



Department of Defense

INSTRUCTION

NUMBER 1322.24
July 12, 2002

ASD(HA)

SUBJECT: Medical Readiness Training

- References: (a) DoD Instruction 1322.24, "Military Medical Readiness Skills Training," December 20, 1995 (hereby canceled)
- (b) DoD Directive 1215.6, "Uniform Reserve, Training and Retirement Category," March 14, 1997
 - (c) DoD Directive 1322.18, "Military Training," January 9, 1987
 - (d) Chairman of the Joint Chiefs of Staff Memorandum of Policy (MOP) 11, "Status of Resources and Training System Reports," December 24, 1992
 - (e) Title 10, United States Code

1. REISSUANCE AND PURPOSE

This Instruction reissues reference (a), implements policy, assigns responsibilities, and prescribes procedures for developing and sustaining comprehensive systems for providing, assessing, and monitoring medical readiness training and medical skills training for deployable military medical personnel.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, (including the Coast Guard, when it is not operating as a Military Service in the Department of the Navy, by agreement with the Department of Transportation), the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as "the DoD Components").

3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

4. POLICY

It is DoD policy that the appropriate training of military medical personnel is the foundation for effective force health protection. Training must encompass all aspects of medical support in combat, humanitarian, and homeland defense contingencies and military medical personnel must be able to provide health service support in all types of environments.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

5.1.1. Oversee and direct the programs and policies specified in this Instruction.

5.1.2. Review medical readiness training annually.

5.1.3. Review the Military Services' program objective memorandum (POM) projections and budget, and recommend reprogramming training funds, as required.

5.1.4. Ensure joint/interoperability medical readiness training meets the Combatant Commanders' requirements.

5.1.5. Oversee the Defense Medical Readiness Training Institute (DMRTI). While the Military Services have the responsibility for conducting Service-specific training, the DMRTI facilitates joint training activities by:

5.1.5.1. Evaluating joint medical readiness training to identify and exploit efficiencies.

5.1.5.2. Coordinating development of joint medical readiness competencies based on the Executive Skills Competencies Medical Readiness Domain.

5.1.5.3. Developing, coordinating, evaluating, and facilitating value-added joint medical readiness training initiatives and exercises.

5.1.5.4. Operating an Advanced Distributed Learning Center, acting as the office of primary responsibility for distributed learning and/or technology-assisted training in joint medical readiness.

5.1.5.5. Ensuring active and Reserve medical readiness training meet the same standard.

5.1.5.6. Conducting and/or facilitating joint medical readiness programs to prepare DoD medical personnel for a wide range of operations.

5.2. The Assistant Secretary of Defense for Reserve Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

5.2.1. Monitor whether medical readiness training standards and policy are applied to Reserve personnel. When appropriate, review Services' POM projections and budget submissions to ensure that they include Reserve component medical readiness training.

5.2.2. Recommend to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) the length, organization, frequency, and content of military medical readiness training courses that Reserve component members conduct or receive.

5.3. The Chairman of the Joint Chiefs of Staff shall advise the ASD(HA) on the priorities for medical joint training requirements identified by the Combatant Commands.

5.4. The Secretaries of the Military Departments shall:

5.4.1. Issue policy and establish procedures to ensure both active and Reserve components comply with section 4., above, to include:

5.4.1.1. Identifying and developing medical readiness training standards to meet Military Service and the Combatant Commanders' missions and requirements.

5.4.1.2. Ensuring the Service member's commander is responsible for the completion of both military and medical readiness skills training.

5.4.1.3. Periodically assessing and inspecting appropriate medical readiness training to ensure that it is in accordance with Service policies.

5.4.1.4. Establishing a method to monitor and report the status of medical readiness training, including the monthly review of medical personnel's certification and unit medical readiness training.

5.4.1.5. Maintaining regional medical field training sites, including ARNG Medical Company Training Sites (MCTS), and local operational training sets to maximize the tri-Service use of these sites.

5.4.1.6. Ensuring medical units participate in realistic training through joint and combined exercises so that they meet the Combatant Commanders' requirements for health service support (HSS).

