis, those deployed may face additional anxieties concerning the health and safety of loved ones at home. Should these conditions be exacerbated by the stress of battle, an already significant mental health problem could worsen. BUMED must address the growing need for mental health readiness.

Theme FIVE: Persistent Augmentation of the Workforce Using Technology

Almost without exception, no organization, no matter the industry, can afford to look away from technology and the need for greater digitization. In no sector is this more applicable than healthcare where artificial intelligence (AI) and machine learning, precision robotics, telemedicine, wearables, Electronic Medical Records (EMRs) and data science techniques are augmenting an already extensive array of scanners, surgical equipment, monitors and other advanced technologies. This wave of automation is changing the landscape and shaping the future of medicine; a future in which collaboration between human and machine will rapidly accelerate, with the potential for dramatic improvements in care.

As military or civilian recruiters across the Navy can attest, the competition for healthcare workers in the U.S. is intense. When demographics are considered – an aging population requiring more care, plus an aging medical workforce with many nearing retirement – relief appears years or even decades out. For these reasons, it isn't surprising that the healthcare industry is among the largest adopters of technology. In the 2020 Health Trends Report Survey, physicians and residents estimated that 25% of their work will be automated. Medical students believe that one-third of their work will be performed by machine learning and algorithms. Not surprisingly, almost one-third of working doctors plan to take courses in AI.

Other countries, like Japan, may offer a useful glimpse into the future. Here, the population is, on average, a decade older than America's. Telemedicine, advanced robotics and algorithms already routinely assist in diagnoses, surgeries and elder care, augmenting a stretched medical workforce. Numerous reports have cited Japan's use of medical technologies as one of many factors in reducing the spread and/or severity of COVID-19 in that country. Despite a far greater percentage of its citizens aged 65 and over, an even greater shortage of healthcare workers, and population densities nine times greater than in the U.S., Japan has enjoyed relative success in containing COVID-19 so far, experiencing a per capita infection rate roughly 33 times lower, and a death rate about 50 times lower, than in the U.S.

Less exotic technologies like EMRs, security systems, diagnostic "wearables," and data science techniques, promise to reduce or eliminate many of the repetitive, time-consuming tasks currently performed by medical professionals. But automation and the use of emerging technologies isn't limited to staff augmentation. Advanced algorithms and cutting-edge robotics can also improve accuracy in diagnostics and outcomes from surgeries and other medical procedures when paired with qualified medical specialists. These technologies may also serve to increase the time allocated for doctor-patient visits.

In order to best utilize these technologies and data science capabilities, Navy Medicine will align with the DoN implementation plan of the DOD Data Strategy Line of Effort: Evolve the Workforce. Navy Medicine will consider additional training in data analytics and recruiting civilian analysts and military personnel into a Data Science community to reinforce a data-centric, technology-enabled culture.

Over the next five years, Navy Medicine's focus on readiness in general and on public health, infectious disease, and mental health in particular, will demand new and enhanced technological capabilities, all within an environment of fixed resources. Technology is critical because it will have an enormous impact on the manpower required, both in quantity and competencies required. And while DOD medical departments, including the Navy, have aggressively expanded the use of telehealth and even tele-critical care capabilities, Navy Medicine must continuously assess and acquire technology and algorithms which aid in the projection of medical power.

Over time, Navy Medicine's recruiting and retention efforts will suffer if Navy Medicine's technology falls behind the technology used widely in other medical organizations. Plainly put, Medical Technology + Medical People = Medical Capability. Shortages of medical talent combined with limited Navy resources underscore the importance of staying abreast of current and emerging technologies – particularly medical technologies – and evaluating them for use in Navy Medicine.

