

# NATO MILMED COE STRATEGIC PLAN

Years: 2018-2022

## Directorate

Analysis of environment:

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. Experienced SMEs</li> <li>2. Strong networks</li> <li>3. Multinational organization, flexibility</li> <li>4. Relevant, accessible products</li> <li>5. Recognized organization</li> <li>6. Impartial</li> </ol>
<b>Weaknesses</b>	<ol style="list-style-type: none"> <li>1. Lack of IT personnel</li> <li>2. Limited no. of medical SMEs</li> <li>3. Special knowledge linked to single SMEs</li> <li>4. Limited access to NATO common funding</li> <li>5. Still limited awareness of the COE by the nations</li> <li>6. Limited manpower along with high workload and frequent TDYs make coordination complicated</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. Department Head Function</li> <li>2. IT improvements</li> <li>3. HUB for Health Surveillance and FHP coordination, MEDEVAC and exercises and KM/LL</li> <li>4. Networking with COMEDS entities and NCS</li> <li>5. 3 year rotation of key staff, staff selection by nations</li> <li>6. HUB for questions of Interoperability</li> <li>7. Workshops/Events – Spider in the net</li> <li>8. ADL systems, mobile training teams</li> <li>9. Concept development and experimentation</li> <li>10. Cross training staff for key functions</li> </ol>
<b>Threats</b>	<ol style="list-style-type: none"> <li>1. Design and establish relationships with new/emerging military medical entities and NCS adaptations</li> <li>1. More International HQs and Medical Entities may reduce willingness of nations to provide medical personnel to multinational assignments</li> <li>2. Increasing workload without an increase in personnel</li> <li>3. Budget: fixed contributions, slight variations from incomes (e.g.: course fees), no financial flexibility, planning horizon only 1 year in line with POW</li> <li>4. Not enough SMEs</li> <li>5. Loss of quality without up-to-date technology and knowledge</li> </ol>

**Institution’s Strategic Goal: Excellence in supporting the NATO Command Structure at all levels**

<b>Mid-Term Goal</b>	<b>Action Steps (POW #)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
Prioritization of limited resources in order to carry out approved projects with a strategic and operational impact for NATO medical service and the Sponsoring Nations	Build consensus among the SNs regarding these priorities	DIR	During bi-annual steering committee meetings	Next meeting DEC 2018
	Proactive external communication of the institution ensuring the transparency of MILMED COE’s work	DIR via PAO	Continuous	Update and publish STRATCOM plan; Use of IKM and website to publish information about upcoming meetings, workshops and courses.
	Proactive internal communication among MILMED COE staff via WSM and/or collaborative branch meetings, using technical assets	DIR	Continuous	Update and publish communication plan; WSM feedback loop
	Developing the MILMED COE team, enhancing organizational culture, with a keen eye for multinational aspects, including training and coaching of the team members	DIR in collaboration with CO and J1	Regular internal management meetings (quarterly)	Update and publish COE policies; provide “Welcome Aboard” briefing and publication for newly reporting COE members
<b>Mid-Term Goal</b>	<b>Action Steps (POW #)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
The Directorate will optimize MILMED COE processes.	Review and update (if necessary) branch SOPs on an annual basis	DIR	Annually in November	MILMED COE in process of reviewing all SOPs; update webpage
	Establish clear COE priorities based on current NCS priorities and operations	DIR	Update provided to staff after COMEDS	
	Provide adequate training and mentoring to MILMED COE personnel in order to maximize efficiency and productivity in each position.	DIR	2018-2022	Reviewed annually during staff education plan

ANNEX A  
STRATEGIC PLAN  
2018-2022

<b>Mid-Term Goal</b>	<b>Action Steps (POW #)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
The management should be flexible and capable to adapt to the changes of the medical world and the military and civilian environment by developing competitive strategies.	Regular review and assessment of external factors: -developments in civilian medical environment and health risks and threats, -threats to NATO and national interests, probable nature of future war and conflicts – and how military medical support should adapt (policy, doctrine, etc.)	DIR (and BCs, SMEs)	List of NATO meetings/updates/ review of NATO policy in which this information is received and/or decisions are made – due 6 weeks before every SC meeting and reviewed during Mgmt Review Mtg. annually	Reported in POW amendments
<b>Mid-Term Goal</b>	<b>Action Steps (POW #)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
Maintain a Quality Management System that is designed to instill confidence in the delivery of mission-related activities and the POW by providing direction and review of the QA process, products, and deliverables.	Conduct internal audits in order to assure quality control (QC) and quality assurance (QA) processes are in place that mitigate deficiencies and insure improvement of products and deliverables .(POW#1)	QM	Annually.	Find and correct discrepancies according the ISO and Global Programming standards. Prepare for the external audits.
	Participate and organize external audits in order to maintain relevancy and credibility among NATO and COE organizations.(POW#1)	QM	Annually.	Maintain the ISO and ACT accreditation of the MILMED COE.
	Conduct QM training for the Staff in order to increase awareness of available process improvements involved with QC and QA.(POW#2)	QM	Annually.	Prepare the Staff for internal and external audits, maintain the knowledge of the Staff about the QM System.