5.4.2. Program, budget, and account for the costs of implementing this Instruction across all the DoD Components.

5.4.3. Ensure that medical skills training shall be conducted according to this Instruction and the criteria in DoD Directive 1215.6 and DoD Directive 1322.18 (references (b) and (c)). Non-medical instructors who have completed first aid instruction may conduct the training where appropriate.

5.4.4. Ensure that all military personnel shall be able to perform basic first aid (commonly referred to as Self Aid/Buddy Care).

5.4.5. Ensure that medical personnel and medical units shall receive initial and sustainment medical readiness training for their primary duties within the HSS mission.

5.4.6. Ensure that medical personnel shall complete all Military Service and Combatant Command requirements for initial medical readiness training within 12 months of arriving to their first permanent duty station. The exception is Reserve component split option training, which shall be completed as soon as practical.

6. PROCEDURES

6.1. Military and medical skills training shall focus first on early deployers and ensure that the major theater operation and contingency plans meet medical support requirements.

6.2. During each training cycle, medical personnel receive an operational unit mission briefing on the member's assigned billet for mobilization or deployment. Preferably, it shall be conducted in a like environment and with the type of equipment that the member shall use. This may be included in the 5 days of operational platform medical readiness training.

6.3. Following the criteria for the medical readiness training certification and documentation process in enclosure 3, the Commander to whom the Service member is normally assigned shall ensure documentation of medical readiness training in:

6.3.1. The medical readiness training record.

6.3.2. The Centralized Credentials Quality Assurance System (CCQAS) for medical personnel with clinical privileges.

6.3.3. The appropriate records for all other personnel with deployment assignments.

6.4. Unit commanders shall review the medical readiness training status of military personnel periodically and, when requested, provide it to the ASD(HA), the Assistant Secretary of Defense (Reserve Affairs), or the Deputy Under Secretary of Defense (Readiness).

6.5. Medical personnel with deployment assignments or identified as M+1 augmentees shall perform a minimum of 5 days (preferably consecutive) of medical readiness during each training cycle. The goal is to conduct training in the environment and with the type of equipment that the member will use and with a similar unit with which the member is scheduled to deploy or backfill. Training shall address the individual, collective, unit, and leadership skills required to perform individual assignments.

6.6. The Military Departments shall program for medical personnel to physically train, at least once every other training cycle, with their designated operational unit and equipment assemblages according to this Instruction.

6.7. The U.S. Joint Forces Command (USJFCOM) shall include (during one of the Chairman of the Joint Chiefs of Staff-sponsored exercises) as a minimum on a biennial basis an exercise objective to conduct interoperability training of early deploying Service medical forces. The USJFCOM and the Military Departments shall program to support the participation of medical units in this exercise. Typically, each Service will exercise a Level II unit capability and at least one Service will exercise a Level III unit capability. The respective medical evacuation and Aeromedical Evacuation (AE) units will be required from each Military Department. This exercise objective shall include the Active and Reserve component in order to exercise HSS requirements (e.g., backfill, AE interface, and bed expansion).

6.8. Combatant Commanders shall include medical requirements in the Joint Mission Essential Task Lists. The Commander-in-Chief, USJFCOM, shall program, plan, and provide forces for at least one exercise annually that meets the criteria in paragraph 6.7.

6.9. The Service member's Commander responsible for training shall ensure that documentation of training is completed as outlined in enclosure 3. The Commander shall ensure validation of training status, capabilities, and readiness is reported in the Status Of Resources and Training System (SORTS) report (reference (d)).

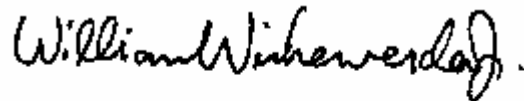
6.10. Readiness training programs shall include realistic individual and collective medical skills training and maximize the use of emerging technology, such as distance learning, computer simulation, and virtual reality.

6.11. Medical personnel projected to serve on a Joint Task Force/Joint Force Commander's (JTF/JFC) or Service (Air Force forces (AFFOR), Army Forces (ARFOR), Navy Forces (NAVFOR), Marine Forces (MARFOR), or Special Operations Forces (SOF)) Component Headquarters' staff shall receive training required to prepare them for their assignment. Training strategies for Combatant Commander/Service Component staff personnel who deploy early shall address mission-critical interoperability and joint tasks during annual training. If possible, early-deploying staff personnel shall exercise annually with their designated organization.