See:
https://www.beckershospitalreview.com/artificial-intelligence/physicians-see-25-of-their-work-being-automated-in-the-future-survey-finds.html

https://www.forbes.com/sites/bernardmarr/2019/11/01/the-9-biggest-technology-trends-that-will-transform-medicine-and-healthcare-in-2020/#4cfbf47f72cd

https://www.forbes.com/sites/japan/2020/06/29/japans-healthcare-system-stood-up-to-the-coronavirus-its-now-going-global/#5e4c1a65145d

https://www.cbsnews.com/news/japan-coronavirus-wearable-health-technology-finds-a-new-niche-for-covid-data/

See, for example: Human Resources for Health Country Profiles: Japan. World Health Organization (2017)

https://news.google.com/covid19/map?hl=en-U.S.&mid=/m/02j71&gl=U.S.&ceid=U.S.:en

Summary Considerations and Next Steps

If Navy Medicine is to succeed within the resources provided, People must come first among its People, Platforms, Performance and Power priorities. This HCS describes five strategic themes necessary to prepare the People of Navy Medicine for maximum contribution to Naval superiority.

Five appendices are attached with potential solutions and summary requirements organized by each of the HCS themes. By collecting and analyzing workforce data and other information, Navy Medicine will be positioned to address the strategic priorities described in this document and determine which actions will secure the greatest improvement. Talent Management Action Plans (TMAPs) will be created to implement the guidance in this HCS. The content of the appendices are intended to be a starting point for the creation of the TMAPs. The expected results include a more technically trained and experienced workforce, a more robust pipeline of senior management and leadership candidates, greater employee engagement, and a clear link between our efforts and the purpose and meaning of the work. As Talent Management Action Plans are developed, Navy Medicine shall keep in mind:

- What specific workforce challenges are evident?

- What are the expected program changes over the next five years to include changes in law, regulation, and policy? How will these changes impact the workforce?

- What challenges are projected to be encountered in implementing any suggested plans and actions? How can they be overcome or mitigated?

- What external impacts are predicted to affect success in accomplishing goals? What can Navy Medicine do to stay agile, to adapt and to thrive?

It is no secret that employees who feel valued, appreciated, cared for, and engaged perform better and want to stay longer. The initiatives that emerge from this HCS will enhance each employee's experience and ultimately lead to higher employee retention.

Time is of the essence. Developing strategies that will recruit the best available talent, and engage, motivate, develop and retain them will result in people and teams who will deliver their best to ensure Navy Medicine meets its mission. Accomplishing the range of objectives outlined in this HCS, and the specific initiatives in subsequent TMAPs will require savvy application of modern talent management techniques and technologies.

This HCS provides strategic guidance for all Navy Medicine leadership. Echelon III-V commands, the Naval Reserve Force, Corps Chiefs and other BUMED offices will work together to identify necessary changes required to ensure Navy Medicine's future force is best positioned to meet its mission set over the coming years. By taking the appropriate actions now, Navy Medicine can successfully align execution described in the Talent Management Action Plans with this five-year HCS.

Solutions

The Navy Medicine future force structure challenges will be addressed through an annual strategic workforce planning process that prioritizes critical, essential and important roles, skills, and competencies with respect to the mission. Strategic workforce planning will include scenario planning, including several of the most-likely scenarios over the next five years (e.g., DHA transition, billet divestitures, force structure changes associated with great power competition, and evolving threats such as those from infectious diseases). With a more complete understanding of future force needs to support the National Defense Strategy and the OPLANS, Navy Medicine will conduct an internal and external supply analysis, including a talent review to assess current competencies, aspirations and potential, along with the required knowledge, skills, and abilities to prevail in present and future maritime campaigns and conflicts.

These exercises will inform a gap analysis where results show the difference between projected supply of talent and projected requirements for talent. Navy Medicine will then assess its capacity (including optimized integration of the Reserve Component) to eliminate the gaps through recruiting, retention, engagement, development, and performance management. Gaps in specialty physicians, for example, could be reduced through changes in the GMO program and increased residencies. Other gaps, such as a lack of gender and racial diversity among senior officers, unbalanced promotion rates, and high attrition among diverse incumbents at the O-3 and O-4 levels, might be addressed through shifts in recruiting practices and locations, mentoring programs, succession planning, targeted assessments, lateral entries, inclusion audits, and/or new assignment practices.