## DEPLOYMENT HEALTH SURVEILLANCE CAPABILITY BRANCH

Analysis of environment:

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. Fulfilling a gap in Health Surveillance (NATO summit 2002 initiative).</li> <li>2. Answering needs in Health Surveillance for NATO deployments.</li> <li>3. First class premises and location.</li> <li>4. International staff and students qualified in preventive medicine/force health protection and health surveillance.</li> <li>5. NATO Health Surveillance doctrine and DHSC missions consistent.</li> <li>6. DHSC as a dual asset CBRN/Military medicine.</li> </ol>
<b>Weaknesses</b>	<ol style="list-style-type: none"> <li>1. No IT skills in the staff, remote support from Budapest.</li> <li>2. Under-manning.</li> <li>3. Health Surveillance data still partially confidential.</li> <li>4. Lack of legitimacy within the NATO operations community (for example: email address without “@nato.int”)</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. Med Info/Intel for NATO gap to fulfil.</li> <li>2. Force Health Protection Reach Back Capability for NATO</li> <li>3. Broaden DHSC partnerships: <ul style="list-style-type: none"> <li>- Collaboration with CBRN community.</li> <li>- Collaboration with World Health Organisation and other Health International or Governmental Organisations.</li> <li>- Collaboration with civilian universities and academic community.</li> </ul> </li> </ol>
<b>Threats</b>	<ol style="list-style-type: none"> <li>1. IT development and maintenance: <ul style="list-style-type: none"> <li>- Risk of IT crash down for DHSC system(s)</li> <li>- Increase of NATO IT security for outsiders.</li> </ul> </li> <li>2. Increasing gap between quantity of missions for DHSC (work load) and DHSC manning.</li> <li>3. Evolution of NATO posture (👉 deployments and 👈 article 5 posture).</li> <li>4. Overrepresentation of Special Forces and Contractors in future NATO operations, all out of the radar scope for DHSC.</li> </ol>

**Institution's Strategic Goal: Excellence in Force Health Protection (FHP) Coordination with an emphasis on Health Surveillance.**

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
NATO Deployment Health Surveillance System Implementation - NATO DHS Doctrine - EpiNATO-2 Implementation - IHR 2005 POC for NATO	POW 2018 – 1: Custodianship of AMedP-4.1 (former AMedP-21) "Deployment Health Surveillance" and FHP WG secretary	Branch Chief	On-going: - STANAG 2535: version 3 expected in 2020. - FHP WG meetings to be organised every March and September.	-STANAG 2535 version 2 promulgated 19/01/2017 - FHP WG meetings organised every March and September since 2013.
	POW 2017 – 2: DHSC – EpiNATO-2 support into KFOR operations 3: DHSC – EpiNATO-2 support in EUTM MALI deployment 4: DHSC – EpiNATO-2 Implementation and support for NATO Maritime deployments 5: DHSC – EpiNATO-2 implementation and support into Afghanistan deployment 6: DHSC – EpiNATO-2 implementation and support into Middle East deployments 19: Development of the Strategy Paper for Deployment Health Surveillance in NATO and EU	Branch SO	On-going: - KFOR covered 100% since 2013 - EUTM Mali covered 100% since 2013 - Resolute Support covered 100% since 2017. - NRF and VJTF covered since 2015. - NATO Maritime Operations: implementation 2016. - EU and Multinational (Middle-East) Deployments: implementation 2017	- Feedback analysis sent weekly to NATO CoC and data providers.  - NATO deployments covered at 100% as January 2017.  - DHSC as IHR 2005 POC for NATO