6.12. See enclosure 3 for examples of sustainment training.

7. EFFECTIVE DATE

This Instruction is effective immediately.



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Enclosures - 3

- E1. Definitions
- E2. Medical Readiness Training Certification
- E3. Sustainment Training Activities

E1. ENCLOSURE 1

DEFINITIONS

E1.1. DEFINED TERMS

E1.1.1. Air Force Forces (AFFOR). Air Force component of a joint force.

E1.1.2. Army Forces (ARFOR). Army component of a joint force.

E1.1.3. Early Deployer. Those units, as defined by the Service component, that deploy to an operation within the first 30 days.

E1.1.4. Headquarters Mission Support Training. Courses, training, and exercises that orient and develop medical personnel assigned to deployable joint and Service component surgeon staffs. This includes personnel assigned to patient movement, command and control, blood program, medical logistics, medical intelligence, and medical surveillance functions.

E1.1.5. Initial Medical Readiness Training. Service-specific requirements and training given to medical personnel during the first 12 months of assignment to their mobility unit/platform. This training shall concentrate on individual development and include:

E1.1.5.1. Surviving and operating in a combat environment and is not limited to weapons qualification or familiarization. Training shall include chemical/biological warfare defense training, site security, and fire fighting.

E1.1.5.2. Completing mobility requirements for individuals assigned to a deployment position, including routine immunizations.

E1.1.6. Joint Training. Military training based on joint doctrine to prepare forces and/or joint staffs to respond to the Combatant Commands' operational requirements to execute their assigned missions. Training has as its outcome:

E1.1.6.1. Recognizing of the interoperability of forces.

E1.1.6.2. Understanding of individual Service capabilities and limitations.

E1.1.6.3. Synchronizing and integrating force capabilities.

E1.1.7. Medical Personnel. Healthcare delivery personnel assigned to all units in support of all aspects of the health services support mission, and/or support of operational health services support throughout all military operations.

E1.1.8. Marine Forces (MARFOR). Marine Corps component of a joint force.

E1.1.9. Medical Readiness Training (MRT). Courses, hands-on training programs, and exercises designed to develop and enhance survival skills and maintain military medical skills. MRT includes individual, collective, and unit training, both initial and sustainment, required to ensure healthcare personnel and units are capable of performing operational missions.

E1.1.10. Medical Readiness Training Certification. A process that verifies healthcare personnel (officer and enlisted) are prepared for operational requirements. The Commander reviews and verifies individual, collective, and unit medical readiness training, education, and experiences as a critical element of the process.

E1.1.11. Military Indoctrination Training Date. The date an officer completed Service-specific entry-level training, such as Officer Basic Course for the Army, Officer Indoctrination Course for the Navy, and Commissioned Officers Training Course for medical service officers in the Air Force, that meets deployability requirements under Title 10, U.S.C. (reference (e)). For enlisted personnel, the date Service-specific entry-level training, such as Basic Training, Basic Military Training, or Boot Camp is completed.

E1.1.12. Military Medical Skills. Skills and tasks necessary for medical personnel to accomplish mission-essential tasks to support the full spectrum of military operations.

E1.1.13. Navy Forces (NAVFOR). Navy component of a joint force.

E1.1.14. Operational Billet. A manpower position authorized for mobilization or deployment.

E1.1.15. Operational Platform. Any operational, deployable unit, unit-type code or pre-positioned asset(s). This includes personnel and Deployable Medical Systems equipment.

E1.1.16. Operational Unit Mission Briefing. Detailed explanation of the unit's role during mobilization or deployment that shall, at a minimum, include concept of operations for all operational plans the unit is scheduled to support; deployment sequence (e.g., time phased force and deployment list (TPFDL) C-date); medical unit commander's intent; mission-essential tasks; SOPs; medical equipment; medical information capabilities; and action plan to correct unit training weaknesses.