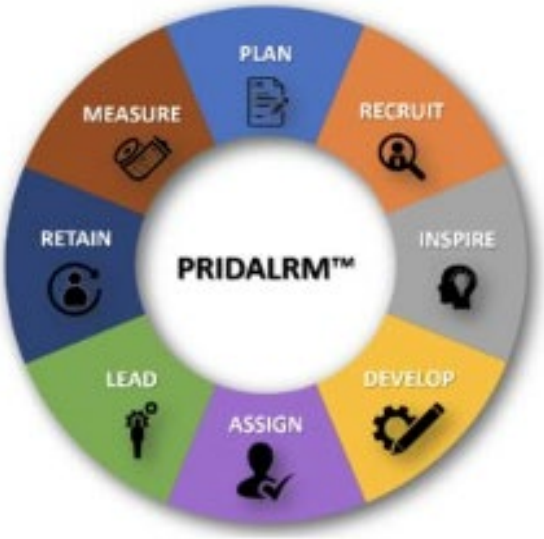
Requirements

For the Navy Medicine gap analysis to be accurate, dynamic workforce reviews and requirements will be needed in, and across, the enterprise. The dynamic workforce requirements must reflect current work as well as the various scenarios for future work. To do this well, critical and essential roles and competencies will be identified; Navy Medicine will assess skills, specialties and certifications; and conduct scenario planning. Given specific guidance and parameters by echelon II, each Corps and echelons III, IV and V organizations must be prepared to propose talent management actions that can be implemented under the possible scenarios to eliminate talent gaps over this five-year time period, starting first with mission essential roles. BUMED's Total Force Directorate (M1/M7) will play a central role in assessing and integrating the proposed actions. OPNAV offices, including N44, will assess proposed actions so they are identified as within available resources or unfunded requirements. Future force structure requirements should represent what is required to deliver the workforce that is needed to perform 100% of the mission-essential work, including support for the Chairman's Planning Guidance, the OPLANS, and Distributed Maritime Operations.

Solutions

As with future force changes, aligning talent optimally relies on a gap analysis, including future requirements projections, and internal and external supply analysis. Here again, scenario planning, including a handful of the most likely scenarios as previously described, will help identify critical competencies and the optimal deployment of talent.

The talent review process will be critical to putting the right people in the right roles (talent optimization). Before optimal alignment can occur, Navy Medicine leadership will assess positions and teams for their expected contributions, by critical competencies, specialty, experience, and rank/grade. Further, it will assess Navy Medicine processes and their effectiveness in aligning talent to optimal roles, including recruitment capabilities, retention and recruiting initiatives, deployments, and – in this case at least – the ability to rapidly and effectively re-skill talent against future manpower requirements.



The Talent Management Lifecycle: Closing the Gaps

Navy Medicine will assess all potential solutions, including the potential to offer future scholarships with incentives for specialties in great demand and incentives that might attract high demand/ low availability civilian specialists.

Solutions to the identified shortages and potential gaps in specialties, will be addressed across each of the elements of the talent management lifecycle (shown above). Navy Medicine will assess the combination of effective recruiting (military and civilian), assignments, professional development, and deployments. Navy Medicine will explore how it can brand Navy Medicine to STEM-focused high school seniors and undergraduates, and recruit in urban high stress hospitals and clinics, and other places, where mid-career professionals might be persuaded to consider a lifestyle change.

Requirements

Given the scale of the human capital changes planned, Navy Medicine leaders will plan and participate in a talent review to identify critical roles and competencies now and in near future. Further, Navy Medicine will investigate current and potential tools to recruit students and working professionals into critical roles and specialties. It will review and adjust (where necessary) programs to retain Navy personnel already in those roles. Navy Medicine will also develop plans and communications to address various potential force shaping initiatives, including the transition of roughly 9,000 civilians to DHA.