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
NATO Deployment Health Surveillance System Research and Development - MEDICS - Near-Real Time Health Surveillance - Health Surveillance for Refugees	POW 2018 – 8-9-10: ASTER implementation in Mali	Deputy Branch Chief	On-going. ASTER experimentation ends with the implementation of MEDICS health Surveillance modules 2018	ASTER running in EUTM Mali, used as demonstrator for MEDICS development.
	POW 2018 – 20: Deployment Health Surveillance Systems integration into MEDICS 21: Deployment Health Surveillance Database development	Deputy Branch Chief	On-going.	MEDICS under construction, Design phase done, first version expected mid 2017.
	POW 2018 – 22: Public Health Surveillance for refugees	Branch SO	System fully operational since end 2016, run by German Health service with DHSC support.	German System VISIT implemented with the support of DHSC

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
FHP Hub for NATO and Partners: - Network - Catalogues - FHP Lessons Learned	POW 2018 – 14: DHSC-International Organisation/ Civilian Institution Cooperation/Liaison 15 & 16: DHSC-International Organisation/Civilian Institution Collaborations and Directories 17: Implementing of a Deployment Health Surveillance (DHS) Hub 25: COMEDS Force Health Protection Working Group; MEDINTEL Panel, BioMed Panel and CBRN Med. Working Group. 28: NATO Smart Defence Project 1.45 Outbreak responsiveness.	Branch Chief	On-going. - MILMED COE representation at spring and autumn meetings of CBRN Med, Bio Med and Med Intel. - Catalogues on RDOITs/BSL 3&4 Labs expected 2017. Catalogue on Chemoprophylaxis 2017. - Catalogues on Vaccinations to be updated in 2017.	- Catalogue on vaccination among NATO forces (version 1) issued end 2016.  - DHSC part of the Smart Defence Initiative 1.45 “Responsiveness to Biological Outbreaks”
	POW 2018 – 23: Force Health Protection NATO Conference 2018 in England	Branch Chief Deputy Branch Chief	2018	N/A
	POW 2018 – 26: Exercise Vigorous Warrior 2017	Branch Chief Deputy Branch Chief	TTX on Outbreak responsiveness organised by DHSC within VW2017.	N/A

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
FHP Education for NATO and Partners - Lectures - Courses - Internship	POW 2018 – 11: Participation in Deployment Health Surveillance Courses (training units) in France (Current DHS Course and future Outbreak Investigation and Control Course –former DHS Level 2) 13: Instruction obligations at the NATO SCHOOL Oberammergau. 7: development of an ADL Course on EpiNATO-2.	Branch Chief	On-going Next DHS Course June 2018. EpiNATO-2 ADL Course developed by mid-2017. Outbreak Investigation and Control Pilot Course Nov 2017	DHS course performed every year in May/June sine 3 years. 4 to 6 lectures given for NATO School every year.
	POW 2018 – 12: Junior epidemiologist internship - training for medical officers (physicians, veterinarians, pharmacists, nurses...) in DHS issues	Deputy Branch Chief Branch SO	On-going	First internship on October 2015-July 2016, including a Master 2 thesis. Next one scheduled mid 2017-mid 2018.
Force Health Protection Reach-Back Capability as an evolution of the DHSC	Find staff to man this mission. Mid-term project: no POW yet.	Branch Chief	N/A	Project approved by COMEDS
Development of a medical information mission for NATO CoC and NATO nations.	POW 2018 – 29: NATO Smart Defence Project X.XX M2I – Medical information and Intelligence.	Branch Chief	2017	Smart Defence Project “M2I – Medical information and Intelligence” to be initiated in 2017

## Department Head Function

Analysis of environment:

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. Strong working relationships with ACT and ACO, other COEs' DHs.</li> <li>2. Respected by NATO and national training institutions</li> <li>3. Financially supported by MILMED COE and assistance from ACT DH Common Source Funding</li> <li>4. Achieved ACT Systems Accreditation</li> <li>5. Experienced as DH Rep at the MILMED COE</li> </ol>
<b>Weaknesses</b>	<ol style="list-style-type: none"> <li>1. Staff of one/lack of identified support staff</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. ADC allows for synchronization of training and exercises</li> <li>2. IKM will increase communication and networking across the alliance</li> <li>4. Strong working relationships with other discipline DHs and COEs</li> </ol>
<b>Threats</b>	<ol style="list-style-type: none"> <li>1. Budget issues across national defence funding</li> <li>2. Loss of Medical SME at NATO School will challenge the Medical Support Community with course continuity</li> </ol>