E1.1.17. Reserve Component. The non-active Service component. Examples are the Army National Guard, the Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

E1.1.18. Special Operations Forces (SOF). Those active and Reserve component forces of the Military Services designated by the Secretary of Defense and specifically organized, trained, and equipped to conduct and support special operations.

E1.1.19. Sustainment Medical Readiness Training. Sustainment training is the training required to maintain or enhance the proficiency of individual and unit/platform skills.

E1.1.20. Training Cycle. That period of time, as defined by each Service component, that all mandatory medical readiness training shall be completed.

E1.1.21. TRICARE. A tri-Service managed care program that provides all healthcare for DoD beneficiaries within a DoD geographical region.

E1.1.22. Wound and Casualty Management. Wound management refers to medical skills that are needed to care for trauma, disease, or non-battle injury patient conditions. Casualty management refers to those skills that are needed to triage and regulate casualties, including medical land and air evacuation, and staging.

E1.2. OTHER TERMS

The following terms, used in this Instruction, are defined in DoD Directive 1322.18 (reference (c)):

E1.2.1. Training.

E1.2.2. Individual Training.

E1.2.3. Collective Training.

E1.2.4. Unit Training.

E1.2.5. Institutional Training.

E1.2.6. On-the-Job Training.

E1.2.7. Leadership Training.

E2. ENCLOSURE 2

MEDICAL READINESS TRAINING CERTIFICATION

E2.1.1. Military personnel records shall document whether each member has completed military indoctrination training consistent with Service doctrine. In addition, units shall document in individual medical readiness training/mobility records the completion of initial and sustainment medical readiness training.

E2.1.2. The Commander shall ensure all training and administrative requirements are met. The chain of command shall exercise oversight responsibilities in concert coexistent with this Instruction.

E2.1.3. Minimum medical readiness training requirements are:

E2.1.3.1. Initial Medical Readiness Training Completed. Active duty medical personnel shall complete their Service-specific initial medical readiness within 12 months of arrival at their first permanent duty station. The date of completion shall be documented in medical readiness training records. This training shall concentrate on individual development and shall as a minimum include:

E2.1.3.1.1. The ability to survive and operate in a combat environment includes, but is not limited to weapons qualification or familiarization, chemical/biological warfare defense training, site security, and fire fighting (fire fighting does not pertain to Naval Reserve medical officers).

E2.1.3.1.2. Individuals assigned to a deployment position including completion of administrative requirements and medical/dental screening.

E2.1.3.2. Sustainment Medical Readiness Training Certification Date. The date an individual has performed operational sustainment training, as the Service and operational chain of command determines, within the training cycle. This information shall be maintained in the medical readiness training records.

E2.1.3.3. Sustainment Medical Readiness Training. This training shall focus on continuing individual development, maintaining Military Service-specific training and emphasizing collective, unit, and possibly platform training:

E2.1.3.3.1. All military medical personnel shall train to maintain proficiency in military medical readiness skills.

E2.1.3.3.2. All medical personnel assigned to a medical operational platform or unit shall:

E2.1.3.3.2.1. Maintain medical readiness skills through completing:

E2.1.3.3.2.1.1. Military Specialty Sustainment Training.

Training required to perform critical military tasks appropriate for the operational assignment. Training will include:

E2.1.3.3.2.1.1.1. Threat and future battlefield environment.

E2.1.3.3.2.1.1.2. Operational command and control.

E2.1.3.3.2.1.1.3. Communications systems in wartime.

E2.1.3.3.2.1.1.4. Wartime conceptions of operations as well as chemical and biological warfare defense measures.

E2.1.3.3.2.1.1.5. Weapons training.

E2.1.3.3.2.1.2. Medical Specialty Sustainment Training.

Training to perform critical medical tasks appropriate to the operational assignment. The minimum requirements include training in:

E2.1.3.3.2.1.2.1. Gunshot, vascular, orthopedic, burn, neurological, maxillofacial, and hypo/hyper-thermal stress injuries.

E2.1.3.3.2.1.2.2. Infectious diseases.

E2.1.3.3.2.1.2.3. Combat stress control.

