Naval Medical Force Development Center (NMFDC)
Monthly Newsletter

May 2021 | Volume 2, Number 5

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Naval Medical Readiness Criteria (NMRC) Development Summary

The NMFDC applies a thorough and methodical approach to NMRC development. At a high-level, requirements for Naval Medical Personnel are identified through the following four steps:

1) NMRC Selection through Joint requirements and Corps Chiefs' prioritization

117 NMRC Selected

2) Concurrence of NMRC by Specialty Leaders (SL) & Enlisted Technical Leaders (ETL) and prepared/ packaged for DON Tracker

92% NMRC Concurred

3) Criteria Signed for Action by Surgeon General (SG) / Deputy SG and are currently available on the NMFDC Max.gov site

73% NMRC Signed

4) Revalidation* of NMRC to address gaps and incorporate additional requirements with SLs/ETLs

38 NMRC Revalidated

** Revalidation will be done on a regular basis to ensure up to date NMRC*

12 APRIL 2021: Deputy Surgeon General Signs Package of 44 NMRC

What is the 44 NMRC Package?

- The package is made up of 44 **Non-Combat Casualty Care Team (CCCT)** specialties
- NMRC reflect the **specialty-specific critical wartime medical readiness skills and core competencies** of Naval medical personnel

Non-CCCT Specialties Included in the 44 NMRC Package:

9 *Medical Service Corps*
24 *Hospital Corps*
3 *Nurse Corps.*
8 *Medical Corps*

The **full list** of specialties are included in the **attached Information Memo in Enclosure 1**

How does this impact me?

- To increase awareness and adoption of NMRC, BUMED has released an Action Memo via DON Tracker Tasker for **Regional Commands and subordinate Navy Medicine Readiness and Training Commands/Units (NMRTC/U) to review and distribute the 44 NMRC**
- In the long term, NMRC will improve monitoring and reporting readiness **performance metrics to ensure a ready medical force**

Call to Action:

Visit the NMFDC site on Max.gov to review the Phase II 44 NMRC*

www.

** See the attached instructions for additional assistance*

Site Visits: The NMFDC is offering virtual site visits to discuss NMRC development and view a demonstration of the NKSA Proficiency Dashboard

Questions: If you have questions about NMRC, the package, or are interested in a site visit, please reach out to the **NMFDC's Inbox**.

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Naval Knowledge, Skills, and Abilities (NKSA) and Military-Civilian Partnerships (MCP) Conversation featuring CAPT Elster, MD, FACS, FRCSEng

Meet CAPT Eric Elster, MD, FACS, FRCSEng

CAPT Elster serves as the Dean of the Hebert School of Medicine at the Uniformed Services University of the Health Sciences (USUHS). He spoke with the NMFDC about the Combat Casualty Care Team (CCCT) specialties' improvements to the attainment and sustainment of NKSAs and his work supporting MCPs to maximize readiness.

He is also the co-chair of the strategic partnership between the Military and the American College of Surgery (ACS)

CCCT+ Specialties' successful outcomes rely on the readiness of multiple non-CCCT specialties. How can synergy be improved as these two efforts mature?

The KSA Clinical Readiness Program has developed KSA metrics and readiness thresholds for most physician members of the CCCT, including general surgery, orthopedic surgery, anesthesia, emergency medicine, and critical care. These specialties also drive workload for the hospital through busy operating rooms, emergency rooms, and Intensive Care Units (ICU). If these specialists have achieved readiness thresholds, then it can be assumed that most other casualty care-related specialties in the hospital are also achieving readiness (e.g., emergency and ICU nurses, blood bank, lab, x-ray, physical therapy, etc.). The next critical specialties for which we plan to develop KSA metrics in 2021-22 include General Medical Officer(GMO)/Operational Medicine Specialist, the combat medic/corpsman, and Emergency Room (ER)/ICU Registered Nurse (RN).

If you had a magic wand and could change one thing, what would you do to increase readiness/KSAs for CCCT specialties?

First, I would recapture all workload currently leaking to purchased care (PC) back to our military treatment facilities (MTF). National Capital Region (NCR) Market data shows that for the specialties of General Surgery (GS) and Ortho, if we recaptured a responsible fraction of the PC lost, these specialists would meet the readiness threshold. Second, allow military MTFs to be trauma centers, where feasible, and allow partnerships with Veteran Affairs (VA) Medical Centers.

What role do you see the Defense Health Agency (DHA) playing in the future for the development and maintenance of CCCT KSAs and in utilizing Military-Civilian partnerships to support clinical currency?

DHA will leverage its Combat Support Agency, Joint KSA Program Management Office (JKSA, PMO) to provide KSA metrics data that will shape the Military Health System (MHS) into a clinical readiness platform in support of the Services.

Current threshold data noted in the dashboard reflects the challenges of identifying workload to sustain highly perishable skills. What three indicators would help decision-makers with risk-mitigation strategies when focused on CCCT specialties?

1. Services ensure individuals have an opportunity to achieve KSA metric threshold of readiness via MHS primarily and via MCPs as an alternative, when needed
2. Services mandate individuals take KSA Specialty-specific knowledge assessment every three years and ensure individuals self-remediate with M-curriculum
3. Services mandate individuals take a KSA Specialty-specific skills assessment every two years

(Left) CAPT Eric Elster, MD, FACS, FRCSEng, Dean of Hebert School of Medicine at USUHS

Have a question for the NMFDC? Let us know by emailing us!
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