### Institution's Strategic Goal: Excellence in the Department Head Function for the Medical Support Discipline

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
The Department Head (DH) function at the MILMED COE will synchronize the medical support E&T efforts in order to meet the operational commitment and level of ambition of the Alliance.	Conduct the Medical Support Annual Discipline Conference (POW # 27)	DH	Ongoing annual requirement. Next meeting March 2019.	ADC: 2017 and 2018-Complete; DAP submitted. Training solutions identified in 2015 are being implemented. Attendance by NCS/NFS/HQ staff Synchronized medical exercises through 2019.
	Produce a Discipline Alignment Plan (DAP).	DH	Ongoing annual requirement (60 days after ADC)	All previous DAPs have been approved by DCOS JFT. DAP should be submitted to ACT for staffing within 60 days of the ADC. 2018 DAP submitted.
	Attendance to NATO and COMEDS working groups (POW#20,26)	DH	Ongoing involvement with NATO TSC; MMT WG and Naval Medical Panel;	Presentations and update on discipline training at each iteration of these meetings.

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	Support national training institutes in the field of Medical Support by assisting with course certification and listing national trainings in the Education and Training Online Catalogue (ETOC) as well as Institutional Accreditation	DH	Ongoing	5 courses have received NATO certification over the last year with three more pending; DH to assist Moldova with validation of first responder training over the last 12 months. Institutions: UK, DMRTI, Moldova
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Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
The MILMED COE <b>ACHIEVED</b> Systems Accreditation via ACT JFT-SEP 2016. Annual review and update due to ACT JFT each January.	Review ACT JFT recommendations from the site visit to incorporate as part of QM.	DH/QM/ PR/J1/ TRB	Ongoing	2017: communication plan has been implemented. 2018: Annual updates to MILMED COE 5-year Strategic Plan April 2018: Annual CRB and Mgmt Review conducted
Incorporate SACEURs Guidance on Education (SAGE 2017 and beyond) into all aspects of training and exercises.	Medical Support ETEE programs will be provided for levels of NATO and will integrate medical LL, utilize relevant STANAGs, and provide a multi-dimensional approach to specialized training, SMEs, NCOs, OGOs, and civilian equivalents.	DH to collaborate with the RA, ACT, and the community of interest. Annual updates to be provided through the ADC and documented in the DAP.	Ongoing during ADC	Discussed during 2018 ADC and MILMED COE CRB: All current training solutions align with SAGE 19. Will continue to support ACO for future drafts of SAGE.



<b>Mid-term Goal</b>	<b>Action Steps (POW #)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
Incorporate SACEURs Guidance on Education (SAGE 2017 and beyond) into all aspects of training and exercises.	Harness the developing and future benefits of the MILMED COE's IKM system in order to efficiently expand work via electronic mediums.	DH to collaborate with LLB	2017-2021	IKM uploaded Feb 22, 2016 ADC attendees to be added as trial Community of Interest (Col)-March 2017
	Maintain Systems Accreditation through ACT JFT.	DH/QM	Self-assessment report due to ACT JFT each January.	Report submitted January 2018; Next report due January 2019

## INTEROPERABILITY BRANCH

Analysis of environment:

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. Well educated and skilled international staff.</li> <li>2. Strong commitment to coordinate essential NATO medical policy and doctrinal docs (MC, AJP, AJMedP)</li> <li>3. Ability to accept and coordinate tasks addressed by COMEDS/ACO/ACT</li> <li>4. Ability to answer interoperability requirements for NATO deployments.</li> <li>5. Suitable working place and equipment.</li> </ol>
<b>Weaknesses</b>	<ol style="list-style-type: none"> <li>1. Workload burden and tasks may significantly exceed IOB capacity, if foreseeable longer term manning gaps occur.</li> <li>2. Due to limited number of IOB medical SME personnel, expertise in some areas reaches only into 1 SME deep</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. IOB-have a significant influence on NATO MED Policy&amp;Doctrine standardisation docs development</li> <li>2. Potential to broaden MILMED COE partnerships by:             <ol style="list-style-type: none"> <li>a. Cooperation with ACO/ACT/COMEDS WGs/NSPA</li> <li>b. Cooperation with STO HFM</li> <li>c. Cooperation with EUMS/EEAS/EDA community</li> <li>d. Collaboration with civilian medical universities and wide academic community</li> <li>e. Collaboration with NSO</li> </ol> </li> </ol>
<b>Threats</b>	<ol style="list-style-type: none"> <li>1. Widening discrepancy between quantity of IOB tasks and project (work load) and current IOB manning (manpower).</li> <li>2. Reluctance of other NATO nations to join MILMED COE in contrast with increasing amount of tasks given to IOB</li> <li>3. Increasing time pressure on IOB outcome performance, exacerbated by additional tasking from external entities (COMEDS WG, ACT, ACO, STO, EUMS, EDA, Nations.....)</li> <li>4. Evolving NATO requirements, that reflect emerging threat situations (hybrid warfare, NATO Article 5 ops, urbanisation area conflicts, immigrants crisis....) will need a quick and comprehensive response from MILMED COE</li> </ol>