E2.1.3.3.2.1.2.4. Hypovolemic shock and the use of blood fluids.

E2.1.3.3.2.1.2.5. Wound and casualty management.

E2.1.3.3.2.1.2.6. Triage and initial evaluation.

E2.1.3.3.2.1.2.7. Emergency airway management.

E2.1.3.3.2.1.2.8. Field sanitation and hygiene.

E2.1.3.3.2.1.2.9. Disease prevention.

E2.1.3.3.2.1.2.10. Aeromedical evacuation and staging.

E2.1.3.3.2.1.2.11. Recognition and treatment of chemical, biological, radiological, nuclear, and explosive injuries.

E2.1.3.3.2.2. Complete required sustainment medical readiness training in accordance with the Military Service-specific training cycle.

E2.1.3.3.2.3. Complete requirements for mobility, including theater-specific immunizations.

E2.1.3.3.2.4. Participate in realistic individual, collective, and unit medical readiness training, including joint and combined exercises or deployment.

E2.1.4. The following data shall be recorded in the medical readiness fields in CCQAS for healthcare providers with credentials as well as in the medical readiness training records for all personnel:

E2.1.4.1. All members shall record the date they complete a military indoctrination course.

E2.1.4.2. Members assigned to operational billets or platforms shall record:

E2.1.4.2.1. Current mobilization platform unit identification code, if known.

E2.1.4.2.2. The date they complete Military Service-specific initial medical readiness training.

E2.1.4.2.3. The date of sustainment medical readiness training.

E2.1.4.2.4. Practice specialty for deployment and/or mobilization.

E2.2.5. Minimum training requirements for JTF/JFC Component Headquarters Staff:

E2.2.5.1. Initial Headquarters Mission Support Training. Training (and/or certification) required for individuals to direct or work on a JTF/JFC Surgeon staff or Service component (ARFOR, MARFOR, NAVFOR, ARFOR, or SOF) headquarters surgeon staff. Training includes:

E2.2.5.1.1. Knowledge in command relationships.

E2.2.5.1.2. Command and control processes.

E2.2.5.1.3. Joint planning and execution.

E2.2.5.1.4. Medical intelligence.

E2.2.5.1.5. Service and Joint operations.

E2.2.5.1.6. Logistics.

E2.2.5.1.7. Health service doctrine.

E2.2.5.1.8. Specific subject matter expertise skills (aeromedical evacuation, blood management, medical logistics, medical regulating, etc.).

E2.2.5.2. Sustainment Headquarters Mission Support Training. Training required to remain certified to direct or work on a JTF Surgeon staff or Service component headquarters surgeon staff.

E3. ENCLOSURE 3

SUSTAINMENT TRAINING ACTIVITIES

E3.1.1. Mutual Support. Those activities performed by Reserve component medical personnel in active duty medical treatment facilities (MTF) during Inactive Duty training (IDT) and/or Annual training (AT).

E3.1.2. Affiliation Agreements. Formal written agreements negotiated between military and non-military MTFs such as civilian or Veterans Affairs hospitals, where military medical personnel are permitted to perform patient care duties in a clinical environment.

E3.1.3. Classroom Instruction. Lectures, conferences, and/or practical exercises conducted in a classroom environment. This includes classes given in the unit as well as those outside the unit, such as at a regional training center, an active duty training center, a local university, or junior college.

E3.1.4. Field Exercises. Training conducted outside the classroom, normally employing unit equipment, and operating under simulated combat conditions. An example of a field exercise is where a unit sets up its medical equipment and simulates the transportation, reception, and treatment of casualties.

E3.1.5. Mission Support. Activities performed by medical personnel to accomplish the unit's peacetime mission, such as conducting physical examinations, giving immunizations, providing medical support during weapons qualifications and physical fitness testing, conducting routine sick call or sick bay, providing services in support of TRICARE, and other similar activities.

E3.1.6. Specialty-Specific Sustainment Training. Medical readiness training that is unique to an individual's specialty and may involve performing duties in a deployed setting. Individuals identified to remain at home station in wartime (i.e., non-generational/non-deployable personnel) shall train to perform their duties under the most demanding wartime scenario.