Solutions

Navy Medicine's leadership recognizes the need to continuously develop talent and to maintain the appropriate knowledge, skills and ability to meet its readiness requirements in support of the Navy and Marine Corps. The process of identifying human capital challenges through an iterative workforce planning process will align recruiting and retention efforts with the right competencies to achieve the mission.

As with most organizations, Navy Medicine will consider training, recruitment, and retention as effective options to meet workforce needs. In designing these approaches, consideration will be given to both innovative approaches and best practice. For example, Navy Medicine will critically assess its current training systems and practices to determine whether military and civilian training is currently offered in the most essential areas; and whether it is accessible to those who most require it. Navy Medicine has used bonuses for recruiting, retention, and re-enlistment to varying degrees and with varying levels of success among the Corps and communities. The processes and associated requirements for these bonuses will be examined.

Recruitment training and retention are solid investments that result in achieving a highly skilled, high-performing workforce with skills and attitudes aligned to the mission. Navy Medicine will assess its current civilian hiring model and consider a more balanced (centralized/decentralized) approach with standardized position descriptions (where applicable), based on effective practices employed elsewhere in the Navy. Before doing so however, second and third impacts will be assessed and mitigating strategies will be developed where necessary.

Requirements

Recruitment, engagement and retention will be assessed in a cross-sectional fashion by Navy Medicine Corps (horizontal) and commands (vertical). However, to be effective in addressing these challenges, sufficient quantities, quality and accuracy of data are needed. This requires investments in gathering a host of workforce data on skills, competencies, attrition, supply, and demand, and retirement eligibility. BUMED's Combat Information Center (CIC) can support the development of a data management plan to improve workforce data hygiene and enable robust talent analytics. This workforce data will be used to form workforce projections, and then will be compared to future talent requirements to define projected future gaps. With this information, Navy Medicine will be in a position to develop specific talent management actions to eliminate or mitigate gaps, and to identify parties responsible for these activities, along with milestones, outcomes, and measures for success.

Further, to adeptly assess and address the most pressing issues impacting recruitment, engagement, and retention, Navy Medicine will examine the technology it will use to assess competencies, conduct pulse surveys to understand interest, concern, and satisfaction; and use analytics to inform key decisions.

In developing TMAPs, Navy Medicine must encourage military and civilian recruiting efforts that move beyond traditional practices. Accordingly, recruiting and marketing plans will be developed that consider workforce needs to accomplish the mission, and which prioritize the most critical competencies for success.

Regarding enhanced employee engagement and, ultimately, retention, Navy Medicine leaders will assess which potential implementation options best align Navy Medicine's workforce with the expected work. These will include, but not be limited to:

- Training (leadership and other training focused on needed competencies).

- Developmental assignments, to include Individual Development Plans to support succession planning and competency development.

- Training curricula and mechanisms for delivery – is training and education optimally aligned to the required outcomes?

- Formal and/or informal mentoring; executive assessments and coaching.

- Incentives and other flexibilities to address high attrition among some specialties as employees approach certain ranks.

- Recognition and rewards.

- Communications.

- Career paths.

Solutions

Experiences and lessons during the COVID-19 pandemic will serve Navy Medicine well as it plans and prepares for similar crises that could impact its readiness to serve. Currently, a Rapid Action/Requirements Evaluation Team (RAT) is validating the need and possible solutions for deployable medical capabilities against future Pandemic and Emerging Infectious Diseases (PEID). Navy Medicine will incorporate findings and recommendations from this effort to build, expand and maintain public health and infectious disease capabilities, and expand associated critical care and laboratory expertise, all prioritized to meet medical readiness requirements demonstrated by the COVID-19 issue across the Navy and Marine Corps. These measures are likely to include but are not limited to the following:

- Equip all ships with an infectious disease assist team (adapted to the ship and situation) that would include public health and advanced medical care personnel and equipment appropriate to the size of the platform.

- Continue to implement and enhance health and safety procedures across Navy and Marine Corps operational units and installations.

- Maintain both a steady state and a surge capability. Navy Medicine must reexamine the full breadth of requirements to be able to respond separately to its overseas commitments, while ensuring appropriate capability is available domestically.