**Institution’s Strategic Goal: Excellence in Doctrine and Policy development in order to increase interoperability.**

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
Provide support to the NATO standardization process in areas and issues related to military medicine.	POW 2018 – 1: Support to Medical Standardization Working Group (MedStd WG) activities	Branch SO	On-going biannual MedStd WG meetings 2018: JAN 22-24 and JUN 4-7	MILMED COE’s achievements and future plans report. Custodian’s reports about STANAGs where MILMED COE is responsible.
	POW 2018 – 11: Medical Standardization Online Course	Branch SO	On-going Review the content of the course with NSO representative has been done till the end of JAN 2018. Next content review in 2019	Up to date product
Assist customers in optimizing the interoperability of their Medical Support components, NATO, PfP, other partner nations, COMEDS WG&EP, ACO, EUMS...)	POW 2018 – 7: Medical Standardization Documents Searching Tool	Branch SO	On-going Periodical review of the STANAGs on MILMED COE and NSO websites. Tracking of all requests which has been addressed to IOB.	
	POW 2018 – 10: Support to Medical Mental Health Panel (MMHP) activities	Branch SO	On-going Participation Military Mental Health P in order to bring expertise to propose a strategy on prevention, resilience and identification of mental health	
	POW 2018 – 20: Support to Emergency Medicine Panel (EMedP) activities as well as the Prehospital Care Improvement Initiative TF	Deputy Branch Chief	On-going Participation as SME Emergency Medicine Panel in order to	

			improve the PHEM care	
	POW 2018 – 15: Support EDA/PT Medical projects, where required/applicable to NATO	Branch SO	continuous	

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
Facilitating role in NATO/EU projects aiming to mitigate military medical capability gaps in future NATO/EU missions	POW 2018 – 9: Participation in the project team's activity by providing expertise.	Branch SO	continuous	
	POW 2018 – 12: Transformational Activities (TACT) - Medical Experiments (Ex TRJE 18, VW 19 )	Branch SO	continuous	Strong support to successful execution of TACT-Medical Experiments which have been designated for the Ex TRJE 18 and which will be chosen for Ex VW 19.
	POW. 2018 – 5: Strategic Foresight Analysis (SFA) and Framework for Future Alliance Operations (FFAO) involvement	Branch SO	Continuous in three-years cycles	The last cycle of FFAO document review has been closed and the outcomes of the Workshop Series resulted in a BiSC doc signed in March 2018. Actual iteration has been considering including computer power (AI, big data analytics, etc.) in the development of the next iteration of the SFA Report

Interoperability Hub for NATO and Partners:	POW 2018 – 17: MILMED COE: The Medical Messenger	Branch SO	continuous	The aim of the project is to create a platform for military medical community for exchanging information, observations and experiences in operations by publishing them in articles on MILMED COE website.
	POW 2018 – 23: NATO Urbanization Project	Branch SO	continuous	The project aims to examine the impact on NATO military operations of potential crises situations in urban systems and consequences of Urbanization in 2035 by developing concept and conducting experimentation (CD&E activities).

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
Cooperation with STO HFM	POW 2018 – 3: Cooperation with STO/HFM – 125/257 – Medical Education Modeling and Simulation	Deputy Branch Chief	continuous	

	POW 2018 – 2: Cooperation with STO/HFM – Participation to the HFM Business Panel Mtg.	Branch SO	continuous	
	POW 2018 – 18: Cooperation with STO/HFM – 277 – Leadership Tools for Suicide Prevention	Branch SO	Provide support and attendance at HFM-277 meetings	
	POW 2018 – 4: Cooperation with STO/HFM – ET-140 Pre-hospital care and indicators for QA	Deputy Branch Chief	continuous	
Transformational activities (TACT) - Concept development in MILMED COE	POW 2019 – 21: Transformational activities (TACT) - Concept Development	Branch SO	continuous	Support medical concept development and to assist with another concept development with medical implication. Main goal is to improve military medical health care systems and reducing current gaps in military medical capabilities.

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
To facilitate the ability of medical units to train, exercise and operate effectively together while executing assigned missions and tasks.	POW 2018 – 8: Support to Military Medical Structures, Operations and Procedures Working Group (MMSOP WG) activities	Branch Chief	continuous	
	POW 2018 – 6: Continuous Improvement in Healthcare Support on Operations (CISHO)	Deputy Branch Chief Branch SO	ET-140 HFM Development of an accepted and comparable system of indicators of performance and best practices for the deployed medical system. Evaluate if activity considered concluded after Workshop on Pre-Hospital Care, with support of LL Branch, secondary priority, as resources become available	
	POW 2018 – 13: Exercise Vigorous Warrior 2019	Branch SO	IPC 5-9.3. 2018 MPC 1-5.10.2018 FCC 25.2-1.3 2019	MIL MEL scripting CD&E/Transformational activities
	POW 2018 – 22: Medical Case Manager for Simulation in Military Medical Live Exercises Workshop	Branch SO	continuous	To coordinate medical simulation activity in live exercises within NATO and Nations.

## LESSONS LEARNED BRANCH

Analysis of institutional evaluation, internal and external environments:

<p><b>Strengths</b></p> <ol style="list-style-type: none"> <li>1. Dedicated, involved staff including Medical Professionals</li> <li>2. Staff with Mission Experience</li> <li>3. Native English Speaker</li> <li>4. Medical LL Project vision</li> <li>5. Increasing MLL interested network (COI)</li> <li>6. Respected by outside organizations</li> <li>7. Well established support (equipment/supplies)</li> <li>8. Support of leadership</li> <li>9. SME for COMEDS WG/P</li> <li>10. Mobile application for Observation collection</li> </ol>
<p><b>Weaknesses</b></p> <ol style="list-style-type: none"> <li>1. Lack of medical background of new staff members</li> <li>2. Minimal knowledge concerning establishing KM process / system</li> <li>3. Lack of specific knowledge for KM development</li> <li>4. Inconsistent IT Support</li> <li>5. Only 2 nations represented in the Branch</li> </ol>
<p><b>Opportunities</b></p> <ol style="list-style-type: none"> <li>1. Incoming SharePoint13</li> <li>2. Only Medical LL organization within NATO</li> <li>3. Increased visibility within NATO (MLLCT, Medical Sharing Group, Ex VW19, Ex TJ18)</li> <li>4. Partnering with NATO and Non NATO KMs, development of NS KM</li> <li>5. Community of Interest development for specific topics on External Portal</li> <li>6. Personnel rotation</li> <li>7. Increased focus on Innovation and Technology</li> </ol>
<p><b>Threats</b></p> <ol style="list-style-type: none"> <li>1. Internal development of SP13 KM Portal</li> <li>2. Limitation of national participation and sharing</li> <li>3. Personnel rotation</li> </ol>

**Institution’s Strategic Goal: Excellence as an Information Knowledge Management Hub in the field of military medicine, including military medical Lessons Learned**

Mid-term Goal	Action Steps (POW #1)	Person(s) Responsible	Due Date for Action	Results / Update	
Development of Medical LL Process: LLB will develop and improve Medical LL Process for NATO Medical Support Services	Field Manual for Medical Lessons Learned LLB produced over riding LL Guiding Document	Branch Chief	2018-2022	Approved by COMEDS SG	
			2018	Review and Updating by LLB	
			2018	In progress	
	Development of pocket version of Field Manual				
	<b>Process</b>				
		Updating and fine tuning	Branch Chief	2018-22	continuous
		Internal Process for submitted Observations	Branch Chief	2018-22	continuous
		MLLCT meeting	Branch Chief	2 meetings per year	2018: 1 meeting conducted
	<b>Input generation</b>				
		Deployment to missions (active observation collection)		2018-2022	ongoing
		Exercises			
		VW17	Branch SO		completed
		Trident Juncture 18 cooperation	Branch SO	2018	in progress
	VW19	Branch SO	2019	In progress	
	Conferences (see under Network development)				

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Mid-term Goal	Action Steps (POW #2)	Person(s) Responsible	Due Date for Action	Results / Update
Disease and Trauma Registry	Transfer knowledge and experience to MEDICS development and network with established trauma systems			
	NCI/ACO MEDICS Meeting	LL Staff	Further meeting as requested (2018-22)	On hold
	Way ahead for NATO TR Participation on NTR Trauma Team meetings (MHCWG)	Branch Chief	2017 on hold	On hold
	NTR STANAG Development			
	AMed P 8.16, NATO Trauma Registry in Ratification process		2018	In progress
Promulgated STANAG review		Every 3 years from promulgation		