- Emphasize the need for vastly expanded Public Health, Infectious Disease, Critical Care Laboratory, and Research expertise as an enduring requirement.

- Increase mental healthcare awareness and treatment capacity within Fleet and Fleet Marine Force embedded mental health units and Military Treatment Facilities.

- Work with Navy and Marine Corps installation commands to better understand the installation commander's requirement under a pandemic, including testing, quarantine and isolation requirements that may be required of Navy Medicine's military and civilian teams. In the areas of public health emergencies (PHEO) and emergency medical services (EMS Director) requirements—both situational and enduring—ensure adequate staffing so long as Navy Medicine continues to be responsible for these Navy and Marine Corps Installation requirements.

- Leverage Public health nurses across Navy Medicine. Many hold national certifications in Public Health, and 19 of 22 currently have earned their MPH.

Requirements

It is important to stress that the great majority of the DoN military force is globally deployable and must continue to engage in a world that includes global pandemics.

- As above, the emergent and enduring Navy Medicine readiness requirement to combat infectious disease has been proven – a comprehensive public health, research and development, and infectious diseases plan should be a high priority across Navy Medicine.

- The human capital plan envisioned would be analogous to the augmentation of Embedded Mental Health – there may be demonstrations within current resources and then a systematic plan for the Navy and USMC to obtain the required billets.

- Set up a pandemic medical support capability to ensure appropriate visibility and support leading to a Program Objective Memorandum (POM) submission.

- Identify and plan related training actions needed to ensure operational units maintain their readiness capabilities in case of outbreaks of infectious disease.

Each Corps and command shall identify all of the required skill sets to address population health and infectious disease capabilities, including those for the pandemic/infectious diseases assist teams and rapid response teams. These are essential to ensure the best decisions are made to balance readiness and crew safety. For example, there are potential requirements for additional Preventive Medicine Officers, Environmental Health Officers, Preventive Medicine Technicians, Microbiologists, Medical Lab Technicians, Internal Medicine Physicians, Emergency Medicine Physicians, Nurse Anesthetists, Respiratory Technicians, Mental Health Providers and others.

Solutions

Navy Medicine acquires a significant amount of commercially supplied products and services, including technologies, but relies on others for Defense Acquisition Workforce Improvement Act (DAIWA) certified acquisition support. Navy Medicine is designating a team, that in coordination with the Naval Expeditionary Health Service Support PMO (being established at Naval Sea Systems Command) will become certified as organic acquisition professionals.

Each of the other human capital priorities identified speak to recruiting and/or retention challenges, particularly among critical roles, in-demand specialties, and new needs to address population health. Navy Medicine will also assess technologies – medical and otherwise – that can help fill the gaps by augmenting the workforce and/or improving productivity.

Beyond medical technologies, tools will be assessed for their ability to aid in the execution of the HCS and TMAPs, whether in analyses surrounding workforce planning, predictive analytics, talent reviews, gap analysis, etc. Human Capital Management technologies, including some with AI, should be assessed for their ability to improve recruiting, learning and development, deployments and performance management.

Requirements

Those considering a career in Navy Medicine already understand that their professional future depends a great deal on their expertise and experience using modern medical technologies and associated practices and procedures. Leaning into the breadth and uses of technology – particularly medical technology – is required among current military members and civilian personnel to shape the attitudes and willingness required for digital transformation.

Navy leadership recognizes that in the future, unmanned ships, planes and submarines equipped with robotics and AI, and paired with Navy specialists, will perform a growing share of naval operations. To remain aligned with the Navy vision, Navy Medicine senior leadership must take an equally aggressive approach to technology in medicine.

Even in an environment of personnel reductions, Navy Medicine can commit to acquiring and/or developing personnel with the expertise required to assess, select and implement/integrate effective technologies. This includes hiring, developing and/or contracting with Information Technology (IT) and data science specialists; and training medical personnel in the use of new technologies.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