Mid-term Goal	Action Steps (POW #4)	Person(s) Responsible	Due Date for Action	Results / Update
Development of KM System for NATO Medicine: LLB developed Medical KM Portal (Joomla based test version) SP13 based KM Portal development is the desired end state.	Knowledge Development (concepts)			
	Fund Request for KM Consultant	LL SO	Ongoing	Ongoing
	KM portal (process)			
	Improve structure site	LL SO	2018	In progress
	Cancel JOOMLA by 2021; use of SP13 for Col-goal is 3 per year		Annual review	
Partnering with SB concerning development ensuring software and hardware is available with training and ongoing support	LLB Staff / SB Staff	2018-2022 ongoing		

Mid-term Goal	Action Steps (POW #1, 3, 5)	Person(s) Responsible	Due Date for Action	Results / Update	
Development of Network	<b>Conference</b>				
		LLB annual Medical LL workshops	LL Staff		
		3 WS		Completed	
		4 <sup>th</sup> WS	LL Staff	2018	In progress
		Future LL Workshops	LL Staff	2018-2022	As indicated
		Medical Sharing Group	LL Staff		
		1 <sup>st</sup> and 2 <sup>nd</sup> MSG Meeting	LL Staff		Completed
		3 <sup>rd</sup> MSG Meeting		OCT 2018	In progress
		Future annual meetings		2018-2022	Continuous
		Medical Lessons Learned Conference	LL Staff		
		on Civilian –Military Interaction Report	Co-org by UK Def Medical Services	MAY 2018	Completed
		Subsequent conferences annually		2018-2022	Ongoing
		ICMM Conference on Military Medical Ethics	Branch Chief	2019-2022	In progress
		Future Forces Innovation	Branch Chief	2019-2022	In progress
		<b>Newsletters</b>			
		No 1-4	LL SO		Completed
		No 5	LL SO	2018 MAR	Completed
		No 6	LL SO	2018 JUNE	In progress
		Further issues quarterly	LL SO	2018-2022	
		<b>Prehospital Care Improvement Initiative (Secretary for MHCWG Task Force)</b>			
	1 <sup>st</sup> and 2 <sup>nd</sup> meeting /Symposium	Co-org by FRA Military Health Service		Completed	

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		Subsequent meetings annually	LL Staff	2018-2022	Pending
	<b>Education</b>				
		Mobile Medical LL Course – on request	Branch Chief		Developed
		Importance of observations ADL course	Branch Chief		Developed
		Medical LL OPR course (ADL)	Branch Chief		Developed
	<b>Partnering – Medical LL Staff Officer Course</b>				
		Training	Branch chief	2018	In progress
	<b>Partnering</b>				
		UN Medical	Branch Chief	2018-2022	Continuous
		MHCWG (biannual meeting)	Branch Chief	2018-2022	Continuous
		MedCIS P (biannual meeting)	Branch Chief	2018-2022	Continuous
		EU Medical MJHQ (Multinational Joint HQ Ulm)		2018-2022	Continuous
		LANDCOM	Branch Chief	2018-2022	Continuous
		MARCOM cooperation	Branch Chief	2018-2022	pending
		Bundeswehr Medical Academy	Branch Chief	2018-2022	Continuous
		Medicines sans Frontières	Branch Chief	2018-2022	Continuous
		US AID	Branch Chief	2018-2022	In progress
		ICMM	Branch Chief	2018-2022	In progress

## Support Branch

Analysis of environment:

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. providing a wide range of services</li> <li>2. up-to-date materials</li> <li>3. automated ERP management system</li> </ol>
<b>Weaknesses</b>	<ol style="list-style-type: none"> <li>1. unique positions, no way for deputizing</li> <li>2. three empty IT and other position</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. contracted external IT development capability</li> <li>2. tracking of technology changes</li> <li>3. flexible/good relationship with external service provider</li> </ol>
<b>Threats</b>	<ol style="list-style-type: none"> <li>1. lack of certain conference capability</li> </ol>

### Institution's Strategic Goal: Excellence in providing operational support to the SME branches

Long-Term Goal	Action Steps	Person(s) Responsible	Due Date for Action	Results / Update
CIS operational support	Cloud solution	SBC	Y2019	Potential enhancement
	IKM intranet portal development	SBDC(IT)	Ongoing	Development of decision making mechanism
	Extranet/COI hosting	SBC	continuous	Rapidly increasing number of COIs, connecting demands management, bandwidth, HW/SW and other peripherals
	license management	SBDC(IT)	Continuous	To ensure continuous operation

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<b>Long-Term Goal</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
Event organization operational support	Maintain the External Service Providers (ESP) database, seeking of new potential ESPs	SBDC(P&C)	Continuous	Flexibility
	Periodically revised External Service Provider contract for having better conditions	SBDC(P&C)	Yearly	Yearly re-negotiation with all existing contract
<b>Long-Term Goal</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
Transport management	Continuous motor-fleet operational support	SBC	Continuous	To ensure continuous operation
	Enterprise Fleet Solutions	SBC	Y2019	Car sharing/ lease
<b>Long-Term Goal</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
	Remote site sec management	SBDC(IT)	Continuous	Remote control and helpdesk towards the DHSC staff
	HW/SW management shared with BW	DHSC BC SBDC(IT)	Continuous	
	Cloud solution	SBC	Y2019	
<b>Long-Term Goal</b>	<b>Action Steps (POW 8)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
	Printing solution, heavy printer replacement	SBC	Y2018-Y2019	Protect the environment
	HNS infrastructure development, new blocks and offices, lecturer center installation	SBC	Y2018-2022	Healthy Budapest Program
	General emergency support	SBC	Continuous	Emergency situation support with assistance/interpretation

## TRAINING BRANCH

Analysis of environment:

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. Experience and expertise in development and conduction of multinational courses, trainings, exercises and MEDEVALS</li> <li>2. Regular analysis of COE courses.</li> <li>3. Strong international relationships</li> <li>4. Motivated and devoted staff</li> <li>5. Flexibility and Resilience</li> </ol>
<b>Weaknesses</b>	<ol style="list-style-type: none"> <li>1. Not all SMEs during the courses are from the MILMED COE Staff</li> <li>2. The workload is high/person but better from last year</li> <li>3. No dedicated learning facilities</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. Tool for NATO in the field of supporting partner nations' immediate and long term military medical training needs</li> <li>2. Capability of Mobile Training Team</li> <li>3. To be evaluated for being a future evaluation center.</li> </ol>
<b>Threats</b>	<ol style="list-style-type: none"> <li>1. Political and cultural differences among NATO nations and partners</li> <li>2. Dependence on outside service providers and hosts during courses</li> </ol>

**Institution's Strategic Goal: Excellence in Military Medical Training (Individual and Collective)**

Mid-term Goal	Action Steps (POW #)	Person(s) Responsible	Due Date for Action	Results / Update
Training Branch will remain state of the art in individual training development, delivery and assessment	Course development based on the NATO requirement and IAW the respective directive (Bi-SC 75-7)	TRB Chief	Continuous as part of the systems approach to training (SAT)	Continuous
	Review the course content on a regular basis regarding NATO requirements and Post Course Review (PCR)	Course Director	Post course review after every course. Generic review of course program annually after ADC	Continuous
	Include courses and trainings into ETOC and ePrime	Eval SO2	After approval of the actual Course Calendar by SC	Continuous
Training Branch will remain state of the art in collective training development, delivery and assessment.	Exercises involvement will planned and executed based on the NATO requirement and IAW the respective directive (Bi-SC 75-3)		VW19 in APR 2019	
	Include EXs into eMTEP		Done	EXSPEC VW19 submitted to eMTEP

**Institution's Strategic Goal: Excellence as the Military Medical Evaluation Centre**

<b>Mid-term Goal</b>	<b>Action Steps (POW #)</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>
Training Branch will remain the central hub for medical evaluation(s).	Maintain pool of certified medical evaluators	TRB EVAL SO1	Updated after every MEDEVAL course.	2 or more per year; located in SharePoint
	Educate nations on the proper decision making levels and unit certification by including the MEDEVAL process in already existing and newly developed courses (ICCW NSO) and by conducting MEDEVAL advisory visits.	TRB EVAL SO1	Ongoing in every MEDEVAL course, advisory visits and actual evaluations.	
	Implement the MEDEVAL into an Allied Forces Standard (AFS) within established AFS evaluations, such as CREVAL/TACEVAL/JOINTEVAL	TRB EVAL SO1 in collaboration with SHAPE MPD-OCC /J7/JMED	Continuous	Update Bi-annually after OCC meeting